



SDI FINAL EVALUATION FORM 1.1

PART 1:

Journal Name:	Ophthalmology Research: An international Journal
Manuscript Number:	2014_OR_10095
Title of the Manuscript:	Visual outcome versus vision satisfaction after intravitreal Bevasizumb injection in diabetic retinopathy.

PART 2:

FINAL EVALUATOR'S comments on revised paper (if any)	Authors' response to final evaluator's comments
After the second revision, <u>I can't accept this manuscript for international publication</u> for the following reasons: 1. The methodology is very week; using OCT to evaluate Macular edema whenever needed and re-injecting avastin based on persistent leakage in FFA which does not cope with our current knowledge for evaluation of diabetic maculopathy. 2. Because most of their patients (26 out of 30) had diabetic maculopathy, they classified the eyes in the results into right and left groups which looks to me funny and nonsense and they insisted on it after 2nd revision. 3. The concept of treating macular edema with anti-VEGF with a number of injections between 1-3 and to follow up for 17 to 26 months to conclude that the treatment was not efficient does not match our current knowledge which can be summarized in the following conclusion of the RESTORE Study: "Results of the RESTORE study which used an individualized treatment regimen consistent with the European Union Summary of Product Characteristics (SmPC),, showed that patients gained and maintained vision whilst showing improvements in vision related quality of life. Compared to macular laser treatment, patients receiving Lucentis had approximately double the chance of achieving significant vision gains and a threefold reduction in the risk of losing a significant amount of vision. The mean gain in vision from baseline was sustained at three years at more than eight letters for patients initially treated with Lucentis alone. Overall, patients received an average of 13.9 injections over three years. This study confirms the benefits of an individualized treatment with Lucentis according to a regimen consistent with the European Union SmPC." The language is very week.	1-Thanks of your opinion that it is your responsibility. 2-The most of patients 24 cases have PDR and vitreous haemorrhage not Macular edema, although OCT is a meaningful measurement in diabetic maculopathy but it could not substituent in clinical finding or patient satisfaction in the most patients with PDR and vitreous hemorrhage . There are many studies that involve the eyes not the patient. The figure of rubeosis iridis of each iris characteristic with appearance of neovascularisation and disappearance of rubeosis after injection is our right work. 3-The rate of injection were few but as the need or response to treatment and patient consent how many, how much time and how much cost? The RESTOR study considered at 19 reference. Language editing option as recommended was done.