



SDI FINAL EVALUATION FORM 1.1

PART 1:

Journal Name:	Ophthalmology Research: An international Journal
Manuscript Number:	2013_OR_4562
Title of the Manuscript:	Identification of risk factors for the development of ophthalmopathy in patients with Hashimoto's thyroiditis

PART 2:

FINAL EVALUATOR'S comments on revised paper (if any)	Authors' response to final evaluator's comments
1. Abstract: Your statement: "Because the risk of ophthalmopathy in patients with Hashimoto's thyroiditis decreases with age older patients should be advised not to smoke as a preventive measure against ophthalmopathy development". This sentence has no sense. The first and the second part of the sentence are not causally connected. Every patient should refrain from smoking as a preventive measure and not only older patients. 2. As already mentioned in the first evaluation, please replace "is triggered is" by "is triggered", page 4, last paragraph. 3. Again, I still do not understand how the ophthalmopathy has been diagnosed: irrespective of CAS? Irrespective of Nunery type 2 (since none had Nunery type 2)? Authors should clearly define criteria for TED. Which signs were characteristic for patients with TED? Which signs were characteristic for patients with severe ophthalmopathy? Please, specify. 4. Explain the abbreviation UER, page 6. 5. Please use expression "Nunery 1" or "Nunery I", but not both of them (page 6). 6. What is "Nunery type 4"? (page 7) 7. Do not explain the abbreviation CAS again and again. (page 7) 8. Page 7 "of whom _ had eye signs and _ had no eye signs" – what is missing? 9. Your statement: "The type 2 of Nunery classification was not observed in any of our patients." Since no patient had Nunery type 2 how can you describe patients with Nunery 1 + 2? 10. Table 1: abbreviation TPO stands for thyroid peroxidase antibodies and not for thyroid peroxidase, and abbreviation Tg stands for thyroglobulin antibodies and not for thyroglobulin. 11. Table 1: how was TED established? 12. Table 2: you really had 14 patients with CAS 3 and more? This is an incredible high number of patients with active orbitopathy (14 out of 105 patients), even for Graves' disease. From your data one may conclude that in Hashimoto's thyroiditis, orbitopathy is more frequent and more severe than in Graves' disease. 13. Table 2: abbreviation TPO stands for thyroid peroxidase antibodies and not for thyroid peroxidase, and abbreviation Tg stands for thyroglobulin antibodies and not for thyroglobulin. 14. Tables 3 and 4 have the same title and different numbers. Why?	

Note: Anonymous Reviewer