



SDI Review Form 1.6

Journal Name:	<u>Ophthalmology Research: An International Journal</u>
Manuscript Number:	2015_OR_17755
Title of the Manuscript:	Therapeutic efficacy of intravitreal bevacizumab (Avastin)® in patients with parafoveal telangiectasia type II complicated by choroidal neovascular membrane and/or cystoid macular edema
Type of the Article	Original Research Article

General guideline for Peer Review process:

This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty**', provided the manuscript is scientifically robust and technically sound.

To know the complete guideline for Peer Review process, reviewers are requested to visit this link:

(<http://www.sciencedomain.org/page.php?id=sdi-general-editorial-policy#Peer-Review-Guideline>)



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PART 1: Review Comments

	Reviewer's comment	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
<u>Compulsory</u> REVISION comments	Please clarify why you used a higher than normal Avastin dose, 2.5 mg rather than 1.25 mg which is the standard.	It simply correlates to see whether more improvement in visual acuity and CFT , as it has already been mentioned in other studies where 2.5 mg dose used.
<u>Minor</u> REVISION comments	What is the take away message of your paper? Seems that Avastin improves the OCT but not the visual acuity. Is it worth treating these MacTel patients? Offer a treatment algorithm. Which MacTel patients should be treated, how many injections, etc.	In parafoveal telangiectasis type II complicated by choroidal neovascular membrane there is short-term improvement in the visual acuity and significant reduction of central foveal thickness following intravitreal injection of bevacizumab. In patients suffering from parafoveal telangiectasis type II complicated by cystoid macular oedema, there is definite significant reduction of central foveal thickness.
<u>Optional/General</u> comments		