



SDI Review Form 1.6

Journal Name:	Ophthalmology Research: An International Journal
Manuscript Number:	2014_OR_13618
Title of the Manuscript:	An Evaluation of Computer Based Color Vision Deficiency Test
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:

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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)
Compulsory REVISION comments	<p>Introduction:</p> <p>Para 1-Line 6: Replace "is" with "are"</p> <p>Para 3-Line 2: Replace "what" with "That"</p> <p>Para 5-Line 1: remove comma after "Type I"</p> <ol style="list-style-type: none"> 1. The correct method of using Ishihara plates is not by the number of plates read correctly. The test has five sets of plates. Plate 1 is read by all, The second set is read differently by those with RG-CVD, the third set 8-13 are not read by those with CVD, the fourth set is seen as blank by normal individuals and read by those with CVD and the fifth set is again read diff by people with CVD. 2. It is therefore not understood how the author has counted the number of plates read correctly or incorrectly. This is an incorrect interpretation of the Ishihara charts. If an individual is normal, he should be able to read all plates from 8-13 correctly and not 17 plates overall as mentioned in the article. 	<p>1- Volunteers were diagnosed as normal if they were able to read 17 or more plates correctly, and diagnosed as RG-CVD if they were able to read 13 or less plates only correctly out of the 21 plates used in the test.</p> <p>2- According to that 21 volunteers were diagnosed as RG-CVD, 243 volunteers were diagnosed as normal, and 3 volunteers answered 16 plates correctly, and was not diagnosed as normal or RG-CVD, with the computer based test.</p> <p>3- Using the paper based test, the same number (21) of volunteers were diagnosed as having RG-CVD, and 246 volunteers were diagnosed as normal.</p> <p>4- Using the 1st 21 plates of the Ishihara test to screen RG-CVD as described in the instruction sheet of the Ishihara plates (reference 14), gave the same number of RG-CVD volunteers in both tests.</p> <p>5- However the number of normal volunteers (who could answer 17 plates correctly) were different in both tests, where 3 volunteers answered 16 plates only correctly (one plate was needed to be answered correctly for those volunteers to be normal, and they also could not be categorized as RG-CVD).</p>



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		6- So, the correct answers read by volunteers did not affect the results of both tests, and we could not depend on it to differentiate between normal and RG-CVD (as the reviewer stated, we totally agree with that) where it depends on the number of correct and wrong answers in all plates for each, not all participants (as stated in the discussion section), however it gave some information about volunteers who fall in the gar zone (13 to 17 plates).
<u>Minor</u> REVISION comments	No mention has been made of lantern tests which have been widely used and are still used in some countries for color vision tests.	- We totally agree with this comment, however we were concentrating on the Ishihara plates to evaluate the computer based test to use it in mass screening in University mass screening programs.
<u>Optional/General</u> comments	<ol style="list-style-type: none"> 1. What is the utility of keeping the computer monitor running for half hour in a dark room? Did it have an ambient light sensor? 2. The material and methods are correct except for the Ishihara interpretation as mentioned in compulsory revisions. 3. The results are well brought out and supported by facts. References are adequate. 4. Conclusions are supported by results but may have to be reworked if the method of ishihara chart interpretation is changed. 	1- The computer did not have ambient light sensor, however keeping it running for half an hour, was done each time the computer was started on as a preliminary step to unify the examination steps.