



SDI Review Form 1.6

Journal Name:	Ophthalmology Research: An International Journal
Manuscript Number:	2014_OR_15246
Title of the Manuscript:	Child-rated and parent-rated quality of life in childhood intermittent exotropia: findings from an observational cohort study
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 <i>(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)</i>
<u>Compulsory</u> REVISION comments		
<u>Minor</u> REVISION comments	- Why did the authors wait approximately 5 years to publish these data after the end of the study? - What about the severity of intermittent exotropia and the scores of PedsQL? - Were the patients using eyeglasses to lessen the effects of XT? - More explanation is needed about the higher scores observed in children with XT when compared to the healthy children.	Thank you for these useful comments. In response to the first three comments made by this reviewer: 1. It has indeed been several years since the study ended, but we needed to wait until there was some UK 'normative' data with which to compare our PedsQL scores. Although at that time there was normative data from healthy older children, there was no such PedsQL data for healthy 2-4 year olds until recently. 2. In terms of the severity of intermittent exotropia, we do already report this briefly at the end of the Results, and provide greater detail in the 'Supplemental' material. 3. Some patients were indeed wearing eyeglasses for their X(T). Supplementary Figure 3 shows the number of children who had received 'conservative' treatment for the X(T), that is, occlusion and/or eyeglasses. In terms of the higher scores in children with X(T) compared to those of unaffected children, we now provide more explanation as requested (lines 214 to 216, which we have highlighted in yellow).
<u>Optional/General</u> comments	- It is a well-written manuscript. Although it adds little to the known literature, it has educational value to render its publication.	We are thankful to the reviewer for these comments.