



SDI Review Form 1.6

Journal Name:	Ophthalmology Research: An International Journal
Manuscript Number:	Ms_OR_26503
Title of the Manuscript:	Comparison between ultrasonic pachymetry and the scheimpflug based pentacam for assessment of central corneal thickness in myopic persons of Indian Sikh origin.
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>)



SDI Review Form 1.6

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	1- The ultrasonic pachymeter used must be stated, and whether it uses the corneal waveform or not. 2- CCT is a broad term, the Pentacam gives three variations; at apex, pupil central, and thinnest point. Which one the author extracted from the Pentacam display? Especially as he chooses the thinnest US measured figure. 3- Topical anesthetics and there preservatives may alter the measured CCT. The author must mention what he used, after how much time he measured the thickness, is there any trend in repeated measures (for example the last is less than the former), and why he chooses the minimum (not the maximum, average, or subjectively the most central)? 4- Why he used the Pearson correlation coefficient instead of the gold standard agreement tests as Bland-Altman, Intraclass correlation coefficient, etc....?	1. For ultrasound pachymetry PACHETTE 2 (DGH technology Inc, US) was used. It doesn't use corneal waveform technology. 2. Pentacam reading from pupil central has been taken into account. As there is no significant difference between the two they can be used interchangeably. The placing of Ultrasound probe on central cornea is subjective. That's why the lowest measurement has been taken into account assuming this to be on the central cornea. 3. Reading has been taken after 90 seconds of instillation of 0.5% proparacaine eye drop. CCT variation has been observed within 80 seconds and after 5 minutes of topical instillation of proparacaine eye drop. No particular trend of variation was found on repeated measurements. However there is no significant difference between the central corneal thickness and the thinnest corneal thickness. As the



SDI Review Form 1.6

		placement of probe on central corneal is a subjective one, that's why minimum reading has been taken into account assuming it to be CCT reading. 4. Bland altman plot has been demonstrated.
<u>Minor</u> REVISION comments	1- In the introduction, the author adopted a CCT of 540. Why? Despite he, later on, mentioned many figures stated by different authors. This need a reference. 2- Figure 1 adopted a scale that exaggerated perception of difference, and did not add knowledge to the paper. It would be better to omit it. 3- The comparison between studies finding have to be discussed, not only on the bases of different population, but based on the Pentacam model used, US model, supine versus erect, topical aesthetic, etc.	1. Reference has been provided supporting the value of CCT in introduction. 2. Figure 1 has been omitted. 3. Has been discussed thoroughly with reference.
<u>Optional/General</u> comments	1- Missing capitalization of proper nouns (Pentacam, Orbscan, Bowman, Descemet) 2- Extra-digits after decimal points gives false perception of accuracy and significance. One digit after the standard reading is enough. E.g., the CCT is usually measured and stated in micrometres, so enough to mention up to 1/10 of micrometres. 3- Consistency in writing the mean and SD; $\pm$ or (SD)	1. Has been corrected. 2. Corrected. 3. Corrected.