



SDI FINAL EVALUATION FORM 1.1

PART 1:

Journal Name:	Ophthalmology Research: An International Journal
Manuscript Number:	Ms_OR_40561
Title of the Manuscript:	Comparison of Central Corneal Thickness using Anterior Segment Optical Coherence Tomography and Ultrasound Pachymetry in patients with open angle glaucoma.
Type of Article:	Original Research Article

PART 2:

FINAL EVALUATOR'S comments on revised paper (if any)	Authors' response to final evaluator's comments
-What are the physics and rational behind the fact that US and light waves travel differently in corneas with different hysteresis and biomechanics? Please elaborate -Abstract conclusion is still confusing, it is comparable , yet statistically higher ???? -Is fig 1 a courtesy of the authors , if yes , what is the details of this patient -There is no convincing rational that make CCT measurement in POAG patients different using two instrument , that didn't differ in normal population or opaque corneas(with different corneal biomechanics too.	We did not claim that in our study, nor we are physics to know about the travel of light! We just mentioned in the authors response of the "PART 1 comments" that it is well known that corneal biomechanics including CCT vary among normal and POAG patients. It is also known that patients with POAG demonstrate a larger amount of intrasubject difference in CCT as compared with normal subjects. These state that cornea often changes. The same rational that motivated other colleagues to investigate and prove that CCT measurement is different using AS OCT vs US among non glaucoma patients, motivated also us to investigate if this is also true in POAG patients. Interest? Curiosity? The things that motivate someone to start a study and have results. 2. Abstract conclusion is modified. 3. Fig1. is replaced by the correct one. Details of the patient if still needed are in our courtesy. 4. Once again...since <u>there is</u> a convincing rational (as proved in the 3 studies below...) that make CCT measurements different using the two instruments in normal population we found it interesting to examine if this happens also in POAG patients. https://www.ncbi.nlm.nih.gov/pubmed/28969170 in Clin. Diagn Res 2017 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4431580/ in Am J Ophthalm 2008 https://doi.org/10.1080/08820538.2018.1448091 Jour. Sem Ophth. 2017 The above links together with our findings, answer also in your PART1 review comment that " - <i>The conclusion is not correct. Both instruments can be used interchangeably</i>". Thank you