



SDI Review Form 1.6

Journal Name:	Journal of Advances in Medicine and Medical Research
Manuscript Number:	Ms_JAMMR_49377
Title of the Manuscript:	The effect of phosphodiesterase type5 inhibitors on the development of retinopathy of prematurity: A Randomized Clinical Trial
Type of the 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)
Compulsory REVISION comments	<p>(1). Some abbreviations in this article were not explained, which made them difficult for readers to place. (Eg: VEGF, NCPAP, EPAS1, WHO, M.V, CPAP, etc). Kindly explain fully the meaning of all abbreviations on their initial usage, with the first abbreviation in a parentheses ().</p> <p>(2). Kindly make the material and methods coherent, and the methodology adopted for your clinical trial properly explained.</p> <p>3. Kindly move the informed consent and ethics committee approval to the end of the article, before the references. This will give room for your study design to connect with other data collection procedures in your material and methods.</p>	<p>Response: We appreciate the feedback from the reviewers. Thank you very much for this valuable comment, we added and explained all of abbreviations in first of manuscript and also through the text.</p> <p>Response: Thanks for the comments. We add inclusion and exclusion criteria section and expanded it, you can find the following in revised manuscript. Inclusion and exclusion criteria: In this investigation, babies were all those weighing <1200 g at birth, born in or transferred to, a regional neonatal intensive care unit on the first postnatal day, plus those weighing 1200–1499 g, breathing distress and requiring mechanical ventilation within 24 hours were qualified. Babies were excluded if they had major congenital anomalies, weighing less than 1000 g at birth, 150 mg/dl blood sugar for more than 7 days and 10ml / kg blood transfusion for the first four weeks of life.</p>
Minor REVISION comments	<p>1. Cross check for minor sentence punctuations and grammatical errors, and correct accordingly. Restructure the highlighted sentences for proper understanding.</p> <p>2. In your introduction, it would have been better to start with a brief definition of ROP and explain fully the 5 basic stages in its classification, the causes and risk factors before other things, for the appreciation of other professionals worldwide.</p> <p>2. Kindly write your conclusion in a separate paragraph. Add a little more flesh to your conclusion. From your findings, give possible reasons for the no significant difference between sildenafil therapy and its effect on ROP development in premature infants treated with oxygen, eg (exclusion criteria like less than 1000g BW, future expanded criteria, larger population study etc).</p>	<p>Response: Thank you very much for this valuable comment, we moved the informed consent and ethics committee approval to the end of the article, before the references.</p> <p>Response: We appreciated the reviewer for this comment. In revised version, we corrected misspelling errors throughout the manuscript.</p> <p>Response: Thanks for the comments. We add the following to the revised manuscript. Pleas The International Classification of Retinopathy Prematurity (ICROP) through the collaboration of experts from different countries was first developed in 1984 and later updated in 1987 and 2005 to facilitate a standardized the clinical finding of ROP[1]. The elements identified consist of the location (zone), the severity (stage), extent of the abnormal peripheral vascularization, and the presence or absence of plus disease[2]. The highest stage and the lowest zone determines the status of ROP. The ROP located in Zone 1 which Zone I is the small circle of retina around the optic disc has the worst prognosis, whereas Zone III which is a crescent-shaped area of temporal retina will in general be mild[2]. The stages of ROP are scaled from Stage 1 ROP to Stage 5 ROP five. Stage 1 is marked by the presence of a demarcation line between the normally vascularized retina and the peripheral retina in which there are no blood vessels. Stage 2 is characterized the demarcation line develops into a ridge, with height and width, between the vascular retina and peripheral retina. Stage 3 consists of a ridge and Blood vessels grow and proliferate and are visible in the ridge. In Stage 4, there is a subtotal retinal detachment Vitreoretinal surgery may be indicated and in Stage 5 a total retinal detachment and No treatment is usually possible[3]. The aggressive posterior ROP (AP -ROP) was added to ICROP in 2005. This particularly aggressive form of ROP was observed with increasing frequency in the smallest premature neonates[2, 4].</p> <p>Response: Thank you very much for this valuable comment. In response to</p>



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		<p>this comment of the reviewer we separated the conclusion from discussion and add the following. In conclusion, this study shows that sildenafil administration did not significantly affect the incidence of ROP in premature infants treated with oxygen. Our study has some limitations like as the sample size was small, Perhaps, if the population size was bigger a better result could be observed. We matched the control group as close as possible to the index cases by matching for gestation, birth weight, gender and place of birth. Further work on the retinal effects of sildenafil may be useful in determining whether it truly is a good therapy for preventing of pathogenesis of ROP and Prospective trials may be useful to establish a definite safety profile.</p>
<p>Optional/General comments</p>	<p>Red highlights on manuscript signifies delete /make corrections Green highlights on manuscript signifies add /corrected</p> <p>Good research article, but requires proper articulation and presentation,</p>	

PART 2:

	<p>Reviewer's comment</p>	<p>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></p>
<p>Are there ethical issues in this manuscript?</p>	<p><i>(If yes, Kindly please write down the ethical issues here in details)</i></p>	