

Notice: Please give your response to the comments point-by-point as shown in the following format.

【At the END of each reply/response from you, please DO describe how you responded to the reviewer comment in the text, e.g., "we added some data ...(see Page xx, line xx)" or "we have modified our text as advised (see Page xx, line xx)"] .

Comment 1: *****

Reply 1: *****

Changes in the text: *****

Comment 2: *****

Reply 2: *****

Changes in the text: *****

Peer review file

Article information: <http://dx.doi.org/10.21037/atm-20-3251a>

Manuscript ID: ATM-2020-RCS-12(ATM-20-3251A)

Manuscript Title: The role of lens extraction in glaucoma management

Reviewer's comments: minor revision

Reviewer A

Comments to the authors:

1. For angle-closure glaucoma, it would be better to illustrate and compare at the same time with a different stage of angle closure glaucoma.

Reply 1: Major focus of this review is on glaucoma in general, which included PACG, POAG and OHT and NTG. Due to the word limits, we might not be able to include the respective lens extraction management in different stages of angle closure glaucoma.

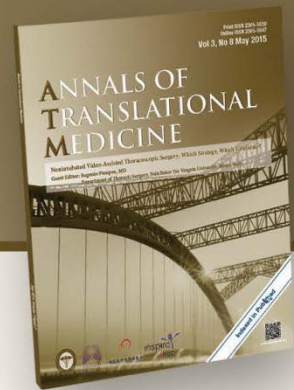
Changes in the text: N/A

2. The word "reverse anatomy" using in describing the anatomy change after the surgery may not be very appropriate.

Reply 2: The phrase "reverse anatomy" has been changed to "to resolve" or "resolved" anatomy.

Changes in the text: page 5 line 134, page 6 line 176

3. It would be helpful to talk more about the pros and cons between IOL and the natural lens. Even though IOL is thinner and can widen the angle, it can also cause secondary glaucoma. Thoroughly and comprehensive discussion about the drawbacks of IOL can help physicians



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Reply 1: *****

Changes in the text: *****

Comment 2: *****

Reply 2: *****

Changes in the text: *****

communicate with their patients and find the appropriate treatment plan.

Reply 3: Potential types of secondary glaucoma caused by lens extraction including malignant glaucoma, pigment dispersion glaucoma, UGH, steroid induced glaucoma, secondary angle closure related to Soemmering's rings, flaring of uveitic glaucoma, glaucoma related to epithelial downgrowth, aphakic glaucoma and progression of diabetic retinopathy in the form of neovascular glaucoma were added to the section on surgical pearls on operating on eyes with glaucoma.

Changes in the text: page 13 and 14 line 363-383

4. There is an ethnic difference in glaucoma prevalence and incidence. It would also be helpful if provided the ethnicity of participants of studies included in the article.

Reply 4: The ethnicity of participants or locations where the included studies were conducted has been added into the text where available and appropriate.

Changes in the text: page 5 line 131-132, 141, page 6 line 155, 177, page 8 line 220, page 9 line 236, 258, page 10 line 262-263, page 11 line 300, page 12 line 335, 340

Reviewer B

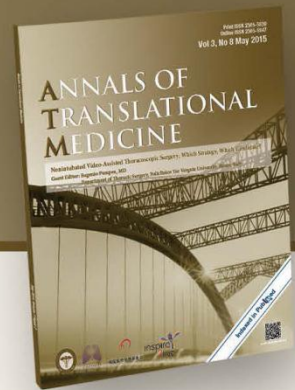
Comments to the authors:

1. In the abstract and Introduction authors mention only cataract surgery, although both title and the content of the article deals both with cataract and non-cataractous lens surgery. Please adjust it.

Reply 1: The phrase "cataract operation" in the abstract and introduction has been changed into "lens extraction".

Changes in the text: page 2 line 32 and 38

2. The paper does not contain Methods section, which should precisely describe what papers were inclusion criteria, regarding the sort, date, scope of the analyzed studies as



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Reply 1: *****

Changes in the text: *****

Comment 2: *****

Reply 2: *****

Changes in the text: *****

for typical systematic review article.

Reply 2: This is a review article instead of a systemic review and therefore Methods section is not applicable.

3. The table presenting pros and cons of lens surgery in POAG and PCAG vs other methods of treatment would be of benefit.

Reply 3: Due to the word limitations, summaries for each type of primary glaucoma has been added in the form of “Points to note” in text boxes at the end of the main text. Each textbox could be related and added to the end of their corresponding glaucoma subtype section.

Changes in the text: Textboxes with the points to note added to the end of the manuscript