

## Peer Review File

Article Information: <https://dx.doi.org/10.21037/atm-22-2730>

### First round of review comments

#### Reviewer A

This topic was already reviewed in a meta-analysis published in 2019 <https://pubmed.ncbi.nlm.nih.gov/31125174/>. Since the current paper is described as a "narrative review," it seems to be a less rigorous method of investigating the topic. Therefore, I suspect that there is insufficient novelty in this submission to warrant publication as a new manuscript.

Reply: We appreciate the reviewer A for their comment.

#### Reviewer B

(A) Provide an overview/summary of the manuscript

The authors update the association and management of high IOP/glaucoma and RVO by performing a literature review in PubMed and Medline until May 2022.

As a result, they recommend IOP lowering management in preventing IOP spikes in patients with preexisting glaucoma and early treatment of macular edema in eyes with RVO.

(B) Introduction and summary

The authors appropriately highlighted their work's aims, significance, and novelty. The conclusions were supported by the data presented.

(C) Narrative review

The review was appropriately described.

The reliability and validity of the results and the figures seem rigid.

(D) Reviewer's comment

This review report was well written.

Reply: We appreciate the reviewer B for their review and positive feedback on the importance of this narrative review paper.

#### Reviewer C

I read with interest the article entitled "A narrative review on the association of high intraocular pressure and glaucoma in patients with retinal vein occlusion" and I think that needs minor revision: I think that these referenes should be included:

Schmidt-Erfurth U, Garcia-Arumi J, Gerendas BS, Midena E, Sivaprasad S, Tadayoni

R, Wolf S, Loewenstein A. Guidelines for the Management of Retinal Vein Occlusion by the European Society of Retina Specialists (EURETINA). Ophthalmologica. 2019;242(3):1

Pulido JS, Flaxel CJ, Adelman RA, Hyman L, Folk JC, Olsen TW. Retinal Vein Occlusions Preferred Practice Pattern® Guidelines. Ophthalmology. 2016 Jan;123(1):P182-208. doi: 10.1016/j.ophtha.2015.10.045. Epub 2015 Nov 12. PMID: 26581559.23-162. doi: 10.1159/000502041. Epub 2019 Aug 14. PMID: 31412332. <https://www.rcophth.ac.uk/wp-content/uploads/2015/07/Retinal-Vein-Occlusion-Guidelines-2022.pdf>

Reply: We appreciate the reviewer C for their review and provided feedback on this narrative review paper. Two papers mentioned above were included in our manuscript.

Changes in the text: These two papers were included in our reference list as reference number 92 and 93.

The changes in the text were made in page 16 from line 369-377

Some corrections:

Abstract line 56 explain what means " non-AV-Crossing" and line 58 "POAG" because this is the first time they are mentioned

Reply: We appreciate the comment. We made changes as requested.

Changes in the text: We explained non-Av-crossing in line 57, (optic cup or optic nerve sited RVO) and expanded the POAG as: primary open angle glaucoma (POAG) in line 58 and 59.

Line 104: What about hemicentral occlusion pathophysiology?

Reply: We appreciate the comment. We made changes as requested.

Changes in the text: We updated the statement as there is a relevant role of inflammation in both CRVO and hemicentral RVO. We added hemicentral in Line 104.

## **Second round of review comments**

**Reviewer A:**

Comment 1: Please break down the acronyms RFNL (line 54) and AV (line 56).

**Response:** The breakdowns for the acronyms were added.

Comment 2: The authors have not included the last published clinical guideline

<https://www.rcophth.ac.uk/wp-content/uploads/2015/07/Retinal-Vein-Occlusion-Guidelines-2022.pdf>

**Response:** We appreciate the author for the reminder. The last published clinical guideline was summarized in the paper.