

Peer Review File

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First round:

Reviewer A

It seems to be a study on Trends in the INCIDENCE (not prevalence) of ocular trauma and the effect of CHANGE IN LIFE STYLE DURING COVID-19 PANDEMIC (not COVID-19 itself).

To make it a meaningful manuscript, authors need to identify "WHY" and "HOW" the incidences of TRAUMATIC hyphema, primary closure of traumatic corneal/ scleral WOUNDS (PERFORATING v/s NON-PERFORATING), REMOVAL of IOFB, REPAIR of BOF were affected by the prevalence of COVID-19 PANDEMIC during 2019-2020. Needs to compare the incidences during 2010-2018 v/s during 2019-2020. Why incidences declined in <20 yr group, and why increased in subjects >60 yrs, needs more thorough explanations.

Thank you for your constructive comment. Following your recommendation, we changed “prevalence” to “incidence,” and “COVID-19” to “the effect of change in lifestyle during COVID-19 pandemic” depending on the context. We added the needs for this study in the introduction section and how the COVID-19 pandemic affected epidemiology of ocular trauma in the discussion section. Since the first COVID-19 positive patient in Korea was reported in 2020, we compared the incidences of different ocular traumas in 2011-2019 with those in 2020 and the results are shown in Table 2 and in the results section. As this study analyzed with data, we could not find out the specific cause of each ocular trauma. However, we added some hypotheses we infer to explain the trend of ocular trauma in the discussion section. Please find them in both introduction section (page4, line 99~103) and discussion section (page 10, line 227~229, page 11 line 252~264)

Reviewer B

The article is well written with scientific rigour and correct analysis.

However, incidence of ocular trauma or eye emergency services frequentation has been described worldwide and Covid-19 impact too. This study specificity mainly relies on subgroup analysis and incidence by age conclusions.

Thank you for your generous evaluation.

Reviewer C

Thank you for sharing your manuscript which provides important data on ocular trauma over a 10 year period across a population in Korea. Overall the manuscript reads well but could benefit from some general reviews, specifically:

Conclusion much respond to the manuscript aims, please revise to ensure this is correct.

Thank you. We corrected more specifically. (line 285~293)

Methods are unclear in particular inclusion and exclusion criteria must be clearly stated. Methods of data collection and extraction should be noted and importantly what data was collected

As mentioned in the methods section, we conducted a nationwide, population-based, cross-sectional study with data from the Korean NHI claims database from January 2011 to December 2020. All Korean residents must have been part of the Korean NHI system and the database encompasses all medical claims data nationwide. Since each disease is clearly described in the NHI system according to the diagnosis, all registered cases were included in this study, and there was no need to specifically exclude certain cases.

Line 79, can you clarify the english please "For being eligible, all Korean residents must have been part of the NHI system"? Do you mean All Korean residents are included in the NIH?

Yes all Korean residents are included in the NIH. We corrected the sentence. (line 120~121)

Line 82, the ICD codes list is quite limited and does not appear to cover all relevant ICD codes for eye or adnexal injury, can you explain?

There are some differences in the ICD classification and the Korean NHI classification. We selected some ocular traumas that coincide with the ICD classification. (line 124~126)

Line 84, BOF is not previously defined.

Thank you. we corrected it by defining BOF. (line 125)

Results

A general statement highlighting the key results should be used to introduce the results before providing the subheadings including annual overall trends

We added a paragraph before the first subheading to include a general statement highlighting the key results. Thank you. (line 137~150)

Discussion

Line 142, not in younger subjects, please be specified about age groups

There are some different results in terms of statistical significance in other age groups.

Therefore, in order to clarify the meaning, we thought it would be better to delete references to other age groups, so we deleted them.

Line 149, not sure that you can describe a decline in incidence as 'fastest' perhaps 'sharpest' or 'most pronounced'

We meant sharpest thank you.(line 226)

Line 158, the increase in ocular trauma in elderly patients is not a unique finding and has been found in many countries previously, please review and update

We did not compare the incidence of the population across other countries. we compared incidences among different age groups in our data. “Unique” was removed to avoid misunderstandings

Second round:

Please clarify if you wanted to say the numbers and percentages changed "from" abc (example 10) to xyz (30) or changed "by" pqr (example 20), from abc (10) to xyz (30). I am having hard time understanding the meanings and inferences. In RESULTS and DISCUSSION sections, put numbers to explain that they changed "by", for example, 10% ("from" 30% to 20%).

->Thank you for kind comment! We have confirmed what reviewer have mentioned and reflected it in the text.

Suggestion: Corneal and/or Scleral wound or laceration closure. You may remove "Open Globe Injury" title and use PCCS and IOFB separately, along with Hyphema and Blow Out Fracture.

In the text all over, in introduction, results and discussion etc., keep the sequence consistent, Hyphema, Orbital Blow Out Fractures, PCCS, and IOFB removal

->We totally agree with your opinion. As your recommendation, we removed OGI in. results scention (Line 141~142) and discussion section (Line 185, 209, and 212).