Peer Review File

Evaluation of a screening software for amblyopia

Reviewer 1
1. Please specify the questionnaire of screening software in the text and in the tables. Already add to the manuscript.

2. Why no comment for difference of previous study of China (REFERENCES 8, 10 and 18)? You should be mentioned in discussion section. The three studies showed similar prevalence of amblyopia to present study. Already revised in the manuscript.

3. Please mentioned the detail of patient’s information (e.g. age, type of amblyopia etc...) of Table 1. First, 3 patients with both professional examinations and home-based screening package were positive. Second, 32 patients with professional examinations were negative, but home-based screening package were positive. Third, 1 patient with professional examinations were positive, but home-based screening package were negative. Already add to the manuscript.

4. It is of primary importance that the authors seek assistance in English writing for clarity and better understanding. Some sentences are uncompleted, do not convey full meaning and should be critically revised. Already revised.

5. In accordance with the submitting style, please send us the revised manuscript. Already revised.

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Journals

Authors’ surnames and initials. Article title. Abbreviated name of journal Year;vol(issue No.):inclusive pages.

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Reviewer: 2
1- The details of the software program is lacking in the manuscript. Since this is the backbone of the research, more details are needed about the software program, rather than just a photo of the first page
We provide a instruction video of the software as supplement. The software was fully based on a previous paper of ours.

2- The definition of amblyopia and how was amblyopia diagnosed is not clear. Since amblyopia is a function of visual acuity, the definition of amblyopia should only be limited to vision function, rather than other parameters. Current research is further study of our previous study. So we used the same criteria of amblyopia.

Diagnosis Criteria for Amblyopia

1) 2 or more lines interocular difference in VA
2) 3-year-olds: Worse than 0.4 in one eye, worse than 0.3 in the contralateral eye, and a bilateral amblyogenic factor
4- and 5-year-olds: Worse than 0.3 in one eye, worse than 0.2 in the contralateral eye, and a bilateral amblyogenic factor
6-year-olds: Worse than 0.2 in one eye, worse than 0.1 in the contralateral eye, and a bilateral amblyogenic factor

* Astigmatism of >2.50 D, hyperopia of >5.00 D, or myopia of >8.00 D in each eye was considered as a bilateral amblyogenic factor.

3- The number of patients included in the study is too small to allow meaningful statistical analysis and accurate evaluation of the software program. Small samples is the limitation of Current study, which is why that is a pilot study.
4- The authors should provide in the discussion more details of similar software programs using in the diagnosis of ambliyopia.

There is a lack of similar screening software, and our study is innovation of new vision screening model.