Peer Review File

Significance of choroidal thickness

Reviewer 1
This is a well-chosen research topic and is of significance due to the evolving technology involving OCTA which enables the assessment of the choroidal blood flow. However the authors have randomly selected certain diseases and discussed the choroidal thickness in those diseases.

1. In the introduction, the authors have explained the variability of the choroidal thickness (CT) in various locations, age, sex and circadian rhythm. These can be classified as variation in choroidal thickness in physiological conditions.

2. PDR – This subheading should be changed as diabetic retinopathy since it would be interesting to report that the CT reduces with the severity of DR. The authors have included the report of a retrospective case controlled study of 60 patients (reference 10) which is not a strong reference for a report on relation of CT with diabetes. Please change the references, mention in detail what would happen to CT with increasing grades of DR, change with treatment eg PRP and then mention relationship of DME and CT

3. MYOPIA – please change the subheading as REFRACTIVE ERROR since the authors also mention CT in hypermetropia. Line 16, page 2 pls change -Kender et al showed that as the degree of hyperopia…..

4. AMD – please mention the CT in dry & wet AMD (in Wet AMD mention re PCV), then the change in CT with treatment

5. ERM – line 56 and 57 are contradictory. There are articles which do describe normalisation of the CT after ERM peel (CHOROIDAL THICKNESS MEASURED WITH SWEPT SOURCE OPTICAL COHERENCE TOMOGRAPHY BEFORE AND AFTER VITRECTOMY WITH INTERNAL LIMITING MEMBRANE PEELING FOR IDIOPATHIC EPIRETINAL MEMBRANES Michalewska, Zofia MD, PhD*,‡; Michalewski, Janusz MD, PhD*,‡; Adelman, Ron A. MD, MPH‡; ZawiSlak, Ewa MD†; Nawrocki, Jerzy MD, PhD*,‡)

6. CSC – Page 3 line 2 The authors have used the reference of sildanefil associated change in CSC. Please use an alternate reference.

Line 5, page 3 – is not clear
Page 3 line 15 – subchondral CT not clear

7. CRAO - Page 3 line 18 was interesting to read about treatment for CRAO and changes in CT. As we know the treatment options for CRAO is limited. I was unable to sourse the article on pubmed.

It would have been better for the authors to describe vascular retinopathies and under it describe change in DR, CRVO and CRAO

8. VKH – again the authors have included the changes in only 1 inflammatory condition and not mentioned the other conditions.

Reviewer: 2
The abstract and introduction sections do not clarify the scientific content and do not motivate readers.