PEER REVIEW HISTORY

BMJ Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form (**http://bmjopen.bmj.com/site/about/resources/checklist.pdf**) and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below.

ARTICLE DETAILS

TITLE (PROVISIONAL)	Refractive Outcomes After Intravitreal Injection of Anti-vascular Endothelial Growth Factor Versus Laser Photocoagulation for Retinopathy of Prematurity: a Meta-analysis
AUTHORS	Kong, Qihang; Ming, Wai-kit; Mi, xue-song

VERSION 1 – REVIEW

REVIEWER	Wilson Yip Department of Ophthalmology and Visual Sciences Prince of Wales Hospital Hong Kong
REVIEW RETURNED	25-Jul-2020

GENERAL COMMENTS	The authors performed a meta-analysis for the refractive outcomes after Anti-VEGF versus laser photocoagulation for ROP. The methodology/data collection/analysis are done in a standardized way. They concluded that the antiVEGF treated group has less myopia compared with the laser treated group while the AL, ACD, LT did not reach statistically significance, the latter of which had not been previously meta-analyzed before which of of interest. The authors need to critically review the English used in the article. Some words/verbs are not used appropriately and the same for some sentences structure. Page 3 (abstract), line 17-21: No upper case at start of sentence and the sentence need to be rewritten. For example: The AL(), ACD() and the LT() did not reach statistical significance between the two groups. Page 3 line 22 Conclusion: The antiVEGF Do NOT "reduce" myopia. The antiVEGF group has LESS myopia compared with the laser group. Similar problems throughout the article. Page 6, line 5: I would say: it is important to know Page 11, Table 1 : The year of publication is not stated in the first column of table 1 Page 14, line 1: by increasing the statistical power with a higher number of cases Page 14, line 22: with different agents of anti VEGF, actually is not a strength because of increasing the heterogeneity. Page 15, line 17: "of refractive error .so we also", please amend Page 16, line 1: First, both articles utilized a small sample size for their research."" Both studies had a small sample size." Page 18, line 22, we do not start a sentence with Because

	The above are some of the obvious examples of the problem with English. The authors are advised to review it. It may be of interest to subgroup analyze bevacizumab and ranibizumab. The authors are advised to discuss on the different follow up period of the studies included.

REVIEWER	Ugur Acar Selcuk University Faculty of Medicine, Konya, Turkey
REVIEW RETURNED	27-Jul-2020

GENERAL COMMENTS	I have evaluated the manuscript entitled “Refractive Outcomes After Intravitreal Anti-vascular Endothelial Growth Factor Versus Laser Photocoagulation for Retinopathy of Prematurity: A meta-analysis”. The authors compared the refractive status of premature infants with ROP treated with anti-VEGF vs laser photocoagulation. They determined that children who received anti-VEGF treatment had less myopia than those who received laser therapy. This is a very current and curious topic in the literature. The manuscript is well designed, well-written and easy to understand. It contributes to the literature. I have some minor corrections. Minor corrections; 1- Please remove the anti-VEGF abbreviation in the title of the manuscript. 2- Line 16-21 in the Abstract: Sentence needs revision. Sentence has to start with capital letter, and retinopathy of prematurity should be abbreviated, and statements in parentheses may be removed. 3- Line 21 in the Introduction: Please use the abbreviation of retinopathy of prematurity.

REVIEWER	Gui-shuang Ying University of Pennsylvania
REVIEW RETURNED	16-Aug-2020

GENERAL COMMENTS	This study performed the meta-analysis for the comparison of anti-VEGF vs. laser on the refractive error. Although there is a previous meta-analysis evaluating this, this study included more studies and provided more robust findings. The paper can be improved as following: 1. In Abstract, please provide the unit for the mean difference of measures. 2. For the refractive error outcome, each included study had different length of follow-up and it is well-known that refractive error development changes over time, this meta-analysis probably should evaluate whether the refractive error difference between anti-VEGF vs. laser is associated with length of follow-up by using meta-regression. The study limitation should mention that refractive error measures were from different follow-up time point across studies , this may confound the evaluation of refractive error differences between anti-VEGF and laser. 3. Throughout the manuscript and figures, please indicate the unit of outcome measures, such as diopter for refractive error. 4. It will be informative to provide the overall demographics (BW and GA) of eyes treated with anti-VEGF vs. laser.

REVIEWER	Deborah Black

	The University of Sydney, Australia
REVIEW RETURNED	31-Aug-2020

GENERAL COMMENTS	This is a clearly written paper with some minor corrections required. The authors state that there is "no statistical significance" on page 3 line 20. Finding no difference does not mean there is no difference. It would be better to state that no statistical significant difference was found. On page 4, line 18 use UK spelling of "ischaemia" and check throughout for UK spelling. On page 8 line 17, replace "heterogeneity" with "hetergeneity, respectively". On page 15, line 17, check grammar.

VERSION 1 – AUTHOR RESPONSE

POINT-BY-POINT RESPONSES TO REVIEWERS
(REVIEWER #1: COMMENT 1-12, Page 1-6; REVIEWER #2: COMMENTS 1-3,
Page 6; REVIEWER #3: COMMENTS 1-4 , Page 7-10; REVIEWER #4: COMMENTS 1 , Page 11;)

Reviewer #1 Wilson Yip:

Comment 1: The authors need to critically review the English used in the article. Some words/verbs are not used appropriately and the same for some sentences structure.
Response: Thank you for the comments. In the revised manuscript, we have rechecked the English writing of the full text according to your requirements.

Comment 2:Page 3 (abstract), line 17-21: No upper case at start of sentence and the sentence need to be rewritten. For example: The AL(), ACD() and the LT() did not reach statistical significance between the two groups.
Response: Thanks,We have modified the sentence as“The AL, ACD, and LT did not reach statistical significance difference between the two groups.”(Page 3 line 21-22)

Comment 3:Page 3 line 22 Conclusion: The anti-VEGF Do NOT "reduce" myopia. The anti-VEGF group has LESS myopia compared with the laser group. Similar problems throughout the article
Response: Thanks,We have modified the sentence as“This meta-analysis indicates that anti-VEGF drug therapy results in less myopia compared with laser therapy.”(Page 4 line 3-4)

Comment 4:Page 6, line 5: I would say: it is important to know
Response: Thanks,We have modified the sentence as“ The increasing clinical application of anti-VEGF drugs makes it important to know whether these drugs can also cause refractive errors in children with ROP.” (Page 6 line 8-9)

Comment 5:Page 11, Table 1 : The year of publication is not stated in the first column of table 1
Response: Thanks,We apologize for this oversight. We have added the year of publication to the first column of table1.
Table1:
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Table 1: Main Characteristics of Studies Included in the Meta-analysis

First author/year	region	Group	patients /eyes (n)	GA(weeks) (mean± SD)	BW(g) (mean± SD)	Follow-up (months)	Type of Anti-VEGF	Anti-VEGF dose(mg)	NOS score
Harder [18]2013	Germany	Anti-VEGF laser	12/23 13/26	25.20 ± 1.60 25.30± 1.80	622.00 ± 153.00 717.00 ± 197.00	12	bevacizumab	0.375 or 0.625	7
Hwang[19]2015	American	Anti-VEGF laser	11/22 17/32	NA	668.10 ± 127.30 701.40 ± 118.80	21.7 32.5	bevacizumab	0.625	8
Kabataş[11]2017⋆	Turkey	Anti-VEGF laser	12/24 36/72	26.10 ± 2.27 27.70 ± 2.70	841.00 ± 235.00 1,112.00 ± 362.00	18	bevacizumab	0.625	8
Kabataş[11]2017⋆	Turkey	Anti-VEGF laser	6/12 36/72	26.00 ± 1.26 27.70 ± 2.70	840.00 ± 177.00 1,112.00 ± 362.00	18	ranibizumab	0.25	8
Kuo[20]2015	Taiwan	Anti-VEGF laser	15/15 14/14	27.33 ± 2.94 27.43± 2.93	1,079.67 ± 357.48 1,006.79 ± 327.65	3 years of age	bevacizumab	0.5	7
Kang [21]2019	Korea	Anti-VEGF laser	12/22 15/30	27.40 ± 2.00 34.00 ± 2.90	983.20 ± 265.60 961.00 ± 286.50	4 years of age	bevacizumab ranibizumab	0.625 0.2	7
Isaac [22]2015	Canada	Anti-VEGF laser	13/23 12/22	25.20 ± 1.40 25.00 ± 1.10	722.00 ± 131.00 674.00 ± 175.00	16.00±6.00 6.00±3.00	bevacizumab	0.625	8

Vujanović[23]2017	Serbia	Anti-VEGF laser	21/42 45/90	29.00 ± 4.00 30.00 ± 4.00	1,175.00 ± 425.00 1,200.00 ± 500.00	9	bevacizumab	0.625	8

Table 1 (continued)

First author/year	region	Group	patients /eyes (n)	GA(weeks) (mean± SD)	BW(g) (mean± SD)	Follow-up (months)	Type of Anti-VEGF	Anti-VEGF dose(mg)	NOS score
Gunay[24]2016⋆	Turkey	Anti-VEGF laser	55/107 57/113	27.31 ± 2.18 28.23 ± 2.50	1005.29 ±411.19 1119.47 ± 336.96	19.40±6.43 20.68±6.89	bevacizumab	0.625	8
Gunay[24]2016⋆	Turkey	Anti-VEGF laser	22/44 57/113	27.95 ± 2.90 28.23 ± 2.50	1195.90 ± 466.98 1119.47 ± 336.96	18.96±4.79 20.68±6.89	ranibizumab	0.25	8
Chen[25]2019	Taiwan	Anti-VEGF laser	13/25 12/22	26.46 ±1.51 25.50 ±1.24	862.54 ±197.65 815.83 ±151.07	NA	bevacizumab	0.625	7
Lee[26]2018	Taiwan	Anti-VEGF laser	17/33 13/24	26.60 ± 1.60 26.60 ± 2.50	874.10 ± 228.70 803.10 ± 144.90	＞48	bevacizumab	0.625	6
Roohipoor[27] 2018	Iran	Anti-VEGF laser	NA/397 NA/190	27.8	1146	＞12	bevacizumab	0.625	8
Geloneck[16]⋆ 2014	American	Anti-VEGF laser	56/110 53/101	24.3	625	2.5 years of age	bevacizumab	0.625	8
O'Keeffe [17]⋆ 2016	Irish	Anti-VEGF laser	15/15 15/15	25±1.25	780±135	60	bevacizumab	1.25	6

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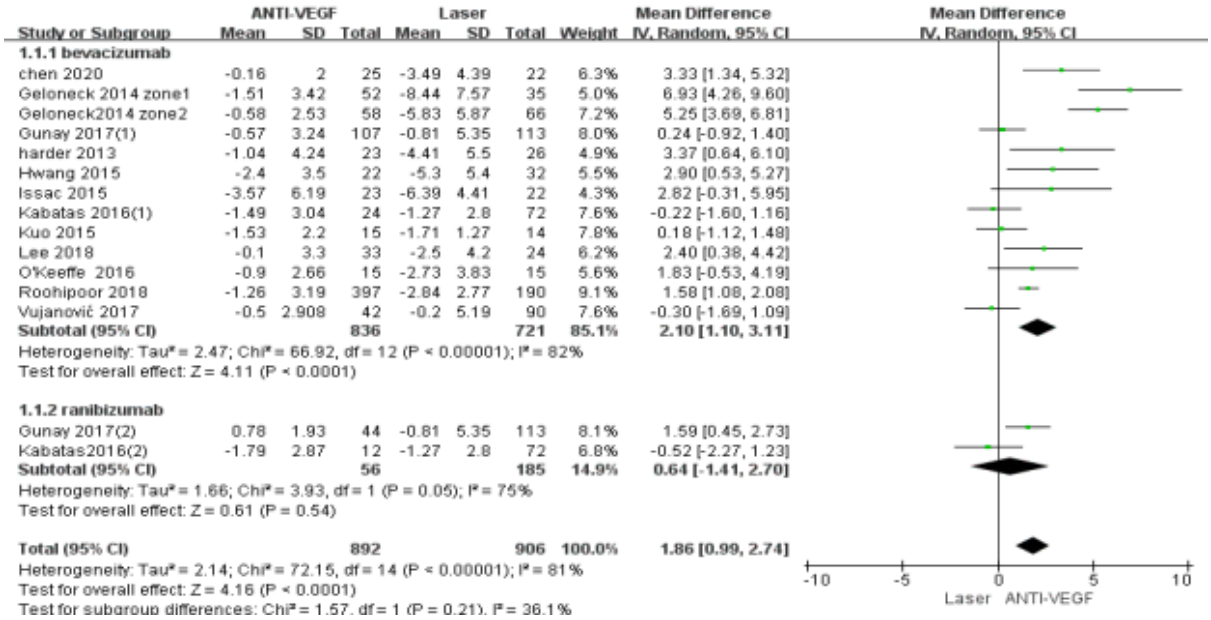
Comment 6:Page 14, line 1: by increasing the statistical power with a higher number of cases
Response: Thanks,We have modified the sentence as“Firstly, our study analyzed the largest amount of data(13 articles covering 1850 eyes) and included some recently published literature, which increased the statistical power of the analyses.”(Page 14, line 20-22)

Comment 7:Page 14, line 22: with different agents of anti-VEGF, actually is not a strength because of increasing the heterogeneity.
Response: Thank you for your comment. We have performed a subgroup analysis of different anti-VEGF drugs and reported in the“Results” section. This figure was added to the online supplementary material(S2 forest plot).
online supplementary material S2 forest plot：



Page 13, line 7-10(Results): At the same time, according to different types of anti-VEGF drugs(Online supplementary material S2 forest plot) and different follow-up time (Online supplementary material S3 forest plot), we conducted a subgroup analysis.

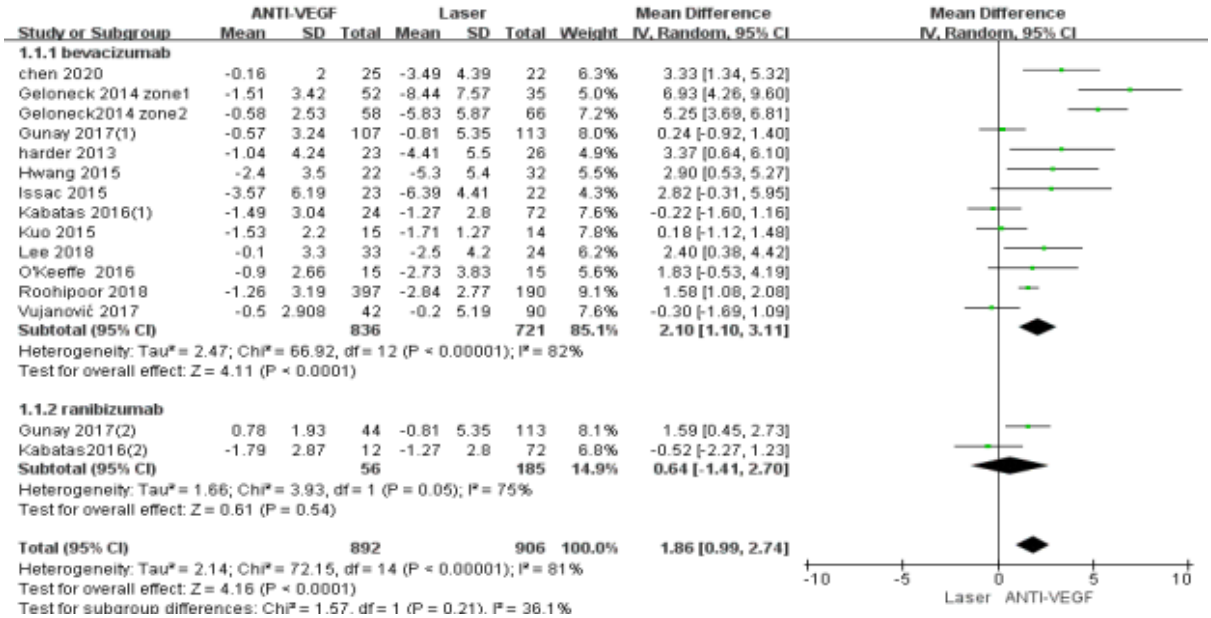
Comment 8: Page 15, line 17: "of refractive error .so we also", please amend
Response: Thanks,We have modified the sentence as“ Most previous studies have quantified refractive errors using SE values, since this parameter is considered the primary measure of such errors, and so we also used this parameter to explore intergroup differences.”（Page 15, line 18-19）

Comment 9: Page 16, line 1: First, both articles utilized a small sample size for their research."" Both studies had a small sample size.
Response: Thanks,We have modified the sentence as“ Two factors may explain this difference: (1) both of the previous studies included small samples, and… “

Comment 10 Page 18, line 22, we do not start a sentence with Because
Response: Thanks,We have modified the sentence as“ Since intraocular injections of angiogenesis factor inhibitors are increasingly being applied, more high-quality RCTs are required.”

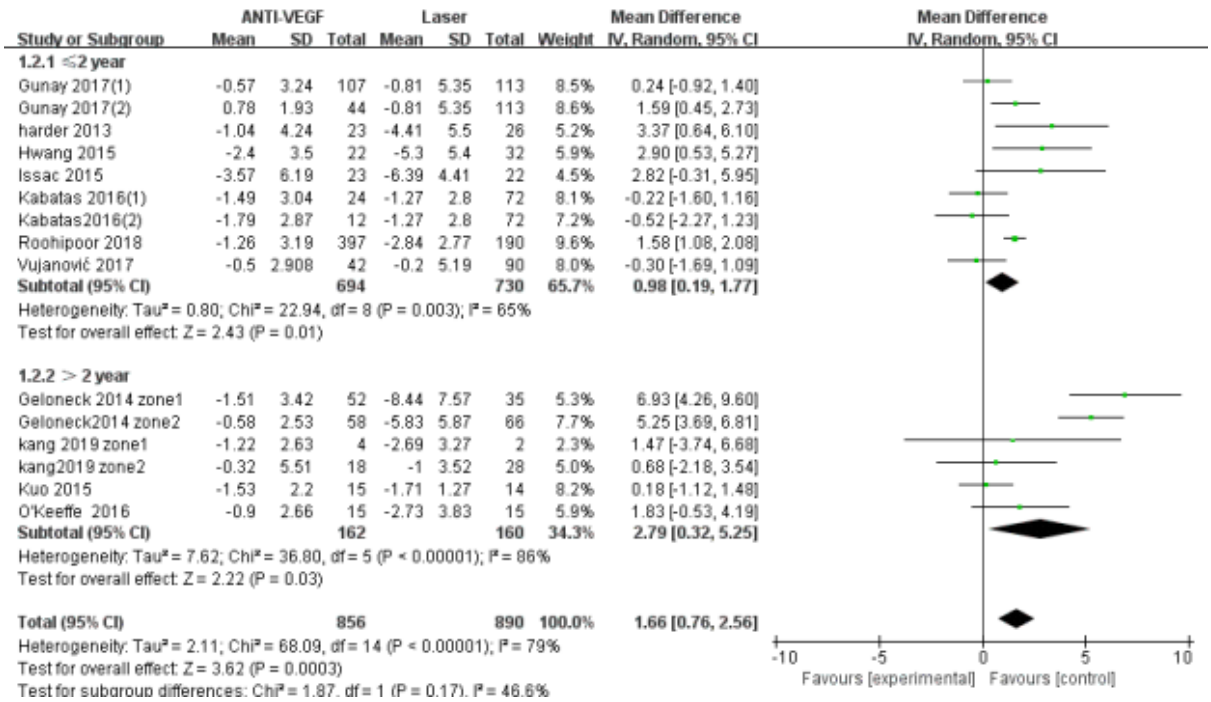
Comment 11:It may be of interest to subgroup analyze bevacizumab and ranibizumab.

Response: Thank you for your comment. We have performed a subgroup analysis of different anti-VEGF drugs and reported in the“Results” section. This figure was added to the online supplementary material(S2 forest plot).
online supplementary material S2 forest plot：



Page 13, line 7-10(Results): At the same time, according to different types of anti-VEGF drugs(Online supplementary material S2 forest plot) and different follow-up time (Online supplementary material S3 forest plot), we conducted a subgroup analysis.

Comment 12: The authors are advised to discuss on the different follow up period of the studies included.
Response: We have taken this excellent suggestion by providing a new figure (online supplementary material S3 forest plot) to better illustrate the SE values of the different follow time included in the current manuscript, as displayed below.



online supplementary material S3 forest plot

Page 13, line 7-10(Results): At the same time, according to different types of anti-VEGF drugs(Online supplementary material S2 forest plot) and different follow-up time (Online supplementary material S3 forest plot), we conducted a subgroup analysis.

Reviewer #2 Ugur Acar:

Comment 1: The manuscript is well designed, well-written and easy to understand. It contributes to the literature. I have some minor corrections. Please remove the anti-VEGF abbreviation in the title of the manuscript.

Response: Thanks. We have modified the title as“Refractive Outcomes After Intravitreal Injection of Anti-vascular Endothelial Growth Factor Drug Versus Laser Photocoagulation for Retinopathy of Prematurity: a Meta-analysis”

Comment 2: Line 16-21 in the Abstract: Sentence needs revision. Sentence has to start with capital letter, and retinopathy of prematurity should be abbreviated, and statements in parentheses may be removed.

Response: Thanks. We have modified the sentence as “The AL, ACD, and LT did not reach statistical significance difference between the two groups.” (Page 3 line 21-22)

Comment 3: Line 21 in the Introduction: Please use the abbreviation of retinopathy of prematurity.

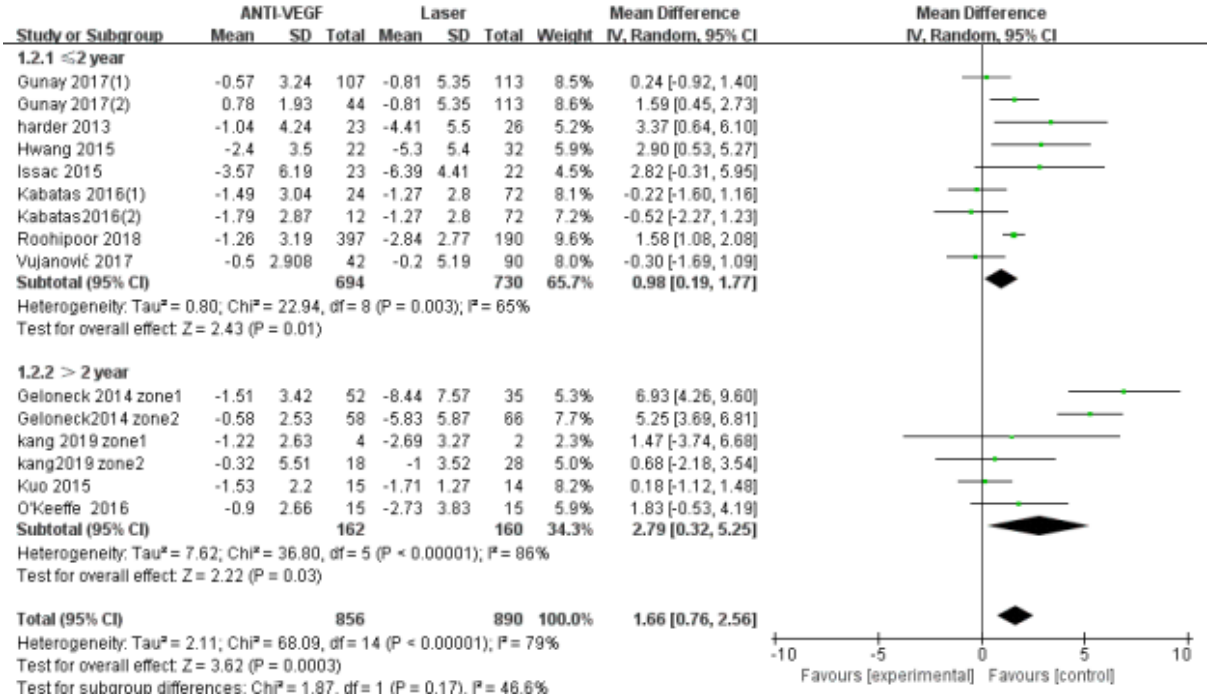
Response: Thanks,We have modified the sentence as “ROP is a unique retinal vascular proliferative disease occurring in premature and low-birth-weight infants”(Page 5, line 4-5)

Reviewer #3 Gui-shuang Ying:

Comment 1: In Abstract, please provide the unit for the mean difference of measures.

Response: Thanks. In the revised manuscript, we have added units of measurement for mean difference.
(Page 3, line 18-21) Children who received anti-VEGF drug treatment had less myopia than those who received laser therapy (mean difference =1.80 diopter, 95% confidence interval =: 0.97 to 2.63, P ＜0.0001, I^2 = 78%).

Comment 2:For the refractive error outcome, each included study had different length of follow-up and it is well-known that refractive error development changes over time, this meta-analysis probably should evaluate whether the refractive error difference between anti-VEGF vs. laser is associated with length of follow-up by using meta-regression. The study limitation should mention that refractive error measures were from different follow-up time point across studies , this may confound the evaluation of refractive error differences between anti-VEGF and laser.
Response: Thank you for your comments. Based on the comments of another reviewer, we analyzed the SE values of different follow-up times as a subgroup (online supplementary material S3 forest diagram). At the same time, we have explained the limitations of this article in the discussion section based on your opinion.
Online supplementary material S3 forest plot:



(Page 18, line 18-21, Discussion) However, our study also had certain limitations.First, the refractive error measures were from different follow-up time points across studies, this may confound the evaluation of refractive error differences between anti-VEGF and laser.
Comment 3: Throughout the manuscript and figures, please indicate the unit of outcome measures, such as diopter for refractive error.
Response: Thanks. In the revised manuscript, we have added units of measurement.
(Page 13, line 4-5) The SE values were higher in the anti-VEGF drug group than in the control group (MD = 1.80 diopter , 95% CI = 0.97 to 2.63), …

(Page 13, line 11-13)There was no significant difference in the AL between the groups (WMD = –0.04mm, 95% CI = –0.30 to 0.21),…

(Page 13, line 15-17)We found no difference in the ACD between the anti-VEGF drug and control groups (MD = 0.19mm, …

(Page 13, line 21-22)Two articles[23, 25] reported the LT, which did not differ significantly between the anti-VEGF drug and laser groups (MD = 0.06mm,…

Comment 4:It will be informative to provide the overall demographics (BW and GA) of eyes treated with anti-VEGF vs. laser
Response: Thanks, We have aggregated the BW and GA data into Table1.

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Table 1: Main Characteristics of Studies Included in the Meta-analysis

First author/year	region	Group	patients /eyes (n)	GA(weeks) (mean± SD)	BW(g) (mean± SD)	Follow-up (months)	Type of Anti-VEGF	Anti-VEGF dose(mg)	NOS score
Harder [18]2013	Germany	Anti-VEGF laser	12/23 13/26	25.20 ± 1.60 25.30± 1.80	622.00 ± 153.00 717.00 ± 197.00	12	bevacizumab	0.375 or 0.625	7
Hwang[19]2015	American	Anti-VEGF laser	11/22 17/32	NA	668.10 ± 127.30 701.40 ± 118.80	21.7 32.5	bevacizumab	0.625	8
Kabataş[11]2017⋆	Turkey	Anti-VEGF laser	12/24 36/72	26.10 ± 2.27 27.70 ± 2.70	841.00 ± 235.00 1,112.00 ± 362.00	18	bevacizumab	0.625	8
Kabataş[11]2017⋆	Turkey	Anti-VEGF laser	6/12 36/72	26.00 ± 1.26 27.70 ± 2.70	840.00 ± 177.00 1,112.00 ± 362.00	18	ranibizumab	0.25	8
Kuo[20]2015	Taiwan	Anti-VEGF laser	15/15 14/14	27.33 ± 2.94 27.43± 2.93	1,079.67 ± 357.48 1,006.79 ± 327.65	3 years of age	bevacizumab	0.5	7
Kang [21]2019	Korea	Anti-VEGF laser	12/22 15/30	27.40 ± 2.00 34.00 ± 2.90	983.20 ± 265.60 961.00 ± 286.50	4 years of age	bevacizumab ranibizumab	0.625 0.2	7
Isaac [22]2015	Canada	Anti-VEGF laser	13/23 12/22	25.20 ± 1.40 25.00 ± 1.10	722.00 ± 131.00 674.00 ± 175.00	16.00±6.00 6.00±3.00	bevacizumab	0.625	8

Vujanović[23]2017	Serbia	Anti-VEGF laser	21/42 45/90	29.00 ± 4.00 30.00 ± 4.00	1,175.00 ± 425.00 1,200.00 ± 500.00	9	bevacizumab	0.625	8

Table 1 (continued)

First author/year	region	Group	patients /eyes (n)	GA(weeks) (mean± SD)	BW(g) (mean± SD)	Follow-up (months)	Type of Anti-VEGF	Anti-VEGF dose(mg)	NOS score
Gunay[24]2016⋆	Turkey	Anti-VEGF laser	55/107 57/113	27.31 ± 2.18 28.23 ± 2.50	1005.29 ±411.19 1119.47 ± 336.96	19.40±6.43 20.68±6.89	bevacizumab	0.625	8
Gunay[24]2016⋆	Turkey	Anti-VEGF laser	22/44 57/113	27.95 ± 2.90 28.23 ± 2.50	1195.90 ± 466.98 1119.47 ± 336.96	18.96±4.79 20.68±6.89	ranibizumab	0.25	8
Chen[25]2019	Taiwan	Anti-VEGF laser	13/25 12/22	26.46 ±1.51 25.50 ±1.24	862.54 ±197.65 815.83 ±151.07	NA	bevacizumab	0.625	7
Lee[26]2018	Taiwan	Anti-VEGF laser	17/33 13/24	26.60 ± 1.60 26.60 ± 2.50	874.10 ± 228.70 803.10 ± 144.90	＞48	bevacizumab	0.625	6
Roohipoor[27] 2018	Iran	Anti-VEGF laser	NA/397 NA/190	27.8	1146	＞12	bevacizumab	0.625	8
Geloneck[16]⋆ 2014	American	Anti-VEGF laser	56/110 53/101	24.3	625	2.5 years of age	bevacizumab	0.625	8
O'Keeffe [17]⋆ 2016	Irish	Anti-VEGF laser	15/15 15/15	25±1.25	780±135	60	bevacizumab	1.25	6

NA: not applicable

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Reviewer #4 Deborah Black:
Comment 1: This is a clearly written paper with some minor corrections required. The authors state that there is "no statistical significance" on page 3 line 20. Finding no difference does not mean there is no difference. It would be better to state that no statistical significant difference was found. On page 4, line 18 use UK spelling of "ischaemia" and check throughout for UK spelling. On page 8 line 17, replace "heterogeneity" with "hetergeneity, respectively". On page 15, line 17, check grammar.
Response: Thank you. We have further checked the writing and grammar of the article according to your requirements.
page 3 line 21-22: The AL, ACD, and LT did not reach statistical significance difference between the two groups.

page 4 line 22:Characterized by retinal ischemia,…

page 8 line 17-20:Heterogeneity between the included studies was assessed using the I^2 statistic. I^2 values of 25%-50%, 50%- 75%,75%-100% were considered to indicate low, moderate, and high heterogeneity,resppectively.

Page 15, line 18-19: Most previous studies have quantified refractive errors using SE values,since this parameter is considered the primary measure of such errors,and so we also used this parameter to explore group differences .

VERSION 2 – REVIEW

REVIEWER	Wilson Yip DOVS CUHK Hong Kong
REVIEW RETURNED	03-Nov-2020

GENERAL COMMENTS	1. I am not sure if it is due to different platform of computer or software. There are quite a number of spacing problems between words. Please check. 2. Page 4-5: Introduction: "Retinopathy of prematurity (ROP) is a common cause of blindness in developed countries and its prevalence in developing countries" > The meaning imcomplete for the last part of the sentence. 3.page 5: line 15: effective: typo 4. page 5 line 21: There should be no comma after the word prompted 5. Page 6, line 17: Our study is reported on here in accordance withing : should be "with" 6.page 8, line 21: Possibility: typo 7.Page 13: Main Outcomes: Axial length: significant:typo 8: Page 18 and 19,Discussion and Conclusion: not "reduce" myopia 9 page 15, line 8: missing full stop after ROP 10 Page 15, line 10: shold have not full stop after "providing" The authors should bear the responsibility of proof reading again before resubmission.

REVIEWER	Gui-shuang Ying

	University of Pennsylvania, USA
REVIEW RETURNED	05-Nov-2020

GENERAL COMMENTS	Thanks for addressing the previous comments and added some new interesting results from subgroup analysis by length of follow-up.

VERSION 2 – AUTHOR RESPONSE

POINT-BY-POINT RESPONSES TO REVIEWERS

(REVIEWER #1: COMMENT 1-10, Page 1-2; REVIEWER #3: COMMENT 1,Page 2;)

Reviewer #1 Wilson Yip:

Comment 1: I am not sure if it is due to different platform of computer or software. There are quite a number of spacing problems between words. Please check.

Response: Thank you for the comments. In the revised manuscript, we have rechecked the full text according to your requirements.

Comment 2: Page 4-5: Introduction: "Retinopathy of prematurity (ROP) is a common cause of blindness in developed countries and its prevalence in developing countries" > The meaning imcomplete for the last part of the sentence.
Response: Thanks.We have modified the sentence as“Retinopathy of prematurity (ROP) is a common blinding disease among children in developed countries and is becoming increasingly popular in developing countries.”(Page 5 line 1-3)

Comment 3: page 5: line 15: effective: typo

Response: Thanks.We have modified the sentence as“While this intervention is effective and safe, a few defects can remain, such as high myopia, visual field loss, and retinal destruction..”(Page 5 line 18)

Comment 4: page 5 line 21: There should be no comma after the word prompted

Response: Thanks.We have modified the sentence as“ This situation has prompted researchers to use anti-VEGF drugs to treat ROP.” (Page 6 line 2-3)

Comment 5: Page 6, line 17: Our study is reported on here in accordance withing: should be "with"
Response: Thanks.We have modified the sentence as“ Our study is reported on here in accordance with the PRISMA guidelines for meta-analyses.” (Page 6 line 20-21)

Comment 6: page 8, line 21: Possibility: typo

Response: Thanks.We have modified the sentence as“Due to the possibility of heterogeneity being present between studies, we used a more conservative version of the random-effects model.”(Page 9, line 3-5)

Comment 7: Page 13: Main Outcomes: Axial length: significant:typo
Response: Thanks.We have modified the sentence as“There was no significant difference in the AL between the groups...” (Page 13, line 12-13)

Comment 8: Page 18 and 19, Discussion and Conclusion: not "reduce" myopia

Response: Thanks.We have modified the sentence as“ In conclusion, the present meta-analysis has shown that anti-VEGF drug therapy reduces the degree of myopia more effectively than does laser treatment.”（Page 19, line 4-6）

Comment 9: page 15, line 8: missing full stop after ROP

Response: Thanks.We have modified the sentence as“ …but no evidence was provided for laser treatment and anti-VEGF drug treatment exerting different effects on the refractive status in children with ROP.”（Page 15, line 7-9）

Comment 10 Page 15, line 10: shold have not full stop after "providing"
Response: Thanks.We have modified the sentence as“ …obtained results providing further evidence that anti-VEGF drug treatment is safe for children with ROP.”（Page 15, line 11-12）

Reviewer #3 Gui-shuang Ying:

Comment 1:Thanks for addressing the previous comments and added some new interesting results from subgroup analysis by length of follow-up.

Response: Thank you for your comment. In the revised manuscript, we have rechecked the full text in accordance with the requirements of the other reviewer.

1