

Response to the letter to the editor: Comparison of intravitreal aflibercept and ranibizumab injections on subfoveal and peripapillary choroidal thickness in eyes with neovascular age-related macular degeneration

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Dear Editor,

We appreciate the comments by Uzun et al. concerning our article, in which we investigated the changes in choroidal thickness (CT) after administration of ranibizumab and aflibercept [1]. Uzun et al. highlighted the various factors which might affect CT including age, refractive errors, axial length, and other various systemic factors [2–4]. We agree with this comment; however, because the study design was retrospective, information about all of the related factors was not available. In this study, the refractive error of the ranibizumab group (spherical equivalent, 1.01 ± 1.51 diopters) was not significantly different from that of the aflibercept group (spherical equivalent, 0.45 ± 1.40 diopters, $P = 0.233$). Systemic factors, hypertension, and diabetes did not differ between the two groups. Because the two groups were treated during a certain period and classified according to the treatment time, there is no definite evidence that other factors need to be investigated. In addition, because this study observed short-term changes, the effect of systemic factors on the choroidal thickness might not be significant.

We also agree that we should consider diurnal variations of choroidal thickness, but due to the study's retrospective design, we could not adjust diurnal variations and mentioned this issue in the limitation section of the manuscript. However,

because the retinal clinic in our hospital is only open in the morning, all patients were examined with optical coherence tomography before noon. Because of the timing of the exams, the diurnal variation in the choroidal thickness might not be significant in this study.

Compliance with ethical standards

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Conflict of interest All authors certify that they have no affiliations with or involvement in any organization or entity with any financial interest (such as honoraria; educational grants; participation in speakers' bureaus; membership, employment, consultancies, stock ownership, or other equity interest; and expert testimony or patent-licensing arrangements), or non-financial interest (such as personal or professional relationships, affiliations, knowledge, or beliefs) in the subject matter or materials discussed in this manuscript.

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