

### Masking manuscripts for the peer review process

Isenberg *et al* investigated the effect of masking the author's identity to peer reviewers in a retrospective study of 531 manuscripts submitted to *Journal of American Association for Pediatric Ophthalmology and Strabismus*. Reviewer's knowledge of the author's identity had no effect on review quality. However, fewer manuscripts were published when there was no idea of the author's identity, compared with when it was allegedly known or suspected ( $p < 0.0001$ ). Manuscripts also had lower recommendation scores when there was no idea of the author's identity compared with when it was allegedly known ( $p = 0.0001$ ) or suspected ( $p = 0.004$ ). The authors conclude that reviewers were more favourable when they allegedly knew or suspected the author's identity suggesting that double masking may reduce reviewer bias. **See page 881**

### Primary chemotherapy for group D heritable retinoblastoma

Cohen *et al* report the ocular survival and event free survival following primary multiagent chemotherapy (six cycles of vincristine, etoposide and carboplatin) for 18 group D eyes with heritable bilateral retinoblastoma. Only 2 (11%) eyes were treated successfully with chemotherapy alone, 9 (50%) eyes underwent successful salvage treatment and 7 (39%) eyes were enucleated. Ocular survival was 67% at 2 years. External beam radiotherapy proved successful salvage treatment in 5 of 9 eyes with the event free survival of 34% at 2 years. The authors conclude that multiagent chemotherapy alone is rarely sufficient for the preservation of group D eyes. External beam radiotherapy and plaque radiotherapy remain important salvage treatments for Group D heritable retinoblastoma. **See page 887**

### Fixed diameter scan protocol for RNFL measurement

Kaushik *et al* measured peripapillary retinal nerve fibre layer (RNFL) thickness using a fixed-diameter versus a user-defined (proportional  $2.27 \times$  disc scan protocol of Stratus OCT) in 32 normal, 62 glaucoma suspects and 36 glaucomatous eyes. The correlation between RNFL thickness for each scan protocol and disc size was analysed. In normal eyes, RNFL thickness was independent of the optic-disc area using the fixed-diameter protocol ( $p = 0.92$ ) but was inversely proportional to disc size using the proportional protocol ( $p < 0.001$ ). In glaucoma suspects, the optic-disc area correlated with RNFL thickness using the fixed-diameter protocol ( $p < 0.001$ ). In glaucomatous eyes, the RNFL thickness using the fixed-diameter protocol was significantly affected by the mean deviation on visual fields but not by disc area ( $p < 0.001$  and  $p = 0.64$  respectively). The authors conclude that RNFL thickness may be related to distance from the centre of the optic disc rather than the margin. **See page 895**

### OCT patterns in diabetic macular oedema

Kim *et al* studied 70 eyes (45 patients) with clinically significant macular oedema that underwent focal laser photocoagulation using the ETDRS protocol to identify OCT patterns predictive of visual outcome. OCT features were classified into four patterns: diffuse retinal thickening (DRT); cystoid macular oedema (CMO), serous retinal detachment and vitreomacular interface abnormalities (VMIA). Changes in retinal thickness, retinal volume and visual acuity (VA) after focal laser photocoagulation were evaluated and compared with respect to their OCT features. The DRT pattern was associated with a greater reduction in retinal thickening and greater VA improvement than the CMO or VMIA patterns. The authors conclude that classifying DMO structural patterns using OCT may allow visual outcome prediction after laser photocoagulation. **See page 901**

### Trabeculectomy and cataract extraction in primary angle-closure glaucoma

Tsai *et al* compared the long-term efficacy and safety of combined trabeculectomy and cataract extraction versus trabeculectomy alone in primary angle-closure glaucoma (PACG) in a retrospective study on 99 Chinese PACG patients; 75 patients underwent combined surgery and 24 underwent trabeculectomy alone. Survival analysis showed that the complete success rate at 3 years was 56% in the combined group and 54% in the trabeculectomy group ( $p = 0.903$ ). There were no significant differences between groups in either IOP or the number of glaucoma medications throughout the 3-year follow-up. The authors conclude that the long-term IOP lowering effect and surgical complications of combined trabeculectomy and cataract extraction are comparable with those of trabeculectomy alone. **See page 943**

### Inhibition of CNV in mice by systemic sorafenib

Chung *et al* investigated the effect of orally administered sorafenib, a multi-kinase inhibitor, in a mouse model of choroidal neovascularisation (CNV). Sorafenib or vehicle was administered orally to female C57BL/6 mice at the onset (day 0) or on day 7. CNV was induced by laser photocoagulation on day 1. On day 14, mice were perfused with fluorescein-labelled dextran and the area of CNV was measured on choroidal flat mounts by image analysis. Sorafenib significantly reduced the extent of CNV in a dose-dependent manner. The area of CNV was reduced by 43% in the 30 mg/kg/day group and by 61% in the 60 mg/kg/day group compared with vehicle-treated controls (both  $p < 0.0001$ ). Oral administration of sorafenib also caused similar significant regression of established CNV. The authors conclude that sorafenib holds promise for the treatment of CNV in clinical setting. **See page 958**



## At a glance

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