Despite these concerns, this study adds value to the ongoing exploration of biologics in ocular surface disease and reflects a growing interest in patient-specific regenerative therapies. Constructive scrutiny of methodology, particularly outcome reporting and statistical modeling, is essential for translating findings into clinical practice. We appreciate the authors' contributions to this evolving field.

Declarations

Authorship Contributions

Concept: R.M., P.S., R.S., Design: R.M., P.S., R.S., Data Collection or Processing: R.M., P.S., R.S., Analysis or Interpretation: R.M., P.S., R.S., Literature Search: R.M., P.S., R.S., Writing: R.M., P.S., R.S.

Conflict of Interest: No conflict of interest was declared by the authors.

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Reply

We would like to thank you for the opportunity to respond to the issues raised in the letter and to clarify aspects of our study[1] related to these concerns. We would also like to thank the authors for their interest in our paper and for taking the time to express their observations.

We totally agree that reporting the proportion of patients achieving a minimal clinically important difference (MCID) would have been better than reporting Ocular Surface Disease Index (OSDI) scores. The problem with MCID is that there is no single universally agreed upon MCID for OSDI. I would like to point out that the study provided as a reference is a neurology article.[2] There is no consensus on the method used to measure MCID. Also, a multitude of factors affect MCID, such as disease severity, study methodology, patient population, and treatment context. A key study published in 2010 established the following MCID ranges for OSDI: improvement of 4.5 to 7.3 points for mild to moderate disease and 7.3 to 13 points for severe disease.[3] However, we completely agree that once a single universally agreed upon OSDI MCID value is obtained, including it for calculation of symptom improvement will be of paramount importance.

We acknowledge the authors' concern regarding the potential for type I error due to repeated measures and intra-patient correlation in bilateral ocular disease. While regression models are more suitable for prediction analyses, in our study we primarily compared mean values between two groups. To address their concern, we re-analyzed the data with Bonferroni correction applied to control for type I error. The mean, standard deviation, and p-values remain unchanged. We appreciate this suggestion, as it has helped strengthen the statistical rigor of our results.

In this study, outcomes from both eyes were used. The results from this analysis are usually unbiased and the variance of estimate is similar to using all of the data with appropriate accommodation of correlation.[4] Regarding the use of a paired-eye statistical model and stratified variance analysis, we will try to incorporate these suggestions in our future studies. Also, we totally agree that platelet concentration should have been quantified in the prepared aPRP drops, especially the stored ones. We are very thankful for the suggestion and will definitely implement this approach going forward.

Regarding best corrected visual acuity (BCVA), I would like to clarify that the phrase "improved visual acuity" appears only once in the article, in a sentence citing references 17 and 18.[5,6] Therefore, it was an observation of other researchers. We clearly stated that the improvement in BCVA in the study group, while potentially relevant, did not reach statistical significance.

The grading system of impression cytology has been referenced as early as 1984[7] and as recently as 2025.[8] Therefore, it is a well standardized and referenced grading system. However, I agree that a scoring metric would have been better for objective quantification.

In summary, we are thankful to receive so much interest in our article. We truly acknowledge the appreciation of our study and will try to incorporate the suggestions in our future research.

Declarations

Authorship Contributions

Analysis or Interpretation: S.S., S.P.S., S.K., V.K.S., K.D., Literature Search: S.S., K.D., Writing: S.S., K.D.

Conflict of Interest: No conflict of interest was declared by the authors.

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