

version was used. In this case, the text adds no further details about the procedure. We are unaware whether the ASB was assessed only before capsulotomy, or before and after PCO removal. The latter strategy was chosen in our studies.

Authors can certainly enlighten us in these aspects.

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JJ Garcia-Medina<sup>1,2</sup>, M Garcia-Medina<sup>1,3</sup> and MD Pinazo-Duran<sup>1</sup>

<sup>1</sup>Ophthalmology Research Unit 'Santiago Grisolia', University Hospital Doctor Peset, Valencia, Spain

<sup>2</sup>Department of Ophthalmology, Hospital Huerca-Overa, SAS, Almería, Spain

<sup>3</sup>Department of Ophthalmology, Torrecárdenas Hospital, SAS, Almería, Spain

Correspondence: JJ Garcia-Medina, Ophthalmology Research Unit 'Santiago Grisolia', University Hospital Doctor Peset, Avenida Gaspar Aguilar 90, Valencia 46017, Spain  
Tel: +34 963 86 25 66.  
E-mail: josegarciam@yahoo.com

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a study using the same instrument, namely GDx Access with variable corneal compensation (VCC). Dr Garcia Medina enquired whether we used VCC in our study. The answer is yes. All measurements were taken using GDx Access using default setting, that is, with VCC enabled. As we did not modify the machine setting, we thought that specifying this in the text would have been redundant. However, we thank Dr Garcia Medina for giving us the possibility of clarifying this detail.

As far as the discordance between our results and his, we respectfully remind Dr Garcia Medina that no more than 28 eyes were included in his larger study. When we set up our study, we determined that the minimum sample size to have a statistical power of 80% with an alpha error of 0.05 and an effect size of medium magnitude ( $d = 0.5$ ) would have been 102 eyes. We would like to highlight how all these parameters are considered to be the norm in sample size calculations. Given the sample size reported by Dr Garcia Medina, the power of his study results to be less than 40%. While his methodology is faultless, perhaps his group might want to consider repeating the study with a larger sample in order to achieve a more robust analysis.

## Reference

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M Vetrugno, F Masselli, G Greco, D Sisto, A Maino, S Ficarelli and C Sborgia

Department of Ophthalmology, University of Bari, Bari, Italy

Correspondence: M Vetrugno, Department of Ophthalmology, University of Bari, piazza G Cesare, 11, via Cardinale Mimmi, 24, Bari 70124, Italy  
Tel: +39 080 5592525;  
Fax: +39 080 5478918.  
E-mail: m.vetrugno@oftalmo.uniba.it

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Sir,  
**Reply to Dr Gracia-Medina**

We thank Dr Garcia Medina for his interest in our article. In his study,<sup>1</sup> Dr Garcia Medina and his team conducted