Reviewer's report

Title: Combining Glycosylated Hemoglobin A1c and Fasting Plasma Glucose for Diagnosis of Type 2 Diabetes in Chinese Adults

Version: 2 Date: 22 July 2013

Reviewer: Zhiheng He

Reviewer's report:

I have evaluated the responses from the authors of the manuscript under review. The issues I raised on their initial submission was partly addressed and a point to point comment is listed below:

#4. Initial review. Hemoglobin levels for the different groups should be listed in the Table 1 if available.
Response: HbA1c levels for different subgroups were listed in table 2.
Comments: I still do not see hemoglobin value listed in the table 2. HbA1c was listed there instead. The authors should understand that Hemoglobin is NOT HbA1c ! My initial comment was NOT addressed. I do think the authors will benefit tremendously by consulting with a qualified Endocrinologist specialized in diabetes research.

#8. Initial review. In the background section, it should be noted that lack of standardized HbA1c was probably another major reason why HbA1c has not been adopted as the diagnostic criteria in China, in addition to the lack of knowledge about racial-specific standard. In the United States, it took a long time before HbA1c was standardized and adopted as a diagnostic criteria.
Response: We now change the sentence as “...mainly due to lack of a standardized approach to measure HbA1c, short of knowledge about racial-specific standard and a deficiency of an optimal cut-point for detecting T2DM in the population.” (Line 90-91).
Comments: Please make corresponding changes in the abstract as well.

#10. Initial review: In page 9, it was not clear why the authors chose WC about 85 cm in male and 80 cm in females. Appropriate literatures should be cited to give the rations. This also applies to the other parameters such as HW (hypertriglyceridemic waist phenotype), which is not a conventional measure and reported with different cutoff in the literature.
Response: Now we cite reference 17 and 18 in this section (Line 166, 168).
Comment: I still do not understand why the authors choose the cut off value from study done in ethnically different populations when there is data available for Chinese population (Zhang et al. BMC Public Health 2012, 12: 1081). The only problem is that the previous study done in Chinese population use different cut
off. This should really be discussed and described clearly. It is not appropriate to put data in without clear rationales and adequate comments.

#12. Initial review. The language of this manuscript needs to be significantly improved. The authors might need editorial assistance from someone who use English as a native language.
Response: We have a native English speaker to edit this paper.
Comment: If that is the best the authors can do, journal should provide appropriate editorial assistance.

**Level of interest:** An article of importance in its field

**Quality of written English:** Needs some language corrections before being published

**Statistical review:** Yes, but I do not feel adequately qualified to assess the statistics.

**Declaration of competing interests:**
I have no competing interest