Reviewer's report

**Title:** From Design To Implementation - The Joint Asia Diabetes Evaluation (JADE) Program: A Descriptive Report of An Electronic Web-based Diabetes Management Program

**Version:** 2  **Date:** 9 March 2010

**Reviewer:** James Ralston

**Reviewer's report:**

*Major Compulsory Revisions*

The authors have made a good effort to address most of my comments. Below, I describe a few areas of concern that remain.

The authors should discuss how their program addresses this probable legacy effect of glycemic control in the protocols developed by JADE. Focusing the intensity of care for glycemic control based on 5 year risk of complications (as proposed by JADE) does not take into account the legacy effect of early glycemic control on reducing complications later in the life of a patient with diabetes. For example, evidence suggests that glycemic control at an early age is more likely to prevent blindness later in life compared to glycemic control at a later age. A program that focuses care on those at highest risk of blindness within 5 years would miss the vast majority of opportunity to prevent blindness in a population of patients with diabetes.

For now, it is reasonable to focus the intensity of lipid and blood pressure management based on those who are at highest 5 year risk for complications, since there is no significant evidence for a legacy effect of earlier tight control of these factors in patients diabetes. However, the authors should acknowledge that this potential legacy effect is still under investigation. If a legacy effect is found for treatment for BP and lipids, then the intensity of follow-up based on 5 years risk stratification may be short sighted.

The risk of complications over time may well inform and possibly motivate patients with diabetes to change to healthier behaviors or adhere to medications. This is a testable hypothesis for the JADE program. However, the authors do not discuss the literature studying the presentation of preventable risk to motivate behavior change in patients.

Last, I cannot tell if the program may recommend different clinical targets for the ABCs of diabetes care (e.g. for many patients A1c < 7.0, blood pressure < 130/80 and cholesterol-LDL < 100 mg/dl) depending on 5 year risk stratification. I don’t think the authors are intending such a modification of standard guidelines, but the manuscript is not sufficiently clear. Standards for these ABCs of care should be driven by evidence based guidelines derived from clinical trials. Targets for these ABCs should not be driven by a 5 year risk stratification.
protocol from an observational cohort. This needs to be clear in the manuscript.

Minor Essential Revisions.
Some of the revisions need editing for grammar and spelling. Please review.

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

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

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**
I declare that I have no competing interests