Author’s response to reviews

Title: Nomogram for prediction of gestational diabetes mellitus in urban, Chinese, pregnant women

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Author’s response to reviews:

Dear editors and reviewers:

On behalf of my co-authors, I want to thank you again for the extremely helpful comments provided to our paper. In the paper, we’ve addressed all comments—both specific and general—from editor and reviewers. Attached please find the revised version, which we would like to submit for your kind consideration. Below are actual comments to editor and reviewers.

Editor:
1. Who did the Statistical Analysis including his/her qualifications.
Response: The statistics were mainly done by Chen Zhang. He graduated from school of public health, Fudan University, Master of public health. He currently works in clinical research unit of International Peace Maternity & Child Health Hospital.

2. Please be more precise about the time of assessment of demographic.
Response: We only recruited those underwent first-trimester prenatal screening (between 9 and 13 weeks’ gestation) and excluded pregnant women who firstly visited our hospital after 13 weeks’ gestation. In the exploratory cohort, the median ± SD pregnancy week for the first prenatal visit was 10.2 ± 3.5. In the external validation cohort, it was 10.4 ± 3.3.

3. ADA GDM guidelines: should be greater OR EQUAL TO 5.1, 10.0, 8.5 mmol/l.
Response: It is our negligence to make such mistake. We have made corrections.

4. Development of risk score: how were exploratory variables selected. Selection based on p-values could be criticized.
Response: Our aim was to develop a model based on simple maternal clinical parameters observed during the first trimester. It is undeniable that markers such as serum lipid index, lifestyle patterns also play important roles in GDM development. However, they are too complex to be used in primary health care institutions. Therefore, we relied on previously identified maternal GDM risk factors from large epidemiological studies, such as advanced age, high BMI et al. Statistic values were added in
Table 1 and Table 2.
5. The table with general characteristics should be extended: E.g. data about history of GDM is missing.
Response: Thank for reminding us of this point. Indeed, previous history of GDM is an important risk of developing GDM. However, policy of birth control, which means one family only one child, has been fully carried out in China since 1982, so we did not have data about history of GDM for further analysis. From January 1, 2016, the two-child policy was open in China. I think we will consider history of GDM in later years.

6. ROC AUC of 0.7 is modest - please discuss.
Response: Thanks for asking this question. We added it in discussion part (Line 230-240).
Giovanni Sisti (Reviewer 1)
[Reviewer] Please add the p value of AUC for ROC analysis in abstract and manuscript.

Response: We added the p value in abstract (Line 30, 32) and manuscript (Line 166, 168) according to Reviewer’s comments.

Rose Nabirye, PhD (Reviewer 2)
[Reviewer] The title seems misleading, talking about Chines population. Wouldn't it be more appropriate if you changed Chinese population to Chinese pregnant women? The title will then read: "Nomogram for prediction of gestational diabetes in urban, Chinese pregnant women". Otherwise, this is a good study.

Response: We are extremely grateful for pointing out this problem. In the revised version, we changed our title as “Nomogram for prediction of gestational diabetes mellitus in urban, Chinese pregnant women".

We have our manuscript reviewed by someone who is fluent in English. We would like to express our great appreciation to you and reviewers for comments on our paper. I expect for your letter.
Thank you and best regards.