Title: A Greek registry of current Type 2 Diabetes Management, aiming to determine core clinical approaches, patterns and strategies

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Author’s response to reviews:

Technical Comments:

1. Please provide email address of all authors.

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2. Please change the heading 'Declaration of competing interest' to "Competing Interests".

Page 13; Line 14: Competing Interests

Comments produced by the reviewers

We would like to thank both reviewers for their time and expertise in reviewing our manuscript. Their comments and remarks provided constructive and specific feedback in order to improve the paper.

Reviewer 1

1. One limitation of the current study is that reflects clinical practice 3-4 years ago as patients were recruited between June 2014 and June 2015.

We agree with the reviewer’s comment. It took a long time to gather and merge the data from all the study sites. Further time was needed in order to clarify several issues regarding the recordings. The following comment has been added in the manuscript

Page 12; lines 1-2: Another limitation of the present study is that it reflects clinical practice 3-4 years ago as patients were recruited between June 2014 and June 2015.

2. Page 7; line 20: a closing bracket is missing.

Page 7; line 12: a closing bracket was added

3. Page 8; lines 16-18: I could find no data on PPG levels.

Page 22; Table 3: PPG levels at current period are recorded. Unfortunately, PPG levels at baseline were not available

4. Table 1: Data on eGFR should be provided if possible.

Page 18; Line 16: Table 1: eGFR values have been added according to MDRD equation.

5. Tables 1-3: P-values for post-hoc pairwise comparisons between groups should be provided when P for Kruskal-Wallis test is significant.
P-values for post-hoc pairwise comparisons between groups have been provided as requested in tables 1&3.

6. Please write LDL-C and HDL-C instead of LDL and HDL.

The correction has been done

7. Table 1: abbreviations should be explained.

All the abbreviations in Table 1 are explained in the list of abbreviations

8. Data on medications should be provided, including antidiabetics, units
of insulin per body weight, statins etc.

Suppl apndx, Pages 6-10: Data on antidiabetic medications including mean dose have been added in Table S2 (S2a-S2e). However, according to the study protocol, only antidiabetic medications were recorded and, hence, unfortunately, the requested data on statins, and other medications are not available.

9. Table 1: data on Living status should be the other way round.

Page 19; Table 1: The reviewer is right. Data on living status have been corrected.

10. Page 8; line 55: How was compliance to diet and medications assessed?

Page 5; lines 7-9: Compliance to diet was assessed through a non validated questionnaire based on simple questions to patients and using a scale from 1 to 10 (worst to best). Compliance to medications (Table S6) was assessed subjectively by the physician as “Generally poor”, “Generally good and, “Variable”

11. Table 1: How was financial status assessed?

Page 5; Line 10-11: Table 1: Financial status was assessed by the physician based on simple questions to patients (not available, indigent, poor, moderate, financial comfort and wealth status)

12. Any data on hypo's?

Page 10; Lines 7-10: According to the protocol, only spontaneous reporting of adverse events (AEs) and safety data collection were made. Investigators were advised to report any AE or Serious AEs (SAE) to the Marketing Authorization Holder of the suspected pharmaceutical product or to the National Organization of Medicines via the completion of the yellow card. No AEs were reported during the study.

Patients’ medical records included only scarce information regarding hypoglycaemia. This emphasizes the need for better recording of hypoglycaemic episodes.

13. Reference #17: How can this survey be reached?

This is the study sponsor's Market Survey called DIAS on T2DM management in Greece in 2011. Unfortunately this is not possible to be publicly accessed and, hence, the reference has been removed from the manuscript.

14. Table 1: microalbuminuria, total cholesterol and triglycerides are repeated twice.

Corrected and described only once.
Reviewer 2

1) Page 5 line 3: "Glycaemic control expressed as 130mg/dl>FPG>70mg/dl at current visit" needs to be referenced

Page 8; Line 19: Distribution of FPG values across <70mg/dl, 70-100mg/dl, 100-130mg/dl and ≥130mg/dl between different treatment strategies are presented in Table S4, available in the Supplement Appendix.

2) It should be mentioned that Metformin monotherapy should be started at diagnosis of Type-2 Diabetes along with Lifestyle modifications.

Page 3; Lines 5-6: Metformin monotherapy should be started at diagnosis of Type-2 Diabetes along with Lifestyle modifications is now mentioned.

3) The data in the results tables are described a second time in the text of the results;

The most important points of the results are presented in the text. Detailed figures are provided in the tables.

4) A separate analysis comparing glycaemic control between patients on insulin treatment (Group C) and those taking >2 antidiabetic agents could provide more useful information in relation to comparison between Group B (up to 3 antidiabetic agents).

According to the study design, drug treatment was stratified as described in the protocol. This was partly based on the information of a market survey as the main source of real life stratification, regarding the therapeutic strategies for diabetic patients. Twenty percent of patients with lifestyle changes or receiving up to one oral anti-diabetic agent (treatment strategy A), 40% of patients receiving 2 or 3 antidiabetic agents including injectables but not insulin (treatment strategy B) and 40% of patients receiving insulin with or without other anti-diabetic medication (treatment strategy C). Hence, glycemic control was analyzed according to these treatment strategies, as per protocol.

5) The finding that "Patients on insulin therapy were older with longer diabetes duration" comparing to other Groups may be omitted from the abstract text since it does not add any valuable clinical information.

We would rather prefer to keep this sentence since it emphasizes the lower glycemic control achieved by insulin treated patients and the need for improvement in this group.

6) It should be mentioned whether the diabetes complications were evaluated by the same way in all the centers.

Diabetes complications were recorded according to the eCRF questions. However, their evaluation was performed according to clinical practice and guidelines followed by each individual center.

7) It is not clear whether HbA1c was measured using the same method by all the centers.
There was no central study lab. All the recorded laboratory values were performed in each individual center, using their own tools.