Reviewer’s report

Title: Effectiveness of monthly and bimonthly follow-up of patients with well-controlled type 2 diabetes: a propensity score matched cohort study

Version: 0 Date: 03 Feb 2019

Reviewer: Troy Puar

Reviewer's report:

The authors have asked and addressed an important question with regards to the necessity of frequent follow-up in patients with well controlled diabetes. Although many international guidelines have suggested f/u duration of 3-6 months with well controlled diabetes, frequent followup (1 month or bimonthly) has not been looked at, as it is generally not practised in most other countries. This however is still an important question, particularly for the local practice whereby the follow-up frequency appears to be unnecessarily frequent and a costly exercise.

There are a few issues for the authors to address,

Is there a clinical explanation / or otherwise, why physicians may choose to have bimonthly follow-up (f/u) with patients, compared to monthly? As the reader may not be aware of the practice in Japan, and it appears that physicians may not be remunerated if the patient is not seen monthly, then is there another non-medical / medical reason why some patients may have different follow-ups? Since this will affect how some patients may be selected to be in one group and not the other, and may confound results.

It was good that the authors matched both groups at baseline for other parameters eg lipid and BP levels, as follow-up may have been different if these other risk factors were not controlled. However, as they mentioned in the discussion, due to the matching, subjects with monthly f/u with poor control were excluded entirely. Since more patients on monthly f/u were using more antihypertensive, or oral blood glucose lowering drugs and lipid lowering drugs, more of these patients were excluded and these findings cannot be extrapolated to all the patients.

In the abstract background, they have mentioned that the objective was to look at cardio-metabolic outcomes. This can be misleading as it suggests hard cardiovascular endpoints (eg AMI / CVA).

In the methods, it is unclear what an opt-out recruitment approach is.

Does it mean that this study only uses National Health Insurance dat which consists only of the self-employed?
Would recommend a consort diagram to explain to the readers the selection of subjects in the study.

In the results, it is confusing when the authors mentioned 'blood pressure and all three outcomes', as it is not clear which three outcomes they are. Furthermore, the following line has again, 'all other secondary health related outcomes.

It is unclear why the authors chose absolute SD in table 1 and 2, instead of a paired t test.

In table 3, they mention that a few variables are different between the two groups (eg BP, cost, and all three outcomes). However, in this table only annual cost appears to be statistically significant?

**Are the methods appropriate and well described?**
If not, please specify what is required in your comments to the authors.

Unable to assess

**Does the work include the necessary controls?**
If not, please specify which controls are required in your comments to the authors.

Yes

**Are the conclusions drawn adequately supported by the data shown?**
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Unable to assess

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If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.

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