Reviewer’s report

Title: Testing for type 1 diabetes autoantibodies in gestational diabetes mellitus (GDM): is it clinically useful?

Version: 1 Date: 27 Aug 2018

Reviewer: Mona Landin-Olsson

Reviewer's report:

Major comments
1. This seems to be a revised version of the manuscript. Has the manuscript been reviewed earlier? I have not seen it before and have no information about the previous comments.

2. Autoantibodies against beta cells during GDM could be a predictor for later development of T1D. The conclusion from this manuscript is that autoantibodies should not be tested during pregnancy. It should be better to test for autoantibodies a time after delivery. One reason for this is that the immune system is suppressed during pregnancy. This will, however only lead to false negative cases and not false positive cases. A second reason is that testing would stress the women and the psychological effects should be a reason for not testing for autoantibodies (page 6, line 10-11 from bottom). This is not in agreement with good clinical practice. Presence of autoantibodies is a strong predictor (50-96%) for later development of T1D. If T1D develop soon after delivery, before the follow up visit, these cases would be missed. Many women do not show up for follow up visit and these would also be missed.

3. This manuscript has a lot of contradictions. It is unclear if the authors mean that there are, or are not, clinical features for women with auto antibodies. On page 8 line 4-5 specific clinical features are mentioned and on page 9 line 4-5 several clinical features are described but in the page 8 line 2-3 from bottom it is stated that "specific clinical features predicting… have not been established".

4. In the conclusion section page 8, line 3, it is stated that GADA is not more frequent in women with GDM compared to pregnant women without GDM. This is not true. The authors themselves refer to several publications reporting higher frequency of GADA among women with GDM than without GDM.

5. In the Practice points on page 9 there are some sentence that are not correct.

1. Statement no 2 "there is no difference between women with GDM depending on if GADA are present or not. See comments above.

2. Practice points number four: GDM can per definition not continue after delivery.
3. Practice points number 5. Antibody positive women keep antibody positivity and they have an increased risk for T1D. Most of them have a normal glucose tolerance directly after delivery.

Minor comment

In the abstract it is stated that autoantibodies are detected in a small percentage >10% which means "more than 10%". It should be <10%. Which means "less than". Despite of this, there is on page 4 listed a lot of publications describing higher frequency of autoantibodies than 10%.

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

No

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

Unable to assess

Are the conclusions drawn adequately supported by the data shown?
If not, please explain in your comments to the authors.

No

Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?
If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.

Not relevant to this manuscript

Quality of written English
Please indicate the quality of language in the manuscript:

Acceptable

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