Reviewer’s report

Title: Predictors of lower extremity amputation in patients with diabetic foot ulcer: findings from MEDFUN, a multi-center observational study

Version: 0 Date: 21 Feb 2019

Reviewer: Shan Bergin

Reviewer's report:

Thank you for the opportunity to review this paper. Data regarding populations with diabetes related foot disease is always needed, especially from developing countries. This paper requires some revision before being suitable for publication and I hope the feedback below is useful:

- The biggest issue for me is the conclusions drawn from the data. The authors state that identification of the predictors for LEA will 'prompt' quick attention to these issues which implies there might be a reduction in LEA rates as a result. I don't believe this is the case as the majority of predictors identified in this study (Wagner Grade 5 ulcer grade, deep infection etc) indicate serious and significant end point disease, in which case the life may be saved but likelihood of limb salvage is extremely poor. I would prefer the findings were simply presented as indicators of greater likelihood for need for LEA as opposed to an opportunity for clinical intervention to save the limb.

- The presence of proteinuria and leucocytosis could be misleading as these can occur in the presence of acute, severe infection, but resolve once infection is controlled.

- It would be useful for the authors to include the follow up period for patients included in the study. One of the end points noted was 'ulcer healing' and certainly in Australia it is very rare for a patient to be discharged from hospital with a healed wound?

- In the Background section there is a line that implies diabetes is an infectious disease - it is clearly a language / grammar issue but should be clarified.

- Use of the word 'avoidable' in relation to DFU oversimplifies the complexity of how / why people develop foot ulcers - it is preferable to use terms such as 'potentially preventable'

- The reference to other parts of this study that are currently under review for publication confuses this paper. Given the earlier work is not yet available to the reader to reference, I suggest you write this paper without making reference to other work that is related.

- Is there a reason the authors used the Wagner grading system as opposed to one more specific to DFU?
- Can the authors justify why the diagnosis of PAD is based on pulse palpation OR vascular imaging? These are significantly different in terms of clinical diagnostic accuracy so I would suggest using one or the other is preferable and if ALL participants underwent vascular imaging that this is used as the diagnostic tool. Similarly why is 50% narrowing used as the imaging criteria?

- The authors need to clarify their definition of 'major amputation' as amputation involving the big toe is not generally classified as a major amputation.

- In Table 1 is 'ulcer duration' in days - specify.

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