Reviewer's report

Title: The foot-health of people with diabetes in regional and rural Australia: baseline results from an observational cohort study

Version: 0 Date: 19 Aug 2019

Reviewer: Debbie Sharman

Reviewer's report:

Thank you for submitting your paper.

I have the following comments / revision suggestions:

1. Under 'Background' Line 36-37, you state that diabetes related foot complications rank second in the burden of disease for diabetes complications..... It would be interesting to know what the greatest burden is?
2. Line 38 "....costs an estimated $1.6 billion each year". I assume this to be Australian dollars, but as this is an international journal it might be helpful for the reader to understand what this equates to in US dollars and UK pounds. What proportion of the overall health budget does this represent?
3. Line 51-53 discusses the increased number of diabetes related amputations. How does this relate to the number of people with diabetes? For example, The UK diabetes foot care profiles report the number of amputations per 10,000 population-years. It would be helpful to provide a similar profile to show whether the rate of amputation is increasing. Is the rate in Tasmania / Victoria higher than the rest of Australia (perhaps include in your discussion section)?
4. Line 57 "....hospital separations ...." What is meant by term 'separations'? Could you define this for the reader please?
5. Methods / Design. Lines 70-79. Very limited discussion regarding methodology and study design - please expand. More information regarding your baseline characteristics and why they were chosen would be helpful. How many patients over 18 with diabetes are seen by podiatry? N=?
6. Line 87 - would be helpful to include prevalence of diabetes N=?
7. Line 111-112 It would be helpful to include /show the reader the University of Texas diabetic foot risk classification tool rather than just reference it - please include.
8. Likewise, it would also be helpful to show the PDM referral pathway (line 117-118).
9. Data collection - line 127-129 did you meet the sample size as per power calculation?
10. Line 141 - explain why the UT risk classification was the primary variable of interest
11. Line 146-147 Why did you not include actual HbA1c? Could poor control have been a variable? This needs further discussion as to why this was not included as a variable.
12. Line 164-167. Here you assume the reader has knowledge of the UT risk categories (they would have if this had been shown earlier). What is your rationale for consolidating into 3 groups? How is 'pathology' defined?
13. Results. Line 183 - "...study recruited 899 patients...". How many were eligible for inclusion i.e. number / % with diabetes &gt; 18 years
14. Line 186 "Socio-economic status was low...." How does this compare with the rest of the local population?
15. Discussion. Lines 239-246. You report podiatry services have 35.1% of people with a current or prior limb threatening pathology - higher than other reported clinical populations. It would be helpful to make comparisons rather than just provide references. Could this higher proportion be because limited podiatry resources are focusing on those with the highest risk? You have not made any mention of the eligibility criteria for the podiatry services involved in the study. This should be explored further.
16. Line 250 'separations' - again please define this for the reader as many will not understand this.
17. Page 13 paragraph 262-273 - you report being disappointed with participants knowledge of diabetes, and that by asking people with diabetes what they think their ideal HbA1c should be, this would identify people who may benefit from structured education. Why did you not measure actual HbA1c results as one of your variables? Might this have shown a correlation with other risk factors? It would also help identify / target individuals requiring additional support. I would like to see more discussion as to why this was not included as we have no idea whether your study population had well-controlled or poorly controlled diabetes, and whether this was significant in terms of their risk classification.
18. Page 14, line 290 ..."There is a likely biological factor related to males developing peripheral neuropathy (longer nerve fibres)".. You quote one paper - reference [41]. However, this paper suggests that height was identified as an independent determinant of 'neuropathy' (measured by VPT) and not male gender. Indeed the authors report no consistent difference between the genders. I struggle therefore to accept the validity of your statement and ask that you remove it or provide adequate evidence to support it.
19. Page 15.Implications. You discuss the fact that publicly funded podiatric services are managing large numbers of patients at high risk of diabetes-related complications. Is this not what you would expect?! Surely scarce resources will always be targeted at the highest risk groups?
20. You have not discussed the limitations of your study - I would expect exploration of these. Please review.
21. Page 16. Conclusions. What have you found that is new or different? Were the populations you studied at higher risk than other parts of Australia? I'm afraid I do find this section rather disappointing. It does not leave the reader with the feeling that they have learned anything that may help further their clinical practice
22. Amputation rates are often used as an outcome marker, yet these have not been specifically included in your study, for the regions you have included. Why is this? Would this have not been useful. I would like to see an explanation as to why this wasn't considered.

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