MJ - Decision on Manuscript ID BMJ.2017.039001
Body:
09-Jun-2017

Dear Ms. McCombie,

BMJ.2017.039001 entitled "Beating Type 2 Diabetes into Remission:
Specific IT Coding of 'Diabetes in Remission' presents an emerging new target for patients, and can signal success for health services as opposed to sickness services"

Thank you for sending us this paper and giving us the chance to consider your work.

We sent it out for external peer review and discussed it at the Analysis manuscript committee meeting (present: Prashant Jha, Navjoyt Ladher, Emma Rourke).

Unfortunately we do not consider it suitable for publication in its present form. However if you are able to amend it in the light of our and/or reviewers' comments, we would be happy to consider it again.

The reviewers' comments are at the end of this letter.

The editors' comments are listed below:

1) Editors thought your paper covered an important and interesting clinical topic, and would like to work towards publication. The comments here are intended to broaden the appeal to our international readership and beyond the issues relating to coding.

2) We agreed that the subject of type 2 diabetes remission was important and likely to be of interest to a general medical readership. The article clearly defines the issues in diagnosing remission, however, we felt that there was a lot of potential to broaden the scope of the article beyond coding. Although we appreciated the role for coding as described, we would have liked further discussion of the wider situation, including an objective appraisal of the definition of remission, and the drivers and barriers to remission.

3) Given the potential global relevance of this, we also felt the article would have benefited from inclusion of an international perspective. How might these issues play out in other countries?

4) We also wondered about other consequences. For example, in insurance-based healthcare systems, there may be implications for insurance premiums.

We hope that you will be willing to revise your manuscript and submit it within 4-6 weeks.When submitting your revised manuscript please provide a point by point response to our comments and those of any reviewers. We also ask that you keep the revised manuscript as close to the word count of 2000 words as possible.

Please note that resubmitting your manuscript does not guarantee eventual acceptance, and that your resubmission may be sent again for review.

Please don't hesitate to contact me if you wish to discuss this further.

When submitting your revised manuscript please provide a point by point response to our comments and those of any reviewers.

Once you have revised your manuscript, go to https://mc.manuscriptcentral.com/bmj and login to your Author Center. Click on "Manuscripts with Decisions," and then click on "Create a Resubmission" located next to the manuscript number. Then, follow the steps for resubmitting your manuscript.

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IMPORTANT: Your original files are available to you when you upload your revised manuscript. Please delete any redundant files before completing the submission.

I hope you will find the comments useful.

Yours sincerely,

Emma Rourke
ERourke@bmj.com

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Instead of returning a signed licence or competing interest form, we require all authors to insert the following statements into the text version of their manuscript:

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Reviewer(s)' Comments to Author:

Reviewer: 1

Recommendation:

Comments:
This manuscript consider the potential advantages for the NHS to codify for "diabetes remission". Undoubtedly, there is a new category of subjects with diabetes remission following bariatric/metabolic surgery. This raises the question of how to consider these patients if still diabetic or not. We know very few about the effect of plasma glucose normalization following bariatric surgery on micro and macrovascular complications and I don't know if these patients with "diabetes remission" are entitled to be followed up for diabetes complications. In case, being under remission officially could preclude the diagnosis and cure of diabetes complications.
Although this paper has the merit to focus on this new question, it is only speculative. I would recommend to make an analysis of cost-effectiveness to evaluate the real effect of using this code. The code reported for "diabetes remission" can hold for the NHS but I don't know if a similar system is present in other health systems. For instance, I don't think it applies to Italy.

Additional Questions:
Please enter your name: Geltrude Mingrone

Job Title: Head of Obesity and Related Disorders Division

Institution: Università Cattolic S. Cuore Rome, Italy

Reimbursement for attending a symposium?: No

A fee for speaking?: Yes

A fee for organising education?: No

Funds for research?: Yes

Funds for a member of staff?: No

Fees for consulting?: Yes

Have you in the past five years been employed by an organisation that may in any way gain or lose financially from the publication of this paper?:

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Consulting and honoraria: Novo Nordisk, Fractyl

Reviewer: 2

Recommendation:

Comments:
This is an interesting article. The authors note that diabetes remission is not common but it is achievable with high weight loss. They highlight that recoding patients into remission could be beneficial for patients and health systems. The article is clear, well written and put the focus an important issue. Despite the fact that there are some aspects of the proposed remission criteria that must be clarified. This criteria is different of that proposed for other institutions. On one hand they add that glucose and HbA1c values must be maintained under cutoffs for at least 2 months. They justify this change because type 2 diabetes has certain variability. I think it's accurate and innovative. On the other hand the proposed criteria has some weaknesses:

- They propose fasting plasma glucose and A1c cutoff that are too lax. If a patient is on diet treatment and maintains a glucose of 6.5mg/dl and a A1c of 6.4% should they be considered in remission or with a type 2 diabetes under control? I think that complete remission criteria proposed by the American Diabetes Association is more accurate.
- To be on remission is not necessary to meet both FPG and HbA1c criterion. I think If a patient has a FPG of 6.5 mmol/l but a high A1c value (for example 7.1%) they can't be considered in remission.
- It is necessary that all the patients with a suspicion of remission undergo an oral glucose tolerance test?

Additional Questions:
Please enter your name: David Benaiges

Job Title: Doctor

Institution: Hospital del Mar

Reimbursement for attending a symposium?:

A fee for speaking?: No

A fee for organising education?: No

Funds for research?: No

Funds for a member of staff?: No

Fees for consulting?: No

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