

## PEER REVIEW HISTORY

BMJ Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form ([see an example](#)) and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below. Some articles will have been accepted based in part or entirely on reviews undertaken for other BMJ Group journals. These will be reproduced where possible.

### ARTICLE DETAILS

<b>TITLE (PROVISIONAL)</b>	Prevalence of ocular fundus pathology with type 2 diabetes in a Chinese urban community as assessed by telescreening
<b>AUTHORS</b>	Chen, Lei; Liu, Lei; Wu, Jingyang; Geng, Jin; Yuan, Zhe; Lian, Jie; Huang, Desheng

### VERSION 1 - REVIEW

<b>REVIEWER</b>	Cheung, Carol University Health Network, Laboratory Medicine
<b>REVIEW RETURNED</b>	22-Oct-2013

<b>GENERAL COMMENTS</b>	<p>General Comments:</p> <p>This paper reports on the prevalence of fundus pathology in patients with type 2 diabetes and the risk factors for the pathological changes observed. The authors achieved this by using a telescreening model, which can be an effective way in the early detection and treatment of fundus pathology, thus reducing ocular morbidity. My main concern about this study is the novelty. Telescreening is in use in many countries and is not a novel concept. There was also a paper published in Zhonghua Yan Ke Zha Zhi in 2010 on a study conducted in Beixinjing Shanghai. Perhaps the authors can elaborate more to support the rationale for this study and what was done differently?</p> <p>The risk factors contributing to diabetic retinopathy identified in this paper such as HbA1C, duration of diabetes, higher level of plasma fasting glucose, have also been well documented in literature and hence does not offer new knowledge.</p> <p>Specific Comments:</p> <ol style="list-style-type: none"> <li>1. There are some discrepancies in the grammar and sentence structuring which may lead to confusion eg. I do not think “annual examinations of the ocular fundus” will “prevent fundus pathology”. Rather, it will help with early detection of pathology.</li> <li>2. Under “Methods”, it was mentioned that 800 patients were recruited by random sampling but only 528 were recruited eventually. Please kindly clarify on how the random sampling was performed and why was it seemingly performed twice?</li> <li>3. Study population: This is more of a hospital or clinic based study instead of a population-based study as the study population is already known to be Type 2 diabetics hence the general population who may have retinopathy but yet to be diagnosed with diabetes have not been included.</li> <li>4. For Table 1, it may be useful to include the breakdown of patients with dual pathology or more.</li> </ol>
-------------------------	--

	<p>5. For Table 2, the demographics and characteristics of all study patients should be included, instead of just the 223 patients with fundus pathology.</p> <p>6. For Table 3, it is not clear what the number “1.0” means under the rows for sex and duration of DM. What was used as the reference group?</p> <p>Summary: This study has potential to show a strong case for the importance of community screening for fundus pathologies in diabetic patients in a primary healthcare setting. However, more work needs to be done for example the cost-effectiveness of the proposed telescreening model, compared with the current conventional method. Certainly, the promise of prospective data on how telescreening has impacted early diagnosis and treatment of these vision-threatening pathologies in diabetics is worthy to look forward to. In summary, the findings in this study are not high impact enough and it is not sufficient interesting or novel for BMJ readership.</p>
--	--

<b>REVIEWER</b>	Fong Chee Weng Ministry of Health Singapore
<b>REVIEW RETURNED</b>	23-Oct-2013

<b>GENERAL COMMENTS</b>	<p>The comment below relates to Checklist Point (6):</p> <p>Comment 1: The para in 'Primary and secondary outcome measures' on pg 2 is not appropriate. The main outcomes should be defined instead of a description of the tele-screening model. The main outcomes could be clearly defined as: Signs of any DR, signs of glaucoma and signs of AMD or simply any DR, glaucoma and AMD.</p> <p>The comments below relate to Checklist Point (10) and mainly focus on Table 3 on pg 19:</p> <p>Comment 2: For the 'Age' variable, the p values of 0.01, 0.01 and &lt;0.001 are listed row-wise for the age group 45-54 years for patients with signs of DR, patients with signs of glaucoma and patients with signs of AMD respectively. As the '45-54 years' age group is the referent age group (OR = 1.0), there should not be p values for this age group. Are the listed p values meant for the overall 'Age' variable for the respective three groups of patients (patients with signs of DR, signs of glaucoma and signs of AMD)?</p> <p>Comment 3: What are the p values for the age groups '55-64 years' and '&gt;65 years' for the respective three groups of patients?</p> <p>Comment 4: OR is listed as 1.0 for the 'Sex' variable across all patients with fundus pathology, patients with signs of DR, signs of glaucoma and signs of AMD. This means that 'Sex' is the referent group. But the referent group for the 'Sex' variable can only be either 'Females' or 'Males'. Can authors kindly explain why and how 'Sex' can be taken as the referent group in the logistic regression instead of either 'Females' or 'Males'?</p>
-------------------------	---

	<p>Comment 5: OR is listed as 1.0 for the 'Duration of DM' variable across all patients with fundus pathology, patients with signs of DR, signs of glaucoma and signs of AMD. This means that 'Duration of DM' is the referent group. But the referent group for the 'Duration of DM' variable can only be '&lt;5 years', '6-15 years' or '&gt;16 years'. Can authors kindly enlighten as to why and how 'Duration of DM' can be taken as the referent group in the logistic regression instead of '&lt;5 years', '6-15 years' or '&gt;16 years'?</p> <p>Comment 6: For the 'Duration of DM' variable, the p values of &lt;0.001, &lt;0.001, 0.003 and &lt;0.001 are listed row-wise for the duration '&lt;5 years' across all patients with fundus pathology, patients with signs of DR, signs of glaucoma and signs of AMD. What are the corresponding p values for '6-15 years' and '&gt;16 years' across the four groups of patients (all patients with fundus pathology, patients with signs of DR, signs of glaucoma and signs of AMD)?</p> <p>Comment 7: Authors indicated that the study was a population-based study (pgs 3 and 10). However, the sample of patients, albeit randomly selected, was from the the Fengyutan Community Healthcare Center. This is a community-based study. A community-based study is not necessarily a population-based study unless the attributes (e.g. age and gender) of the community-based sample is adjusted to the population profile by the same attributes. Can authors elaborate on whether such adjustment was done? If so, what attributes were used and which reference population was used?</p> <p>The comment below relates to Checklist Point (11):</p> <p>Comment 8: Authors might need to change the discussion and conclusions accordingly to any revised results arising from their responses to comments 2,3,4,5,6 and 11 (under 'Statistics' below).</p> <p>The comments below relate to Checklist Point (12):</p> <p>Comment 9: Authors indicated that two fundus photographs of each eye were taken in this study (pg 6). Authors also cited a number of studies in Table 4. The number of fundus photographs taken, assessment method, diagnostic criteria and grading classification used for DR, glaucoma and AMD in this study may not be directly comparable to those used in the various cited studies. This could result in over- or under-estimation of the true prevalence of DR, glaucoma and AMD in this study versus that of other studies. This limitation could be included.</p> <p>Comment 10: Authors indicated that the fundus photographs were read by two ophthalmologists (pg 6). Is the Kappa statistics for interobserver agreement on a randomly selected subset of participants calculated for this study? If so, is it in the moderate agreement range (0.41-0.60), substantial agreement range (0.61-0.80) or almost perfect agreement range (0.81-0.99)? If the kappa statistic is not worked out (unknown) or in the less than moderate agreement range, this should be mentioned as a limitation.</p>
--	---

	<p>The comments below relate to Checklist Point (15):</p> <p>Listed below are some instances where authors may wish to take a look again and accordingly revise or paraphrase, if necessary.</p> <p>Instance 1: In the Abstract, the Objective (pg 2) should read 'To describe.....within a Chinese urban community'. The alphabet 'a' before the word 'Chinese' is missing.</p> <p>Instance 2: In the Abstract, the Design (pg 2) should read 'Cross-sectional study was designed in subjects who were randomly.....community'. The word 'were' before the word 'randomly' is missing. The Design could be more precisely written as 'Community-based cross-sectional study'. The Setting could be more correctly stated as 'Healthcare Center of Fengyutan Community, Shenyang, China'.</p> <p>Instance 3: In the Abstract, the para in section 'Primary and secondary outcome measures' (pg 2) does not seem correct. To the reader, it appears that the telescreening model was evaluated using the prevalence and risk factors for fundus diseases. I suspect that the authors mean the other way round, i.e. the prevalence and risk factors for fundus diseases were evaluated or assessed using a tele-screening model ....etc with examination of patients.</p> <p>Instance 4: Under 'Strengths and limitations of this study' (pg 3), the word 'chenking' was used. Does the authors mean 'checking'? If not, can authors please explain what is 'chenking'?</p> <p>Instance 5: On pg 4, the 2nd sentence reads 'However, in Chinese community, general practitioners (GPs) had not been instructed on the appearance of the normal ocular fundus,..... disorders.' What do the authors mean by this statement? Do the authors mean that GPs in Chinese communities do not normally or routinely check their patients for ocular fundus diseases? Also, what does 'normal' ocular fundus mean? Isn't ocular fundus not normal in the first place?</p> <p>The comments below relate to statistics in Table 3:</p> <p>Comment 11: The ORs with the corresponding 95% CI and/or the p values for the following respective variables do not look correct. Can authors kindly re-work them?</p> <p>Comment 11.1: Either 0.89 (0.82-1.02) or p value of 0.01 for 'Smoking (All patients with fundus pathology)' is incorrect.</p> <p>Comment 11.2: Either 1.88 (0.62-2.31) or p value of 0.01 for 'Smoking (Patients with signs of glaucoma)' is incorrect.</p> <p>Comment 11.3: Either 1.18 (0.87-1.38) or p value of 0.01 for 'Smoking (Patients with signs of AMD)' is incorrect.</p> <p>Comment 11.4: Either 1.12 (0.86-1.31) or p value of 0.01 for 'Alcohol consumption (All patients with fundus pathology)' is incorrect.</p> <p>Comment 11.5: Either 0.97 (0.62-1.34) or p value of 0.01 for 'Alcohol consumption (Patients with signs of glaucoma)' is incorrect.</p> <p>Comment 11.6: Either 2.08 (0.97-3.93) or p value of 0.01 for 'Alcohol consumption (Patients with signs of AMD)' is incorrect.</p>
--	--

	<p>Comment 11.7: Either 1.02 (0.88-1.31) or p value of &lt;0.001 for 'Duration of DM (&lt;5 years) (Patients with signs of DR)' is incorrect.</p> <p>Comment 11.8: Either 0.92 (0.78-1.33) or p value of 0.003 for 'Duration of DM (&lt;5 years) (Patients with signs of glaucoma)' is incorrect.</p> <p>Comment 11.9: Either 1.03 (0.91-1.11) or p value of &lt;0.001 for 'Duration of DM (&lt;5 years) (Patients with signs of AMD)' is incorrect.</p> <p>Comment 11.10: Either 1.18 (0.97-1.54) or p value of 0.04 for 'Hypertension (All patients with fundus pathology)' is incorrect.</p> <p>Comment 11.11: Either 0.81 (0.49-1.34) or p value of 0.01 for 'Hypertension (Patients with signs of AMD)' is incorrect.</p> <p>Comment 11.12: Either 1.84 (0.88-2.35) or p value of 0.01 for 'DM controlled (All patients with fundus pathology)' is incorrect.</p> <p>Comment 11.13: Either 1.12 (0.38-2.15) or p value of 0.04 for 'DM controlled (Patients with signs of DR)' is incorrect.</p> <p>Comment 11.14: Either 1.14 (0.58-2.23) or p value of &lt;0.01 for 'DM controlled (Patients with signs of glaucoma)' is incorrect.</p> <p>Comment 11.15: Either 0.92 (0.55-1.55) or p value of 0.01 for 'DM controlled (Patients with signs of AMD)' is incorrect.</p> <p>Comment 11.16: Either 1.85 (0.38-3.15) or p value of 0.04 for 'IOP&gt;21 mmHg (All patients with fundus pathology)' is incorrect.</p> <p>Comment 11.17: Either 1.21 (0.56-1.75) or p value of 0.01 for 'IOP&gt;21 mmHg (Patients with signs of DR)' is incorrect.</p> <p>Comment 11.18: Either 0.89 (0.81-1.25) or p value of 0.03 for 'IOP&gt;21 mmHg (Patients with signs of AMD)' is incorrect.</p> <p>Comment 11.19: Either 1.18 (0.82-3.15) or p value of 0.01 for 'FPG&gt;7 mmol/L (Patients with signs of glaucoma)' is incorrect.</p> <p>Comment 11.20: Either 2.82 (0.58-4.54) or p value of 0.01 for 'FPG&gt;7 mmol/L (Patients with signs of AMD)' is incorrect.</p> <p>Comment 11.21: Either 0.83 (0.55-1.38) or p value of 0.01 for 'TG&gt;1.7 mmol/L (All patients with fundus pathology)' is incorrect.</p> <p>Comment 11.22: Either 1.54 (0.78-2.33) or p value of 0.01 for 'TG&gt;1.7 mmol/L (Patients with signs of DR)' is incorrect.</p> <p>Comment 11.23: Either 1.31 (0.96-1.67) or p value of 0.01 for 'TG&gt;1.7 mmol/L (Patients with signs of glaucoma)' is incorrect.</p> <p>Comment 11.24: Either 3.83 (0.25-6.15) or p value of &lt;0.001 for 'TG&gt;1.7 mmol/L (Patients with signs of AMD)' is incorrect.</p> <p>Comment 11.25: Either 2.24 (0.75-3.15) or p value of &lt;0.001 for 'TC&gt;5.5 mmol/L (All patients with fundus pathology)' is incorrect.</p> <p>Comment 11.26: Either 1.11 (0.55-2.44) or p value of 0.02 for</p>
--	---

	<p>'TC&gt;5.5 mmol/L (Patients with signs of DR)' is incorrect.</p> <p>Comment 11.27: Either 1.14 (0.66-2.37) or p value of 0.04 for 'TC&gt;5.5 mmol/L (Patients with signs of AMD)' is incorrect.</p> <p>These comments relate to consistency, clarity, presentation and definitions.</p> <p>Comment 12: The words 'standardised' (pg 3) and 'standardized' (pg 5) were used in the paper. Suggest to consistently use either the American or British spelling of the word.</p> <p>Comment 13: Under 'Strengths and limitations of this study' on pg 3, the sentence 'In both samples, diagnoses were systematically..... tele-screening.' appeared. Can authors clarify what the 'both samples' are?</p> <p>Comment 14: The abbreviation 'DR' (4th line on pg 4) appears for the first time before the full words 'diabetic retinopathy'. However, the full words and the abbreviation 'diabetic retinopathy (DR)' appears later on 8th line on pg 4. To ensure that full words are presented before its abbreviation is stated for the first time. This applies to the 'h' in '(&gt;8h)' in first line on pg 6.</p> <p>Comment 15: It would be good if clear definitions of smoking, alcohol consumption and duration of DM are specified as readers may not know the definitions since there are no common standards for these risk factors.</p>
--	--

### VERSION 1 – AUTHOR RESPONSE

#### General Comments:

This paper reports on the prevalence of fundus pathology in patients with type 2 diabetes and the risk factors for the pathological changes observed. The authors achieved this by using a telescreening model, which can be an effective way in the early detection and treatment of fundus pathology, thus reducing ocular morbidity.

My main concern about this study is the novelty. Telescreening is in use in many countries and is not a novel concept. There was also a paper published in Zhonghua Yan Ke Zha Zhi in 2010 on a study conducted in Beixinjing Shanghai. Perhaps the authors can elaborate more to support the rationale for this study and what was done differently?

Answer: thanks for your suggestion. As your comments, we reviewed the study in Beixinjing Shanghai. In Shanghai study, they screened only DR through tele-system. However, we screened some common diseases within DM such as DR, AMD and glaucoma. On the other hand, they transmitted fundus images by network. This method could not provide the best picture clarity unless large picture size. In order to ensure the picture quality, we transmitted images by U-disk temporarily. In future, we will research and development a software to transmit little picture size with high quality picture.

The risk factors contributing to diabetic retinopathy identified in this paper such as HbA1C, duration of diabetes, higher level of plasma fasting glucose, have also been well documented in literature and hence does not offer new knowledge.

#### Specific Comments:

1. There are some discrepancies in the grammar and sentence structuring which may lead to confusion eg. I do not think “annual examinations of the ocular fundus” will “prevent fundus

pathology". Rather, it will help with early detection of pathology.

Answer: thanks for your suggestion. We have revised these errors and asked our foreign teachers to check it. In addition, we have recorded the editorial assistance in the acknowledgements section of the manuscript.

2. Under "Methods", it was mentioned that 800 patients were recruited by random sampling but only 528 were recruited eventually. Please kindly clarify on how the random sampling was performed and why was it seemingly performed twice?

Answer: thanks for your suggestion. OK, I will clarify these. The first random sampling was that we selected samples from 1000 diabetes that had healthy files in health care center. Then we told them this project door to door. In the end, there were 528 patients (response rate 66%) attended this project.

We have modified these as your comments.

3. Study population: This is more of a hospital or clinic based study instead of a population-based study as the study population is already known to be Type 2 diabetics hence the general population who may have retinopathy but yet to be diagnosed with diabetes have not been included.

Answer: yes, and thanks for your suggestion.

4. For Table 1, it may be useful to include the breakdown of patients with dual pathology or more.

Answer: thanks for your suggestion. We have modified these as your comments.

5. For Table 2, the demographics and characteristics of all study patients should be included, instead of just the 223 patients with fundus pathology.

Answer: thanks for your suggestion. We have modified these as your comments.

6. For Table 3, it is not clear what the number "1.0" means under the rows for sex and duration of DM. What was used as the reference group?

Answer: thanks for your suggestion. We have modified these as your comments. Such as sex, the reference group was female.

Summary:

This study has potential to show a strong case for the importance of community screening for fundus pathologies in diabetic patients in a primary healthcare setting. However, more work needs to be done for example the cost-effectiveness of the proposed telescreening model, compared with the current conventional method. Certainly, the promise of prospective data on how telescreening has impacted early diagnosis and treatment of these vision-threatening pathologies in diabetics is worthy to look forward to. In summary, the findings in this study are not high impact enough and it is not sufficient interesting or novel for BMJ readership.

Reviewer Name Fong Chee Weng  
Institution and Country Ministry of Health  
Singapore

Please state any competing interests or state 'None declared': None declared

Are the outcomes clearly defined?

Comment 1: The para in 'Primary and secondary outcome measures' on pg 2 is not appropriate. The main outcomes should be defined instead of a description of the tele-screening model. The main

outcomes could be clearly defined as: Signs of any DR, signs of glaucoma and signs of AMD or simply any DR, glaucoma and AMD.

Answer: thanks for your suggestion. We have modified these as your comments.

Are the results presented clearly?

Comment 2: For the 'Age' variable, the p values of 0.01, 0.01 and <0.001 are listed row-wise for the age group 45-54 years for patients with signs of DR, patients with signs of glaucoma and patients with signs of AMD respectively. As the '45-54 years' age group is the referent age group (OR = 1.0), there should not be p values for this age group. Are the listed p values meant for the overall 'Age' variable for the respective three groups of patients (patients with signs of DR, signs of glaucoma and signs of AMD)?

Answer: thanks for your suggestion. Yes, as your comments, the '45-54 years' age group is the referent age group (OR = 1.0), and we have made some mistakes in table editor program. We have modified these as your comments.

Comment 3: What are the p values for the age groups '55-64 years' and '>65 years' for the respective three groups of patients?

Answer: thanks for your suggestion. We have modified these as your comments.

Comment 4: OR is listed as 1.0 for the 'Sex' variable across all patients with fundus pathology, patients with signs of DR, signs of glaucoma and signs of AMD. This means that 'Sex' is the referent group. But the referent group for the 'Sex' variable can only be either 'Females' or 'Males'. Can authors kindly explain why and how 'Sex' can be taken as the referent group in the logistic regression instead of either 'Females' or 'Males'?

Answer: thanks for your suggestion. Yes, "females" group is the referent age group (OR = 1.0), and we have made some mistakes in table editor program. We have modified these as your comments.

Comment 5: OR is listed as 1.0 for the 'Duration of DM' variable across all patients with fundus pathology, patients with signs of DR, signs of glaucoma and signs of AMD. This means that 'Duration of DM' is the referent group. But the referent group for the 'Duration of DM' variable can only be '<5 years', '6-15 years' or '>16 years'. Can authors kindly enlighten as to why and how 'Duration of DM' can be taken as the referent group in the logistic regression instead of '<5 years', '6-15 years' or '>16 years'?

Answer: thanks for your suggestion. We have made some mistakes in table editor program. Yes, "Duration of DM '<5 years'" group is the referent age group (OR = 1.0), and we have modified these as your comments.

Comment 6: For the 'Duration of DM' variable, the p values of <0.001, <0.001, 0.003 and <0.001 are listed row-wise for the duration '<5 years' across all patients with fundus pathology, patients with signs of DR, signs of glaucoma and signs of AMD. What are the corresponding p values for '6-15 years' and '>16 years' across the four groups of patients (all patients with fundus pathology, patients with signs of DR, signs of glaucoma and signs of AMD)?

Answer: thanks for your suggestion. We have checked the data again and we provided the p value for these sub-groups. We have modified these as your comments in Table 3.

Comment 7: Authors indicated that the study was a population-based study (pgs 3 and 10). However, the sample of patients, albeit randomly selected, was from the the Fengyutan Community Healthcare Center. This is a community-based study. A community-based study is not necessarily a population-based study unless the attributes (e.g. age and gender) of the community-based sample is adjusted to the population profile by the same attributes. Can authors elaborate on whether such adjustment was done? If so, what attributes were used and which reference population was used?

Answer: thanks for your suggestion. The sample of patients was selected from healthcare center, and this is a community-based study instead of population-based. We have modified it in manuscript.

Are the discussion and conclusions justified by the results?

Comment 8: Authors might need to change the discussion and conclusions accordingly to any revised results arising from their responses to comments 2,3,4,5,6 and 11 (under 'Statistics' below).

Are the study limitations discussed adequately?

Comment 9: Authors indicated that two fundus photographs of each eye were taken in this study (pg 6). Authors also cited a number of studies in Table 4. The number of fundus photographs taken, assessment method, diagnostic criteria and grading classification used for DR, glaucoma and AMD in this study may not be directly comparable to those used in the various cited studies. This could result in over- or under-estimation of the true prevalence of DR, glaucoma and AMD in this study versus that of other studies. This limitation could be included.

Answer: thanks for your suggestion. We have modified these as your comments.

Comment 10: Authors indicated that the fundus photographs were read by two ophthalmologists (pg 6). Is the Kappa statistics for interobserver agreement on a randomly selected subset of participants calculated for this study? If so, is it in the moderate agreement range (0.41-0.60), substantial agreement range (0.61-0.80) or almost perfect agreement range (0.81-0.99)? If the kappa statistic is not worked out (unknown) or in the less than moderate agreement range, this should be mentioned as a limitation.

Answer: thanks for your suggestion. We have modified these as your comments in limitation section.

Is the standard of written English acceptable for publication?

Listed below are some instances where authors may wish to take a look again and accordingly revise or paraphrase, if necessary.

Instance 1: In the Abstract, the Objective (pg 2) should read 'To describe.....within a Chinese urban community'. The alphabet 'a' before the word 'Chinese' is missing.

Instance 2: In the Abstract, the Design (pg 2) should read 'Cross-sectional study was designed in subjects who were randomly.....community'. The word 'were' before the word 'randomly' is missing. The Design could be more precisely written as 'Community-based cross-sectional study'. The Setting could be more correctly stated as 'Healthcare Center of Fengyutan Community, Shenyang, China'.

Instance 3: In the Abstract, the para in section 'Primary and secondary outcome measures' (pg 2) does not seem correct. To the reader, it appears that the telescreening model was evaluated using the prevalence and risk factors for fundus diseases. I suspect that the authors mean the other way round, i.e. the prevalence and risk factors for fundus diseases were evaluated or assessed using a tele-screening model ....etc with examination of patients.

Instance 4: Under 'Strengths and limitations of this study' (pg 3), the word 'chenking' was used. Does the authors mean 'checking'? If not, can authors please explain what is 'chenking'?

Instance 5: On pg 4, the 2nd sentence reads 'However, in Chinese community, general practitioners (GPs) had not been instructed on the appearance of the normal ocular fundus,..... disorders.' What do

the authors mean by this statement? Do the authors mean that GPs in Chinese communities do not normally or routinely check their patients for ocular fundus diseases? Also, what does 'normal' ocular fundus mean? Isn't ocular fundus not normal in the first place?

Answer: thanks for your suggestion. We have modified instance 1,2,3,4,5 as your comments in manuscript.

The comments below relate to statistics in Table 3:

Comment 11: The ORs with the corresponding 95% CI and/or the p values for the following respective variables do not look correct. Can authors kindly re-work them?

Comment 11.1: Either 0.89 (0.82-1.02) or p value of 0.01 for 'Smoking (All patients with fundus pathology)' is incorrect.

Comment 11.2: Either 1.88 (0.62-2.31) or p value of 0.01 for 'Smoking (Patients with signs of glaucoma)' is incorrect.

Comment 11.3: Either 1.18 (0.87-1.38) or p value of 0.01 for 'Smoking (Patients with signs of AMD)' is incorrect.

Comment 11.4: Either 1.12 (0.86-1.31) or p value of 0.01 for 'Alcohol consumption (All patients with fundus pathology)' is incorrect.

Comment 11.5: Either 0.97 (0.62-1.34) or p value of 0.01 for 'Alcohol consumption (Patients with signs of glaucoma)' is incorrect.

Comment 11.6: Either 2.08 (0.97-3.93) or p value of 0.01 for 'Alcohol consumption (Patients with signs of AMD)' is incorrect.

Comment 11.7: Either 1.02 (0.88-1.31) or p value of <0.001 for 'Duration of DM (<5 years) (Patients with signs of DR)' is incorrect.

Comment 11.8: Either 0.92 (0.78-1.33) or p value of 0.003 for 'Duration of DM (<5 years) (Patients with signs of glaucoma)' is incorrect.

Comment 11.9: Either 1.03 (0.91-1.11) or p value of <0.001 for 'Duration of DM (<5 years) (Patients with signs of AMD)' is incorrect.

Comment 11.10: Either 1.18 (0.97-1.54) or p value of 0.04 for 'Hypertension (All patients with fundus pathology)' is incorrect.

Comment 11.11: Either 0.81 (0.49-1.34) or p value of 0.01 for 'Hypertension (Patients with signs of AMD)' is incorrect.

Comment 11.12: Either 1.84 (0.88-2.35) or p value of 0.01 for 'DM controlled (All patients with fundus pathology)' is incorrect.

Comment 11.13: Either 1.12 (0.38-2.15) or p value of 0.04 for 'DM controlled (Patients with signs of DR)' is incorrect.

Comment 11.14: Either 1.14 (0.58-2.23) or p value of <0.01 for 'DM controlled (Patients with signs of glaucoma)' is incorrect.

Comment 11.15: Either 0.92 (0.55-1.55) or p value of 0.01 for 'DM controlled (Patients with signs of AMD)' is incorrect.

Comment 11.16: Either 1.85 (0.38-3.15) or p value of 0.04 for 'IOP>21 mmHg (All patients with fundus pathology)' is incorrect.

Comment 11.17: Either 1.21 (0.56-1.75) or p value of 0.01 for 'IOP>21 mmHg (Patients with signs of DR)' is incorrect.

Comment 11.18: Either 0.89 (0.81-1.25) or p value of 0.03 for 'IOP>21 mmHg (Patients with signs of AMD)' is incorrect.

Comment 11.19: Either 1.18 (0.82-3.15) or p value of 0.01 for 'FPG>7 mmol/L (Patients with signs of glaucoma)' is incorrect.

Comment 11.20: Either 2.82 (0.58-4.54) or p value of 0.01 for 'FPG>7 mmol/L (Patients with signs of AMD)' is incorrect.

Comment 11.21: Either 0.83 (0.55-1.38) or p value of 0.01 for 'TG>1.7 mmol/L (All patients with fundus pathology)' is incorrect.

Comment 11.22: Either 1.54 (0.78-2.33) or p value of 0.01 for 'TG>1.7 mmol/L (Patients with signs of DR)' is incorrect.

Comment 11.23: Either 1.31 (0.96-1.67) or p value of 0.01 for 'TG>1.7 mmol/L (Patients with signs of glaucoma)' is incorrect.

Comment 11.24: Either 3.83 (0.25-6.15) or p value of <0.001 for 'TG>1.7 mmol/L (Patients with signs of AMD)' is incorrect.

Comment 11.25: Either 2.24 (0.75-3.15) or p value of <0.001 for 'TC>5.5 mmol/L (All patients with fundus pathology)' is incorrect.

Comment 11.26: Either 1.11 (0.55-2.44) or p value of 0.02 for 'TC>5.5 mmol/L (Patients with signs of DR)' is incorrect.

Comment 11.27: Either 1.14 (0.66-2.37) or p value of 0.04 for 'TC>5.5 mmol/L (Patients with signs of AMD)' is incorrect.

Answer: thanks for your suggestion. We have made some mistakes in table editor program. We have modified comment11(1-27) as your comments.

These comments relate to consistency, clarity, presentation and definitions.

Comment 12: The words 'standardised' (pg 3) and 'standardized' (pg 5) were used in the paper. Suggest to consistently use either the American or British spelling of the word.

Answer: thanks for your suggestion. We have modified these as your comments.

Comment 13: Under 'Strengths and limitations of this study' on pg 3, the sentence 'In both samples, diagnoses were systematically..... tele-screening.' appeared. Can authors clarify what the 'both samples' are?

Answer: thanks for your suggestion. "Both samples" means that all subjects in this study. We have

modified it “all subjects”.

Comment 14: The abbreviation 'DR' (4th line on pg 4) appears for the first time before the full words 'diabetic retinopathy'. However, the full words and the abbreviation 'diabetic retinopathy (DR)' appears later on 8th line on pg 4. To ensure that full words are presented before its abbreviation is stated for the first time. This applies to the 'h' in '>8h)' in first line on pg 6.

Answer: thanks for your suggestion. We have modified these.

Comment 15: It would be good if clear definitions of smoking, alcohol consumption and duration of DM are specified as readers may not know the definitions since there are no common standards for these risk factors.

Answer: thanks for your suggestion. We have modified these in definition section.

### VERSION 2 – REVIEW

<b>REVIEWER</b>	Fong Chee Weng Ministry of Health Singapore
<b>REVIEW RETURNED</b>	12-Nov-2013

<b>GENERAL COMMENTS</b>	<p>The comment below relates to Checklist Point (6):</p> <p>Comment 1: The revised para in 'Main outcome measures' on pg 2 is not appropriate. It is a partial repeated description of the objective and a description of the method. The main outcomes should be clearly defined. Suggested to put main outcome measures as 'signs of any DR, signs of glaucoma and signs of AMD' or simply 'any DR, glaucoma and AMD'.</p> <p>The comment below relates to Checklist Point (11):</p> <p>Comment 2: Authors might need to change the discussion and conclusions accordingly to any revised results arising from their responses to comments 4 to 30 (under 'Statistics' below).</p> <p>The comments below relate to Checklist Point (15):</p> <p>Comment 3: The standard of English is not acceptable for publication. Many sentences are not properly constructed and a number of words were wrongly used. Suggest authors to rewrite where necessary. Below are some instances.</p> <p>Instance 1: Redundancy and repetition of words e.g. 'cross-sectional' and 'community' in the 'Objective', 'Design' and 'Setting' descriptions on pg 2. The Design could be more precisely written as 'Community-based cross-sectional study'. The Setting could be more correctly stated as 'Healthcare Center of Fengyutan Community, Shenyang, China'.</p> <p>Instance 2: Under 'Strengths and limitations of this study' on pg 3, the 1st sentence 'This study described the telescreening model and assessed the prevalence of ocular fundus pathology within a healthcare center in Chinese urban type 2 diabetes.' is not a proper sentence. Suggest rephrasing sentence to 'This study described the telescreening model and assessed the prevalence of ocular fundus pathology among patients with type 2 DM within a healthcare center in a Chinese urban community.'</p>
-------------------------	--

	<p>Instance 3: Under 'Strengths and limitations of this study' on pg 3, the words 'both samples' appear with no reference in the 2nd sentence. Can authors clarify what 'both samples' mean?</p> <p>Instance 4: Under 'Strengths and limitations of this study' on pg 3, the word 'population-based' still appears in the 4th sentence. It should be corrected to 'community-based'.</p> <p>Instance 5: Under 'Patient Recruitment' on pg 5, the sentence 'Excluding ineligible diabetes owing to death, moving out of the community, nursing home institutionalization, or hospitalization, a total of 800 (80%) of these patients were recruited by random sampling' is not a proper sentence. What does 'ineligible diabetes' mean? Also, sentence should be in past tense. Suggest paraphrasing sentence to 'Excluding ineligible DM patients who had died, moved out of the community, and were hospitalised or institutionalised in nursing homes, a total of 800 (80%) patients were recruited by random sampling.'</p> <p>Instance 6: Under 'Patient Recruitment' on pg 5, the verb 'attended' in the last line is not appropriate. Suggest changing it to 'participated'.</p> <p>Instance 7: Under 'Data collection and telescreening' on pg 6, the use of the plural of nouns 'Names' and 'ages' is incorrect as these nouns relate to 'each participant'. Suggest changing the sentence to 'Name, age, smoking history, alcohol consumption and other health-related information of each participant were collected using a standardised questionnaire.'</p> <p>Instance 8: Under 'Data collection and telescreening' on pg 6, the 2nd last sentence 'After the photographs had been read,.....general physicians and patients' is unclear. Do the author mean the GPs at the Fengyutan HealthCare Center?</p> <p>Instance 9: Under 'Definitions' on pg 7, the 2nd last sentence 'Smoking was classified as... not currently a smoker)' is not a proper sentence. Suggest rephrasing it to 'Smoking status was classified as not smoking (smoked &lt;100 cigarettes in patient's lifetime and currently not a smoker) and smoking (smoked &gt;=100 cigarettes in patient's lifetime regardless of whether patient is currently a smoker)'</p> <p>Instance 10: The line 'The length of time continuing or existing from DM diagnosis was defined as "duration of DM" ' on top of pg 8 is not a proper sentence. Suggest rephrasing the line to 'The length of time from the first diagnosis of DM was defined as duration of DM.'</p> <p>Instance 11: The word 'mellitus' in the 10th line on pg 10 should be removed.</p> <p>Instance 12: The word 'implemented' in the 2nd last line on pg 10 should be corrected as 'implementable'.</p> <p>he comments below relate to statistics in Table 3:</p> <p>Comment 4: The ORs with the corresponding 95% CI and p values for age group 55-64 years and &gt;65 years under 'All patients with</p>
--	--

	<p>fundus pathology' are not listed. Can authors put them in?</p> <p>For ORs with p value &lt;0.05, the 95% CI will not contain the value 1 (one). The following indicated ORs and corresponding 95% CIs and p-values look suspicious. Could authors please provide the data output for review?</p> <p>Comment 5: Either 1.08 (0.35-1.71) or p value of 0.01 for age group 55-64 years under 'Patients with signs of glaucoma' is incorrect.</p> <p>Comment 6: Either 1.52 (0.71-2.78) or p value of 0.01 for age group &gt;65 years under 'Patients with signs of glaucoma' is incorrect.</p> <p>Comment 7: Either 0.89 (0.82-1.02) or p value of 0.01 for 'Smoking' under 'All patients with fundus pathology' is incorrect.</p> <p>Comment 8: Either 1.88 (0.62-2.31) or p value of 0.01 for 'Smoking' under 'Patients with signs of glaucoma' is incorrect.</p> <p>Comment 9: Either 1.18 (0.87-1.38) or p value of 0.01 for 'Smoking' under 'Patients with signs of AMD' is incorrect.</p> <p>Comment 10: Either 1.12 (0.86-1.31) or p value of 0.01 for 'With alcohol' under 'All patients with fundus pathology' is incorrect.</p> <p>Comment 11: Either 0.97 (0.62-1.34) or p value of 0.01 for 'With alcohol' under 'Patients with signs of glaucoma' is incorrect.</p> <p>Comment 12: Either 0.99 (0.87-1.16) or p value of 0.02 for 'Duration of DM &gt;16 years' under 'Patients with signs of glaucoma' is incorrect.</p> <p>Comment 13: Either 1.18 (0.97-1.54) or p value of 0.04 for 'With hypertension' under 'All patients with fundus pathology' is incorrect.</p> <p>Comment 14: Either 0.81 (0.49-1.34) or p value of 0.01 for 'With hypertension' under 'Patients with signs of AMD' is incorrect.</p> <p>Comment 15: Either 1.84 (0.88-2.35) or p value of 0.01 for 'DM controlled' under 'All patients with fundus pathology) is incorrect.</p> <p>Comment 16: Either 1.12 (0.38-2.15) or p value of 0.04 for 'DM controlled' under 'Patients with signs of DR' is incorrect.</p> <p>Comment 17: Either 1.14 (0.58-2.23) or p value of &lt;0.01 for 'DM controlled' under 'Patients with signs of glaucoma' is incorrect.</p> <p>Comment 18: Either 0.92 (0.55-1.55) or p value of 0.01 for 'DM controlled' under 'Patients with signs of AMD' is incorrect.</p> <p>Comment 19: Either 1.85 (0.38-3.15) or p value of 0.04 for 'IOP&gt;21 mmHg' under 'All patients with fundus pathology' is incorrect.</p> <p>Comment 20: Either 1.21 (0.56-1.75) or p value of 0.01 for 'IOP&gt;21 mmHg' under 'Patients with signs of DR' is incorrect.</p> <p>Comment 21: Either 0.89 (0.81-1.25) or p value of 0.03 for 'IOP&gt;21 mmHg' under 'Patients with signs of AMD' is incorrect.</p> <p>Comment 22: Either 1.18 (0.82-3.15) or p value of 0.01 for 'FPG&gt;7</p>
--	---

	<p>mmol/L' under 'Patients with signs of glaucoma' is incorrect.</p> <p>Comment 23: Either 2.82 (0.58-4.54) or p value of 0.01 for 'FPG&gt;7 mmol/L' under 'Patients with signs of AMD' is incorrect.</p> <p>Comment 24: Either 0.83 (0.55-1.38) or p value of 0.01 for 'TG&gt;1.7 mmol/L' under 'All patients with fundus pathology' is incorrect.</p> <p>Comment 25: Either 1.54 (0.78-2.33) or p value of 0.01 for 'TG&gt;1.7 mmol/L' under 'Patients with signs of DR' is incorrect.</p> <p>Comment 26: Either 1.31 (0.96-1.67) or p value of 0.01 for 'TG&gt;1.7 mmol/L' under 'Patients with signs of glaucoma' is incorrect.</p> <p>Comment 27: Either 3.83 (0.25-6.15) or p value of &lt;0.001 for 'TG&gt;1.7 mmol/L' under 'Patients with signs of AMD' is incorrect.</p> <p>Comment 28: Either 2.24 (0.75-3.15) or p value of &lt;0.001 for 'TC&gt;5.5 mmol/L' under 'All patients with fundus pathology' is incorrect.</p> <p>Comment 29: Either 1.11 (0.55-2.44) or p value of 0.02 for 'TC&gt;5.5 mmol/L' under 'Patients with signs of DR' is incorrect.</p> <p>Comment 30: Either 1.14 (0.66-2.37) or p value of 0.04 for 'TC&gt;5.5 mmol/L' under 'Patients with signs of AMD' is incorrect.</p> <p>These comments relate to consistency, clarity, presentation and definitions.</p> <p>Comment 31: Authors mentioned that 'Telescreening has been confirmed as having the potential to improve compliance with other DR screening methods' on pg 4. Can authors please provide or cite the related reference(s)?</p> <p>Comment 32: Can authors also provide the definition of 'hypertension'?</p> <p>Comment 33: On pg 10, '14.2%' at 1 decimal place was presented but other percentages were presented in 2 decimal places. Can authors standardise the percentages to 2 decimal places throughout the paper, including those in the tables?</p>
--	--

### VERSION 2 – AUTHOR RESPONSE

Comment 1: The revised para in 'Main outcome measures' on pg 2 is not appropriate. It is a partial repeated description of the objective and a description of the method. The main outcomes should be clearly defined. Suggested to put main outcome measures as 'signs of any DR, signs of glaucoma and signs of AMD' or simply 'any DR, glaucoma and AMD'.

Answer: Thanks for your suggestion. We have modified as your comments.

Are the discussion and conclusions justified by the results?

Comment 2: Authors might need to change the discussion and conclusions accordingly to any revised results arising from their responses to comments 4 to 30 (under 'Statistics' below).

Answer: Thanks for your suggestion. We have modified as your comments.

Is the standard of written English acceptable for publication?

Comment 3: The standard of English is not acceptable for publication. Many sentences are not properly constructed and a number of words were wrongly used. Suggest authors to rewrite where necessary. Below are some instances.

Answer: Thanks for your suggestion. We have modified as your comments (including instance 1 to 12).

Instance 1: Redundancy and repetition of words e.g. 'cross-sectional' and 'community' in the 'Objective', 'Design' and 'Setting' descriptions on pg 2. The Design could be more precisely written as 'Community-based cross-sectional study'. The Setting could be more correctly stated as 'Healthcare Center of Fengyutan Community, Shenyang, China'.

Instance 2: Under 'Strengths and limitations of this study' on pg 3, the 1st sentence 'This study described the telescreening model and assessed the prevalence of ocular fundus pathology within a healthcare center in Chinese urban type 2 diabetes.' is not a proper sentence. Suggest rephrasing sentence to 'This study described the telescreening model and assessed the prevalence of ocular fundus pathology among patients with type 2 DM within a healthcare center in a Chinese urban community.'

Instance 3: Under 'Strengths and limitations of this study' on pg 3, the words 'both samples' appear with no reference in the 2nd sentence. Can authors clarify what 'both samples' mean?

Instance 4: Under 'Strengths and limitations of this study' on pg 3, the word 'population-based' still appears in the 4th sentence. It should be corrected to 'community-based'.

Instance 5: Under 'Patient Recruitment' on pg 5, the sentence 'Excluding ineligible diabetes owing to death, moving out of the community, nursing home institutionalization, or hospitalization, a total of 800 (80%) of these patients were recruited by random sampling' is not a proper sentence. What does 'ineligible diabetes' mean? Also, sentence should be in past tense. Suggest paraphrasing sentence to 'Excluding ineligible DM patients who had died, moved out of the community, and were hospitalised or institutionalised in nursing homes, a total of 800 (80%) patients were recruited by random sampling.'

Instance 6: Under 'Patient Recruitment' on pg 5, the verb 'attended' in the last line is not appropriate. Suggest changing it to 'participated'.

Instance 7: Under 'Data collection and telescreening' on pg 6, the use of the plural of nouns 'Names' and 'ages' is incorrect as these nouns relate to 'each participant'. Suggest changing the sentence to 'Name, age, smoking history, alcohol consumption and other health-related information of each participant were collected using a standardised questionnaire.'

Instance 8: Under 'Data collection and telescreening' on pg 6, the 2nd last sentence 'After the photographs had been read,.....general physicians and patients' is unclear. Do the author mean the GPs at the Fengyutan HealthCare Center?

Instance 9: Under 'Definitions' on pg 7, the 2nd last sentence 'Smoking was classified as... not currently a smoker)' is not a proper sentence. Suggest rephrasing it to 'Smoking status was classified as not smoking (smoked <100 cigarettes in patient's lifetime and currently not a smoker) and smoking (smoked >=100 cigarettes in patient's lifetime regardless of whether patient is currently a smoker)'.

Instance 10: The line 'The length of time continuing or existing from DM diagnosis was defined as "duration of DM"' on top of pg 8 is not a proper sentence. Suggest rephrasing the line to 'The length of time from the first diagnosis of DM was defined as duration of DM.'

Instance 11: The word 'mellitus' in the 10th line on pg 10 should be removed.

Instance 12: The word 'implemented' in the 2nd last line on pg 10 should be corrected as 'implementable'.

The comments below relate to statistics in Table 3:

Comment 4: The ORs with the corresponding 95% CI and p values for age group 55-64 years and >65 years under 'All patients with fundus pathology' are not listed. Can authors put them in?

Answer: Thanks for your suggestion. We have provided the data in the table 3.

For ORs with p value <0.05, the 95% CI will not contain the value 1 (one). The following indicated ORs and corresponding 95% CIs and p-values look suspicious. Could authors please provide the data output for review?

Answer: Thanks for your suggestion. We have analyzed the data again and found that we have made some errors during table preparing and writing. We have modified the mistakes in the table 3 (including comment 5 to 30).

Comment 5: Either 1.08 (0.35-1.71) or p value of 0.01 for age group 55-64 years under 'Patients with signs of glaucoma' is incorrect.

Comment 6: Either 1.52 (0.71-2.78) or p value of 0.01 for age group >65 years under 'Patients with signs of glaucoma' is incorrect.

Comment 7: Either 0.89 (0.82-1.02) or p value of 0.01 for 'Smoking' under 'All patients with fundus pathology' is incorrect.

Comment 8: Either 1.88 (0.62-2.31) or p value of 0.01 for 'Smoking' under 'Patients with signs of glaucoma' is incorrect.

Comment 9: Either 1.18 (0.87-1.38) or p value of 0.01 for 'Smoking' under 'Patients with signs of AMD' is incorrect.

Comment 10: Either 1.12 (0.86-1.31) or p value of 0.01 for 'With alcohol' under 'All patients with fundus pathology' is incorrect.

Comment 11: Either 0.97 (0.62-1.34) or p value of 0.01 for 'With alcohol' under 'Patients with signs of glaucoma' is incorrect.

Comment 12: Either 0.99 (0.87-1.16) or p value of 0.02 for 'Duration of DM >16 years' under 'Patients with signs of glaucoma' is incorrect.

Comment 13: Either 1.18 (0.97-1.54) or p value of 0.04 for 'With hypertension' under 'All patients with fundus pathology' is incorrect.

Comment 14: Either 0.81 (0.49-1.34) or p value of 0.01 for 'With hypertension' under 'Patients with signs of AMD' is incorrect.

Comment 15: Either 1.84 (0.88-2.35) or p value of 0.01 for 'DM controlled' under 'All patients with

fundus pathology) is incorrect.

Comment 16: Either 1.12 (0.38-2.15) or p value of 0.04 for 'DM controlled' under 'Patients with signs of DR' is incorrect.

Comment 17: Either 1.14 (0.58-2.23) or p value of <0.01 for 'DM controlled' under 'Patients with signs of glaucoma' is incorrect.

Comment 18: Either 0.92 (0.55-1.55) or p value of 0.01 for 'DM controlled' under 'Patients with signs of AMD' is incorrect.

Comment 19: Either 1.85 (0.38-3.15) or p value of 0.04 for 'IOP>21 mmHg' under 'All patients with fundus pathology' is incorrect.

Comment 20: Either 1.21 (0.56-1.75) or p value of 0.01 for 'IOP>21 mmHg' under 'Patients with signs of DR' is incorrect.

Comment 21: Either 0.89 (0.81-1.25) or p value of 0.03 for 'IOP>21 mmHg' under 'Patients with signs of AMD' is incorrect.

Comment 22: Either 1.18 (0.82-3.15) or p value of 0.01 for 'FPG>7 mmol/L' under 'Patients with signs of glaucoma' is incorrect.

Comment 23: Either 2.82 (0.58-4.54) or p value of 0.01 for 'FPG>7 mmol/L' under 'Patients with signs of AMD' is incorrect.

Comment 24: Either 0.83 (0.55-1.38) or p value of 0.01 for 'TG>1.7 mmol/L' under 'All patients with fundus pathology' is incorrect.

Comment 25: Either 1.54 (0.78-2.33) or p value of 0.01 for 'TG>1.7 mmol/L' under 'Patients with signs of DR' is incorrect.

Comment 26: Either 1.31 (0.96-1.67) or p value of 0.01 for 'TG>1.7 mmol/L' under 'Patients with signs of glaucoma' is incorrect.

Comment 27: Either 3.83 (0.25-6.15) or p value of <0.001 for 'TG>1.7 mmol/L' under 'Patients with signs of AMD' is incorrect.

Comment 28: Either 2.24 (0.75-3.15) or p value of <0.001 for 'TC>5.5 mmol/L' under 'All patients with fundus pathology' is incorrect.

Comment 29: Either 1.11 (0.55-2.44) or p value of 0.02 for 'TC>5.5 mmol/L' under 'Patients with signs of DR' is incorrect.

Comment 30: Either 1.14 (0.66-2.37) or p value of 0.04 for 'TC>5.5 mmol/L' under 'Patients with signs of AMD' is incorrect.

These comments relate to consistency, clarity, presentation and definitions.

Comment 31: Authors mentioned that 'Telescreening has been confirmed as having the potential to improve compliance with other DR screening methods' on pg 4. Can authors please provide or cite the related reference(s)?

Answer: Thanks for your suggestion. We have modified as your comments.

Comment 32: Can authors also provide the definition of 'hypertension'?

Answer: Thanks for your suggestion. We have modified as your comments.

Comment 33: On pg 10, '14.2%' at 1 decimal place was presented but other percentages were presented in 2 decimal places. Can authors standardise the percentages to 2 decimal places throughout the paper, including those in the tables?

### VERSION 3 - REVIEW

<b>REVIEWER</b>	Fong Chee Weng Ministry of Health Singapore
<b>REVIEW RETURNED</b>	26-Nov-2013

<b>GENERAL COMMENTS</b>	<p>This comment relates to Checklist Point (11). Smoking and alcohol consumption are no longer significant risk factors for DR. To revise accordingly the risk factors for DR under 'Results' on pg 9.</p> <p>The comment below relates to Checklist Point (15). Suggest authors to go through the manuscript and paraphrase the sentences where necessary. Listed below are 4 instances where changes are needed.</p> <p>Instance 1: The 2nd last para under 'Discussion' on pg 10 could be better and more clearly written.</p> <p>Instance 2: The 2nd last sentence under 'Limitations of the study' on pg 12 should be paraphrased.</p> <p>Instance 3: To add word 'in' after 'participated' in first sentence on pg 6.</p> <p>Instance 4: Past tense should be used in the definition of hypertension on pg 8, that is, 'is' should be changed to 'was'.</p> <p>Can authors please provide the SPSS output pertaining to analyses for Table 3 for me to take a look?</p> <p>1. The comments below relate to the Abstract on pg 2.</p> <p>1.1 The word 'diabetes' in the Objective statement should be more fully written as 'diabetes mellitus (DM)' with the abbreviation.</p> <p>1.2. 'DR' and 'AMD' are indicated for the first time in the 'Main outcome measures'. They should be preceded with the words in full. E.g. Diabetic retinopathy (DR)</p> <p>2. The comment below relates to 'Strengths and limitations of this study' on pg 3.</p> <p>The 3rd bullet sentence 'There was a high.....detected' is part of results. It is neither a strength nor limitation. The sentence should be removed.</p> <p>3. This comment relates to the last sentence of pg 4. The last part 'and to assess the.... China' should be removed as the usefulness of the screening model is not assessed in this study.</p>
-------------------------	--

	<p>4. The second last word 'Fifth' in last sentence on pg 11 is incorrect. It should be 'Fourth'.</p> <p>5. This comment relates to Table 3. The categories under 'Smoking' labelled as 'No smoking' and 'Smoking' could be simply labelled as 'No' and 'Yes' for better clarity (as in Table 2). Suggest to accordingly change the category labels for 'Alcohol Consumption', 'Hypertension', 'DM controlled', etc.</p>
--	--

### VERSION 3 – AUTHOR RESPONSE

This comment relates to Checklist Point (11). Smoking and alcohol consumption are no longer significant risk factors for DR. To revise accordingly the risk factors for DR under 'Results' on pg 9.

Answer: Thanks for your comments, and we have modified it as your comments.

The comment below relates to Checklist Point (15). Suggest authors to go through the manuscript and paraphrase the sentences where necessary. Listed below are 4 instances where changes are needed.

Answer: Thanks for your comments, and we have modified it as your comments.

Instance 1: The 2nd last para under 'Discussion' on pg 10 could be better and more clearly written.

Answer: Thanks for your comments, and we have modified it as your comments.

Instance 2: The 2nd last sentence under 'Limitations of the study' on pg 12 should be paraphrased.

Answer: Thanks for your comments, and we have modified it as your comments.

Instance 3: To add word 'in' after 'participated' in first sentence on pg 6.

Answer: Thanks for your comments, and we have modified it as your comments.

Instance 4: Past tense should be used in the definition of hypertension on pg 8, that is, 'is' should be changed to 'was'.

Answer: Thanks for your comments, and we have modified it as your comments.

Can authors please provide the SPSS output pertaining to analyses for Table 3 for me to take a look?

Answer: Thanks for your comments, but we are very sorry. Because we have signed a confidentiality agreement for data, we could not provide the SPSS output for you. Please forgive us for any inconvenience we may have caused to you.

1. The comments below relate to the Abstract on pg 2.

1.1 The word 'diabetes' in the Objective statement should be more fully written as 'diabetes mellitus (DM)' with the abbreviation.

Answer: Thanks for your comments, and we have modified it as your comments.

1.2. 'DR' and 'AMD' are indicated for the first time in the 'Main outcome measures'. They should be preceded with the words in full. E.g. Diabetic retinopathy (DR)

Answer: Thanks for your comments, and we have modified it as your comments.

2. The comment below relates to 'Strengths and limitations of this study' on pg 3.

The 3rd bullet sentence 'There was a high.....detected' is part of results. It is neither a strength nor limitation. The sentence should be removed.

Answer: Thanks for your comments, and we have modified it as your comments.

3. This comment relates to the last sentence of pg 4. The last part 'and to assess the.... China' should be removed as the usefulness of the screening model is not assessed in this study.

Answer: Thanks for your comments, and we have modified it as your comments.

4. The second last word 'Fifth' in last sentence on pg 11 is incorrect. It should be 'Fourth'.

Answer: Thanks for your comments, and we have modified it as your comments.

5. This comment relates to Table 3. The categories under 'Smoking' labelled as 'No smoking' and 'Smoking' could be simply labelled as 'No' and 'Yes' for better clarity (as in Table 2). Suggest to accordingly change the category labels for 'Alcohol Consumption', 'Hypertension', 'DM controlled', etc.