



Commentator & Affiliation	Section	Comment	Response
Public Reviewer ACP	Discussion	5) Discussion of evidence gaps confuses intermediate and long-term outcomes: For intermediate they suggest longer duration RCTs (and then state > 4 years), while for long-term outcomes they suggest longer duration RCTs and observational studies, but then say > 2 years. Why the time discrepancy? Why include observational studies for long-term but not for intermediate? Also, long term is NOT < 52 weeks if looking at effectiveness in DM care (all trials show no difference in the major clinical outcomes through 5-7 years).	<p>This was a typo. It should have been >2 years for both intermediate and long term. We have corrected this.</p> <p>Recommendations for observational studies for longer term outcomes can be made since we included observational studies. We did not include observational studies for A1c and weight since this had not been done in the first and second reports. At that time, the large number of RCTs made the research team less interested in potentially lower quality observational studies.</p> <p>We agree that long term is not <52 weeks. This terminology has been used for the last report. It may not be possible to change the key question terminology which has already been vetted by the Technical Expert Panel and public from this report and the last report. However, we have changed the discussion and headers to state macrovascular, microvascular outcomes and mortality. We have also added in study duration to make it more clear what the length of followup was for these outcomes.</p>
Public Reviewer ACP	General	6) Do we want to eventually wade into screening in this report and/or at least put this into context of treatment with patients with DM detected earlier in the course of disease vs. later in the course of disease?	<p>This was not one of our key questions, and would need to be addressed in a separate report since we did not evaluate screening. We discussed this with the TEP in terms of subgroup analyses, but we decided not to evaluate this in order to restrict scope and we felt there would be less data on this by subgroup. In addition, other investigators at another EPC had looked at this in newly diagnosed patients without seeing any substantial differences in intermediate outcomes. Most studies had adults with diabetes in the 5-7 year range. We do describe the study characteristics in the results.</p>

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