

April 30, 2014

We thank you for your kind letter of April 16th. The suggestions and criticisms of the Reviewers were very helpful and interesting. We believe we have answered them appropriately, thereby improving the manuscript. Please find enclosed the revised manuscript in which all corrections have been highlighted. Thank you for reviewing our manuscript. We look forward to hearing from you.

We declare that all authors agree with the final version.

Yours sincerely,

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TO REVIEWER 1

This is a review how to investigate cardiovascular disease in type 2 diabetes mellitus and written well briefly. We know the management for the patients with both diabetes and cardiovascular disease, but there are no established guidelines or no agreement for the patients with type 2 diabetes without cardiovascular disease. Diabetes mellitus is the most considerable risk factor to predict future cardiovascular disease, but only management for diabetes and blood glucose does not result in decreasing cardiovascular disease enough as the authors described.

Specific Comments

P 3, 19-19, “intensive or conventional multifactorial intervention” should be explained more in detail including medication not to misunderstand.

This paragraph has been modified taking your comments into account (see revised version, page 3 , lines 17-22).

Recently, MD-CT becomes a popular tool to detect coronary stenosis. The present status of MD-CT should be mentioned for a screening test for type 2 diabetes mellitus at high cardiovascular risk even without symptom.

Following the reviewer´s comments, we have specified the indication for multi-detector CT use (see revised manuscript, page 10, lines 11-17).

In table 1, the age should be specified to make it clear; furthermore, the traditional and novel risk factors are suggested to be further indicated.

In accordance with this comment, we have modified these items (see revised manuscript, page23)).

TO REVIEWER 2

Strengths:

- A comprehensive review that presents and summarizes a large body of published data regarding the issue.

Weaknesses:

- **No suggestion on the recommended way of screening (if any) was made. The readers are left in doubt whether they should make efforts or not to screen their patients. A scheme of the routine screening efforts recommended by the authors would be welcome as it would orient the readers.**

Following the Reviewer's suggestion, these two issues have been addressed in a new section (see revised version, page 12, lines 10-17).

- **Some cost-benefit analysis would also improve the overall quality of the MS**

As suggested by the Reviewer, cost-benefit analysis has been included (see revised version, page 12, line 9).

TO REVIEWER 3

The issue is very interesting and it has been written quite well structured: Just some minor points:

1. About the autonomic neuropathy: perhaps it would be necessary to explain briefly how to evaluate it.

Following the Reviewer's advice, we have clearly stated when cardiac autonomic neuropathy must be evaluated (See revised version, page 7, lines 16-18).

2. When you talk about the echocardiogram, there are not many works that demonstrate its usefulness related with T2DM. They must be reflected in your work.

As the reviewer suggested, this statement has been reflected in the text (See revised version, page 9, lines 17-19).

3. At the CAC section, at the first sentence; "coronary artery calcium (CAC)[...]"

In accordance with this comment, we have corrected this point (See revised version, page 10, line 17 and page 11, line 5).

4. English and grammar need to be polished slightly

The English version of the manuscript has been reviewed.