

## RESPONSES TO REVIEWERS' COMMENTS

### **Reviewer 1 (Code 03469767)**

**Comments:** The methods of study is not according to aim of investigationsampling of center???? how the researcher selected the center? this should be clearly explain. accurate definition of DFU in a separate section.why knowledge of foot care, receiveing foot care, and other information was gathered?

#### **Responses:**

1. The study was observational in design and methodology was as clearly presented in the “Methods” section
2. Center sampling was purposive and intended to have a wide geographical spread.
3. A referenced definition of DFU was presented on the second paragraph under the subheading “Introduction” and is hereby reproduced: *“Diabetic foot ulcer refers to a breach in the continuity of the skin epithelium involving its full thickness or beyond, distal to the ankle joints, in a person living with diabetes mellitus [4].*
4. Knowledge of foot care was assessed because we were interested in the relationship between foot care knowledge and ulcer characteristics as well as outcome

### **Reviewer 2 (Code 00000663)**

**Comments:** A very reasonable analysis of the prevalence and burden of diabetic foot in individuals with diabetes in Nigeria. The study covers a large population and may be reasonably extrapolated to the whole country. The authors must be congratulated for the efforts done in retrieving several useful data for the health providers. The data show that a long way should be run to have a management of disease comparable to what is done in the Western countries. I have only a few suggestions to further improve the manuscript, in case that other data may be available.

1. There is no mention of treatment with glucose-lowering drugs. We only know that a non-negligible number of cases belonged to newly-diagnosed diabetes. It would be important to add data on how many cases with overt diabetes were treated by the sole diet (if any!), with glucose-lowering drugs (Which?) and finally how many were on insulin treatment at presentation.
2. Outcome data might be split according to metabolic control at presentation (as an example, HbA1c <8%, 8-10%, over 10%) and eventually by treatment.
3. Death rates was high, both before and after LEA, and does not include patients voluntarily discharged. We need to know the time lag between admission and LEA, as well as the time lag between admission and death or LEA and death. This will provide a clearer picture of the disease burden for the healthcare system

### **Responses:**

1. We agree that it would have been nice to evaluate and include data on the patients' baseline diabetes treatment. Regrettably however, we did not collect such data in this study.
2. A sub-analysis in which we stratified patients according to their HbA1c was performed. However, just as other analytical aspects of the study, a separate manuscript on the relationship between glycemic control (HbA1c) and outcome (healing, amputation and mortality) is being developed. The current manuscript dwells on the descriptive epidemiology of the study.
3. We agree with the reviewer's observation. **The time lag [median (interquartile range)] between admission and death was 16 (10 – 33) days. This information has been included in the “Results” section of the manuscript, paragraph 4, line 6.** Unfortunately, we did not collect data on the time lag between admission and LEA, nor between LEA and death. We sincerely apologize for this important omission.

### **Reviewer 3 (Code 03469734)**

**Comments:** It has to be thanked to the authors that they have taken care of this topic. I found this study that highlights a general problem with diabetic patients. I'd like some points to come out, I'd appreciate it if you could answer. Who's making the LEA decision? Is there a council with different disciplines? BMI measurement was made of the patients? Were you able to use hyperbaric oxygen treatment for DFU?

### **Responses:**

1. **The decision to amputate or not was an exclusive prerogative of the multi-disciplinary foot care team at each study center. This information we have included in the “Methodology” section of the manuscript, under the sub-heading “Patient Management and Outcome Indicators” line 7.**
2. BMI was not measured in this study
3. None of the centers employed hyperbaric oxygen for the treatment of the foot ulcer.

### **Reviewer 4 (Code 03909861)**

**Comments:** Using data from a one-year multicenter prospective observational study of 336 patients from 6 tertiary health institutions in Nigeria, this study provided the first evaluation of the current burden of diabetic foot ulcer (DFU) in a large population across different regions of Nigeria. This is a well conducted study and a very nicely written paper that revealed the alarmingly high burden of DFU in Nigeria which needs to be addressed in a systematic way. I only have 2 minor comments that need be addressed:

1. It will be helpful to present a map of the 6 health institutions participating in the MEDFUN study. This map could help the readers to evaluate how representative the study sample is with respect to the overall population of Nigeria.
2. The numbers presented on the Y axis of Figure 5 are percentages. However, some of the numbers are greater than 100%. This error needs to be fixed.

**Responses:**

1. We have included map of Nigeria indicating the location of the study centers (Supplement 1).
2. Thank you for this observation. In addition to this error, we have also observed that the graph in the said figure 5 (which is now figure 6 in the revised manuscript) included patients who discharged against medical advice. These errors have now been corrected and the correct graph represented as Figure 6.

**Reviewer 5 (Code 00506276)**

**Comments:** The aim of this study was to analyze the burden of diabetic foot in Nigeria. Data obtained in 336 patients with diabetic foot are analyzed and presented. The study represents the solid piece of data collection statistical analysis. There are some minor concerns to be addressed.

- 1) This is not a prospective study. The patients were not followed-up during the intervention. This is an observational study although some collected data refer to the past.
- 2) Results, line 3: does the prevalence of T2DM (96.1%) refer to all diabetic patients or only those with diabetic foot?
- 3) Figure 2: the prevalence of specific risk factors is presented. However, what was the prevalence of 2 or more risk factors in the same patient?

**Responses:**

1. We admit that this does not qualify for a prospective study but rather observational. This wrong notion has been expunged from the manuscript.
2. It is 96.1% of the patients hospitalized for diabetic foot that had T2DM. This has now been clearly stated in the “Results” section, line 3.
3. The number of DFU risk factors per patient has now been computed and presented in a separate figure (figure 3). As depicted, presence of only one risk factor was rare in the subjects. Most patients had multiple risk factors operating simultaneously such as poor glycemic control, peripheral neuropathy, peripheral artery disease, etc.