

**Peer-review report(s).** Authors must resolve all issues in the manuscript that are raised in the peer-review report(s) and provide point-by-point responses to each of the issues raised in the peer-review report(s):

Reviewer #1:

**Scientific Quality:** Grade C (Good)

**Language Quality:** Grade B (Minor language polishing)

**Conclusion:** Minor revision

**Specific Comments to Authors:**

Diabetic foot (DF) is a serious diabetes-related complication involving nerve damage in the lower extremities and various levels of vascular disease. This study revealed the impact of delayed medical treatment on the development of DF in patients with type 2 diabetes and to establish a predictive model for DF. This is a potentially significant paper. This study revealed that delayed medical treatment significantly affects the probability of DF occurrence in diabetic patients. In addition, plasma glucose levels, HbA1c levels, and the combined predictive model of delayed medical treatment demonstrate good predictive value. The study's methodology is commendable for its comprehensive approach, utilizing differential and correlation analyses to assess demographic indicators, laboratory parameters, and the effect of delayed medical treatment. Logistic regression analysis and ROC analysis are appropriately employed to identify significant influencing factors and to develop a predictive model for DF. Key findings emphasize the substantial impact of delayed medical treatment on increasing the likelihood of DF in diabetic patients. The incorporation of plasma glucose levels, HbA1c levels, and the establishment of a combined predictive model underscore the study's contribution to understanding risk factors associated with DF development. In conclusion, this study provides significant clinical implications by elucidating the role of delayed medical treatment as a predictor for DF development in patients with type 2 diabetes. The findings underscore the importance of proactive management strategies in diabetic care to mitigate the risk of severe complications such as DF. However, there are several places need to be improved.

-The keyword-"Delay" is not clear here, I would suggest to replace it with "Delayed medical treatment".

**Re: Thanks for your comments. We have revised it into "delayed treatment".**

-In Figure 1 and Figure 2, please provide figure legends for each figure. The current version only provided the title of figures, which is not enough.

**Re: Thanks for your comments. We have added sub-legend for each figure.**

-Please notice that the description of the results should be followed by the presentation of result data (e.g. figures or tables). For example, in results 3.2, Differential analysis was conducted on the occurrence probabilities of diabetes duration, classification, staging, and complications between the two patient groups. The results indicated no significant differences in classification, staging, diabetic retinopathy, and

diabetic vascular disease ( $P>0.05$ ) (Table 2). The duration of diabetes in the DF group was significantly longer than that in the NDF group ( $10.12 \pm 4.95$  vs.  $11.74 \pm 4.84$ ,  $P=0.012$ ). Additionally, the occurrence rates of diabetic neuropathy (22.86% vs. 40.2%,  $P=0.005$ ) and diabetic nephropathy (0.48% vs. 4.88%,  $P=0.035$ ) were markedly lower in the NDF group compared to the DF group (Table 2). These findings suggest that the increase in diabetes duration and the occurrence of some complications may contribute to the increased incidence of DF. The same problem occurred in 3.5. Please make sure each figure or table was mentioned in the main text.

**Re: Thanks for your comments. We have checked and added that citation for figures and tables.**

Reviewer #2:

**Scientific Quality:** Grade B (Very good)

**Language Quality:** Grade B (Minor language polishing)

**Conclusion:** Accept (General priority)

**Specific Comments to Authors:**

The retrospective cohort study investigating the impact of delayed medical treatment on the development of diabetic foot (DF) in patients with type 2 diabetes provides valuable insights into an important clinical issue. Conducted at a single hospital over the course of one year, the study effectively evaluates various demographic and clinical parameters to establish predictive models for DF occurrence. Strengths of the study include its robust methodology, which combines differential and correlation analyses with logistic regression and receiver operating characteristic (ROC) analysis. By including 292 patients, with clear division into DF and non-diabetic foot (NDF) groups, the study achieves a sufficient sample size to draw meaningful conclusions. The comprehensive assessment of demographic indicators, laboratory parameters, and the impact of delayed medical treatment enhances the study's credibility in identifying significant risk factors for DF. The findings highlight the substantial influence of delayed medical treatment on the likelihood of DF occurrence among diabetic patients. This underscores the critical importance of timely medical intervention in managing diabetic complications, particularly in preventing severe outcomes like DF. The use of plasma glucose levels, HbA1c levels, and the development of a combined predictive model further strengthens the study's contribution to predictive medicine in diabetic care. Overall, this is an interesting paper and the results presented are novel and important. However, parts of this study need improvement and confirmation, and data should be better presented. Please, see the following suggestions.

1. In the methods section, please provide more detailed information about how was the sample size determined.

**Re: Thanks for your comments. We have added the detailed information of sample.**

**2.5 Sample size and statistical power**

**The sample size was mainly depended on the number of patients included in the inclusion time frame complied with the EPV > 10 principle. Using G\*Power 3.1.9.7, we conducted a post hoc analysis based**

on the "Means: Difference between two independent means (two groups)" option for t-tests. We configured the analysis with a two-tailed mode, an effect size of  $d = 0.6$ , and a significance level ( $\alpha$  error prob) of 0.05. After inputting the sample sizes for the two groups, we calculated the power ( $1 - \beta$  error prob), which yielded a result of 0.969.

2. Please standardize the capitalization of P values. In the text, the P was capitalized, while in tables, sometimes the p was lowercase.

**Re: Thanks for your comments. We have checked and revised all format of P values.**

3. Please keep the P-value to three decimal places uniformly. For example, in Table 2, the P-value in the comparison of diabetic vascular disease is 0.64, which retained two decimal places, while other P-values retained three decimal places. In Table 4, the  $t/\chi^2$  in the comparison of ATMHSS score is 6.84, which retained two decimal places, while the  $t/\chi^2$  in the comparison of other Characteristic retained three decimal places. What's more, in table 7, please keep the data of Youden index to the same decimal places.

**Re: Thanks for your comments. We have checked and revised all format of P values.**

**Editorial Office's comments.** Authors must revise the manuscript according to the Editorial Office's comments and suggestions, which are provided below:

**(1) Science Editor:**

**1 Scientific quality:** The authors submitted a study of delayed treatment situation of diabetic foot ulcer in type 2 diabetes patients and its prediction model. The topic is within the scope of the journal.

**(1) Classification:** Grade B and Grade C.

**(2) Summary of the Peer-Review Report:** Reviewer 1 point out that (1) In the methods section, please provide more detailed information about how was the sample size determined; (2) Please standardize the capitalization of P values. In the text, the P was capitalized, while in tables, sometimes the p was lowercase; (3) Please keep the P-value to three decimal places uniformly. For example, in Table 2, the P-value in the comparison of diabetic vascular disease is 0.64, which retained two decimal places, while other P-values retained three decimal places. In Table 4, the  $t/\chi^2$  in the comparison of ATMHSS score is 6.84, which retained two decimal places, while the  $t/\chi^2$  in the comparison of other Characteristic retained three decimal places. What's more, in table 7, please keep the data of Youden index to the same decimal places. Reviewer 2 point out that (1) the keyword-"Delay" is not clear here, I would suggest to replace it with "Delayed medical treatment"; (2) In Figure 1 and Figure 2, please provide figure legends for each figure. The current version only provided the title of figures, which is not enough; (3) Please notice that the description of the results should be followed by the presentation of result data (e.g. figures or tables). For example, in results 3.2, Differential analysis was conducted on the occurrence probabilities of diabetes duration, classification, staging, and complications between the two patient groups. The results indicated no significant differences in classification, staging, diabetic retinopathy, and diabetic vascular disease

( $P > 0.05$ ) (Table 2). The duration of diabetes in the DF group was significantly longer than that in the NDF group ( $10.12 \pm 4.95$  vs.  $11.74 \pm 4.84$ ,  $P = 0.012$ ). Additionally, the occurrence rates of diabetic neuropathy (22.86% vs. 40.2%,  $P = 0.005$ ) and diabetic nephropathy (0.48% vs. 4.88%,  $P = 0.035$ ) were markedly lower in the NDF group compared to the DF group (Table 2). These findings suggest that the increase in diabetes duration and the occurrence of some complications may contribute to the increased incidence of DF. The same problem occurred in 3.5. Please make sure each figure or table was mentioned in the main text.

(3) **References recommendations:** The reviewer didn't request the authors to cite improper references published by him/herself.

(4) **Manuscript Type:** After verification, the manuscript type is "Retrospective Study".

## 2 Specific comments

(1) **Country/Territory of origin:** Please verify if the "Country/Territory of origin: China" submitted by the system is correct?

**Re: That's correct, it's China.**

(2) The language classification is Grade B. Please visit the following website for the professional English language editing companies that we recommend: <https://www.wjgnet.com/bpg/gerinfo/240>.

(3) **Author institution:** Please change Shanxi to Shaanxi.

**Re: Thank you for your reminder, it has been modified.**