

<b>Article details: 2020-0005</b>	
Title	Diabetes-induced eye disease among First Nations people in Ontario, Canada: a Longitudinal, population-based cohort study
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<b>Reviewer 1</b>	Matthew Tennant
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General comments (author response in bold)	Please comment on whether or not you were able to identify whether or not eye treatments ie retinal laser and/or eye injections were for diabetic retinopathy and not for another reason such as macular degeneration or retinal tear as this may skew your results. If not possible, then please add this as a study limitation. <b>We have added this to the limitations. (Interpretation: paragraph 3)</b>
<b>Reviewer 2</b>	Zia Carrim
Institution	
General comments (author response in bold)	<p>Many thanks for the opportunity to review this manuscript. Whilst the background to the study is succinctly presented, for the reader from outside North America, it may be useful to have more information about First Nations people and perhaps even the prevailing geopolitical context.</p> <p>The manuscript is clearly trying to address inequalities in healthcare access and provision, with a specific focus on diabetes.</p> <p><b>Thank you, there are many important aspects of this highly complex situation that we have had to leave for other papers in order to respect space limitations.</b></p> <p>I note that the authors have concluded a higher rate of progression of retinopathy amongst First Nations people based on the time from diagnosis of diabetes to first DR treatment. I would recommend that this conclusion be reconsidered - it is more likely, or at least also possible, that diabetes is diagnosed later in this group. A later diagnosis would be a surrogate of inequality in access to healthcare.</p> <p><b>We have added this possibility to the interpretation. (Interpretation: Paragraph 3)</b></p> <p>Finally, First Nations people are compared to "Others". Whilst this is reasonable, it assumes that the population of "others" has remained stable over the period of the study. I would caution about the impact of migration, which could introduce bias, especially if there were an influx from populations that have a higher prevalence of diabetes anyway.</p> <p><b>Thank you for this point, we have added this to our interpretation.</b></p>