Review of: "Does Sugar Control Arrest Complications in Type 2 Diabetes? Examining the Rigour in Statistical Methods and Causal Inference in Clinical Trials"

Mangesh Tiwaskar

Potential competing interests: No potential competing interests to declare.

Even though the authors have tried their best to look at the down side of the statistical methods, it can not be denied that the whole base of Diabetes management is the Blood Glucose control. It is not entirely accurate to say that there is no causal inferences in the RCT that they have mentioned. In fact in Post-hoc UKPDS, the patients in the Intensive control arm did better in outcomes and it suggested that a tighter glucose control especially in the early days with diabetes is pivotal and confers the “Good Metabolic Memory”. The authors must also appreciate that few of the trials were terminated prematurely because of the clear benefit in the Intervention arm vs Placebo arm and one of the reasons for the clear benefit was better glycaemic control. I agree to the fact that we should not to completely Glucose-centric, but that can not take away the importance of blood glucose control.

Of course, we all need to understand that it's important to approach statistical analysis in medical studies with a critical mindset, considering the study's design, data quality, and the appropriateness of the statistical methods used. But I don't think that the data for the RCTs the authors have mentioned can be doubted.

But I would also appreciate the efforts by the authors of this manuscript to have attempted this subject. But while considering the analysis of the statistical data we need to deep dive in to many intricacies like - Study design, possible bias, Confounding Variables, Multiplicity Issues, publication bias, reporting methodology and P-hacking, data complexity, ethnicity etc. Unless and until we have done that, it will little too bold to challenge the conclusion of these large well designed, well conducted, double blind, multicenter RCTs