

## PEER-REVIEW REPORT

**Name of journal:** World Journal of Cardiology

**Manuscript NO:** 65949

**Title:** Sodium glucose cotransporter 2 inhibitors -New horizon of the heart failure pharmacotherapy

**Reviewer's code:** 00276417

**Position:** Peer Reviewer

**Academic degree:** FRACP, MD, MRCP

**Professional title:** Doctor

**Reviewer's Country/Territory:** United Kingdom

**Author's Country/Territory:** Japan

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**Reviewer chosen by:** AI Technique

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<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Language quality</b>	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Peer-reviewer statements</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

## **SPECIFIC COMMENTS TO AUTHORS**

I would like to congratulate the authors for a well written review of this very important topic. I have one criticism of the abstract, it would be preferable to start by citing the impact of the several agents in the class in reducing HF hospitalisation in patients with Type 2 DM who have the high risk of cardiovascular disease; and then talk about the impact of some of these agents in HFrEF irrespective of the diabetic status. This way the reader does not get mixed up. Indeed they have done just that in the main article and should do the same in the abstract. There is a formatting error in the way the references are typed: The references are written after number 13 with different typing format compared to the first 13 references. Would the authors please unify the format? I note that references 19, 20 and 22 are done in the same format as the first 13 references. In addition, there are minor linguistic corrections that are needed. I am proposing the corrected sentences or phrases for the authors: In the core tip the FDA approval was not for the treatment of HF but the treatment of HFrEF. In page 4, the title (CARDIOPROTECTIVE EFFECTS IN PATIENTS WITH HEART FAILURE, REGARDLESS OF DIABETIC STATUS) should be amended to become (CARDIOPROTECTIVE EFFECTS IN PATIENTS WITH HEART FAILURE WITH REDUCED EJECTION FRACTION, REGARDLESS OF DIABETIC STATUS). In page 4, lines 14-15 state: ((DAPA-HF) trial, wherein 4744 patients with heart failure presenting reduced ejection fraction were randomly assigned to receive either dapagliflozin or). This should be amended to become: ((DAPA-HF) trial, wherein 4744 patients with heart failure with reduced ejection fraction were randomly assigned to receive either dapagliflozin or) In page 4, lines 22-25 state: (empagliflozin outcome trial in patients with chronic heart failure presenting reduced ejection fraction (EMPEROR-Reduced) followed the results, examining the potential benefit of empagliflozin in 3730 patients



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with heart failure and a reduced ejection fraction(9). As observed in DAPA-HF, half of the patients). This should be amended to become: (empagliflozin outcome trial in patients with chronic heart failure with reduced ejection fraction (EMPEROR-Reduced) examined the potential benefit of empagliflozin in 3730 patients with heart failure and reduced ejection fraction(9). As observed in DAPA-HF, half of the patients). In page 5, lines 22-23 state: (Administration (FDA) approved dapagliflozin, specifically, to treat patients with heart failure and a reduced ejection fraction. The position paper has concluded). This should be amended to become: (Administration (FDA) approved dapagliflozin, specifically, to treat patients with heart failure and reduced ejection fraction. The position paper has concluded) In page 7, line 6 states: (Despite its clinical usefulness, diuretics have failed to demonstrate prognostic). This is should become: (Despite their clinical usefulness, diuretics have failed to demonstrate prognostic)