

**Prof. Lian-Sheng Ma, Science Editor, Company Editor-in-Chief, Editorial Office,  
Editor-in-Chief of World Journal of Cardiology,**

Dear Dr. Ma,

Please find enclosed our revised manuscript entitled “**Sodium glucose cotransporter 2 (SGLT2) inhibitors -New horizon of the heart failure pharmacotherapy**” for your consideration on its publication in *World Journal of Cardiology*.

SGLT2 inhibitors are newly approved by the FDA as treatment choice for heart failure based on evidence from several large-scale clinical trials demonstrating reduction in cardiovascular outcomes. The background of the approval and potential mechanisms are discussed in this review. As well, summary of available evidence from clinical trials and ongoing trials examining beneficial effects of the agents are written. Responses to the reviewer and the editor are written below.

All authors have contributed to the scientific content of this work and have edited the manuscript appropriately. All authors have read and approved submission of this manuscript. The manuscript has not been published elsewhere and is not being considered for publication in another journal.

Thank you for your time and consideration.

Yours sincerely,

Takatoshi Kasai, MD, PhD

Department of Cardiovascular Biology and Medicine, Juntendo University Graduate School of  
Medicine, Tokyo, Japan.

Email: [kasai-t@mx6.mnisiq.net](mailto:kasai-t@mx6.mnisiq.net)

**Reviewer 1:**

**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.

**Response to the comment:**

Thank you for your careful review and supportive comments on our manuscript. We have attempted to incorporate all of your suggestions and believe that these suggestions have improved the article. The abstract was revised according to the comment.

**COMMENT 2**

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.

**Response to comment 2:** References were re-formatted.

**COMMENT 3**

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).

**Response to comment 3:** The title was revised as requested.

**COMMENT 4**

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)

**Response to comment 4:** Revision has been made as requested.

COMMENT 5

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 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).

**Response to comment 5:** Revision has been made as requested.

COMMENT 6

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)

**Response to comment 6:** Revision has been made as requested.

COMMENT 7

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)

**Response to comment 7:** Revision has been made as requested.

**Science editor:**

1 Scientific quality: The manuscript describes a review of the sodium glucose cotransporter 2 (SGLT2) inhibitors -New horizon of the heart failure pharmacotherapy. The topic is within the scope of the WJC. (1) Classification: Grade B; (2) Summary of the Peer-Review Report: The authors found a well written review of this very important topic. However, the minor linguistic corrections are needed. The questions raised by the reviewer should be answered; and (3) Format: There are 5 tables. (4) References: A total of 22 references are cited, including 12 references published in the last 3 years; (5) Self-cited references: There are no self-cited references; and (6) References recommend: The authors have the right to refuse to cite improper references recommended by peer reviewer(s), especially the references published by the peer reviewer(s) themselves. If the authors found the peer reviewer(s) request the authors to cite improper references published by themselves, please send the peer reviewer's ID number to the editorialoffice@wjgnet.com. The Editorial Office will close and remove the peer reviewer from the F6Publishing system immediately. 2 Language evaluation: Classification: Grade B. A language editing certificate issued by Editage was provided. 3 Academic norms and rules: No academic misconduct was found in the Bing search. 4 Supplementary comments: This is an invited manuscript. No financial support was obtained for the study. The topic has not previously been published in the WJC. 5 Issues raised: PMID and DOI numbers are missing in the reference list. Please provide the PubMed numbers and DOI citation numbers to the reference list and list all authors of the references. Please revise throughout. 6 Recommendation: Conditional acceptance.

**Response to the Science editor:**

Thank you for your careful review and supportive comments on our manuscript. The references were revised according to the comment.

**Company editor-in-chief:**

I have reviewed the Peer-Review Report, full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Cardiology, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors.

**Response to the Company editor-in-chief:**

Thank you for your careful review and supportive comments on our manuscript. A revision was made according to the abovementioned comments from the reviewer and the editors.