

Reviewers comments and authors response:

Reviewer #1:

Scientific Quality: Grade B (Very good)

Language Quality: Grade A (Priority publishing)

Conclusion: Accept (General priority)

Specific Comments to Authors: Very good and clinically significant study. I have no specific comments and changes addressed to the authors.

Authors response: Thank you

Reviewer #2:

Scientific Quality: Grade B (Very good)

Language Quality: Grade A (Priority publishing)

Conclusion: Accept (High priority)

Specific Comments to Authors: This article indicates that home telemonitoring using digital/broadband/satellite/wireless or blue-tooth transmission of physiological data reduces all-cause and cardiovascular mortality in heart failure patients. In addition, prolonged telemonitoring (≥ 12 months) reduces all-cause and heart failure-related hospitalization. The manuscript was written well and was significant in the clinical management of heart failure.

Authors response: Thank you.

Reviewer #3:

Scientific Quality: Grade B (Very good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Accept (General priority)

Specific Comments to Authors: I am happy to participate in the review of this manuscript. Umeh et al explored the impact of telemonitoring on the prognosis of patients with heart failure through a meta-analysis and found that telemonitoring significantly improved the prognosis of patients with heart failure, especially monitoring > 12 months. Findings from this study underscore the importance of telemonitoring, and the findings of this study are worthy of publication.

I have the following small comments. 1. The age, cardiac function, and medications of the included patients should be described in Table S1. If necessary, subgroup analysis based on age and cardiac function may lead to more interesting conclusions.

Authors response: We did not include the age in Table S1 because the original studies in the meta-analysis are randomized controlled trials, and many did not report the mean age or cardiac function in the study. They reported and compared the age or cardiac function in the experimental and control groups. Furthermore, many of the original papers did not report the patients' medications, so we could not report this information. Additionally, we did not do a sub-group analysis based on age and cardiac function because we have earlier published a systematic review study which showed that patients' characteristics such as age or cardiac function (diastolic or systolic heart failure) did not affect telemonitoring outcomes in heart failure patients. (Umeh CA, Reddy M, Dubey A, Yousuf M, Chaudhuri S, Shah S. Home telemonitoring in heart failure patients and the effect of study design on outcome: A literature review. Journal of Telemedicine and Telecare. 2021 Aug 9:1357633X211037197).

2. In statistical analysis, it is necessary to describe the heterogeneity of included studies, and to perform subgroup and sensitivity analyses.

Authors response: We described the heterogeneity of the studies in the risk of bias section. Additionally, we also performed the sub-group analysis, which we described in the result section, and also included the result in Table S3

3. Does telemonitoring instrument type correlate with outcomes in heart failure patients?

Authors response: Thank you for that great question. Our earlier review paper showed no relationship between study designs and telemonitoring outcomes in heart failure patients. (Umeh CA, Reddy M, Dubey A, Yousuf M, Chaudhuri S, Shah S. Home telemonitoring in heart failure patients and the effect of study design on outcome: A literature review. Journal of Telemedicine and Telecare. 2021 Aug 9:1357633X211037197).

4. If there are significant differences in age, sex, and cardiac function among the included studies, it is necessary to perform a meta-regression analysis.

Authors response: Thank you. We did not pursue a meta-regression of the age and cardiac function in this study because our earlier review paper showed no relationship between patients' characteristics, such as age or cardiac function (diastolic or systolic heart failure) and telemonitoring outcomes. (Umeh CA, Reddy M, Dubey A, Yousuf M, Chaudhuri S, Shah S. Home telemonitoring in heart failure patients and the effect of study design on outcome: A literature review. *Journal of Telemedicine and Telecare*. 2021 Aug 9:1357633X211037197).