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PEER-REVIEW REPORT

Name of journal: World Journal of Nephrology

Manuscript NO: 85930

Title: Heterogeneity in Cardiorenal Protection by SGLT2 Inhibitors in Heart Failure across the Ejection Fraction Strata: Systematic Review & Meta-Analysis

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05315572

Position: Editorial Board

Academic degree: MD, PhD

Professional title: Chief Doctor, Professor

Reviewer's Country/Territory: China

Author's Country/Territory: Iran

Manuscript submission date: 2023-05-23

Reviewer chosen by: Geng-Long Liu

Reviewer accepted review: 2023-07-30 13:49

Reviewer performed review: 2023-07-30 13:55

Review time: 1 Hour

	[] Grade A: Excellent [Y] Grade B: Very good [] Grade C:
Scientific quality	Good
	[] Grade D: Fair [] Grade E: Do not publish
Novelty of this manuscript	[] Grade A: Excellent [Y] Grade B: Good [] Grade C: Fair [] Grade D: No novelty
Creativity or innovation of	[] Grade A: Excellent [Y] Grade B: Good [] Grade C: Fair
this manuscript	[] Grade D: No creativity or innovation



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Scientific significance of the conclusion in this manuscript	 [] Grade A: Excellent [Y] Grade B: Good [] Grade C: Fair [] Grade D: No scientific significance
Language quality	[] Grade A: Priority publishing [Y] Grade B: Minor language polishing [] Grade C: A great deal of language polishing [] Grade D: Rejection
Conclusion	 [] Accept (High priority) [Y] Accept (General priority) [] Minor revision [] Major revision [] Rejection
Re-review	[Y]Yes []No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [] Onymous Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

This manuscript aims to find out the differential effects of SGLT2i on the cardiorenal outcome of heart failure patients across ejection fraction levels, and the result suggested that heart failure patients with lower ejection fraction and lower NYHA sub-classifications were found more likely to benefit from gliflozin therapy. Further research are needed to find the patient subgroups with the highest benefits or adverse events in response to SGLT2i. The method is appropriate, the conclusion is reliable, the discussion is sufficient, and it is recommended to accept.