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Reviewer#1 Comments: Nice topic with regard to a pretty rare disease; background clearly presented. However data and results of this retrospective analysis are poor (qualitatively and quantitatively) and do not provide significant evidence for analysis / comparison in order to draw any clinical conclusion.

Response: We appreciate the reviewer's kind comments. In the setting of studying a rare incidence our study sample was expectedly small. At any rate such an analysis has never been previously attempted.

Reviewer#2 Comments: Quite interesting paper showing the occurrence of LV dysfunction in a few cases of a cohort of patients with diagnosis of pheochromocytoma. Also, they found no association between LV dysfunction and catecholamine levels. The weakness of the study is the confirmatory nature of the occurrence of LV dysfunction in this disease, and that the lack of association between catecholamine levels and LV dysfunction may be due to the small number of patients with LV dysfunction (only 3) Also the article is too extensive for the information provided.

Minor points -I suggest to not repeat in the text information already provided in the tables -Tables 6,7 and 8 can be deleted as they just compare very small numbers

Response: We tend to agree with the reviewer on their observation of the small number of patients included in this study. We attempted to truncate the discussion section per the reviewer's suggestions. Tables 6,7 and 8 were also deleted.

Reviewer#3 Comments: The authors did a retrospective study to find patients with histologically verified pheochromocytoma with or without heart failure. Their study results seem to indicate that catecholamine blood or urine levels did not predict development of LV systolic dysfunction. Comments. 1. Two of the authors analyzed ECG and imaging data retrospectively. a. Did that include other imaging than echo? b. Was it possible to evaluate all echo imaging planes reliably in all patients? 2. Two patients with LV dysfunction had global hypokinesia. However, the investigators also mention a third patient. Please clarify. 3. Please add study limitations, such as the prospective nature of the study.

Response: 1. a As mentioned in the study protocol Ventriculograms and gated SPECT imaging were used when available in addition to TTE to evaluate LV function.

b. The primary outcome of interest in our study was LV dysfunction defined as LVEF <50% and not regional wall motion necessarily. It is unlikely that image quality was not sufficient to make this distinction.

2. Overall 3 patients developed CMP of which had global hypokinesis. The description of the third patient can be found on page 5, paragraph 3.

3. Limitations of the study related to the retrospective design were commented upon in the revised version of the manuscript.

Editor in Chief Comments: I thank the authors for resubmitting this revised manuscript. In the rebuttal letter, the authors write they deleted table 6-8, however in the Results section they still refer to these tables (that do not exist anymore). Please change accordingly, or add tables as supplementary files.

Response: We appreciate the editor in chief's kind comments. We duly removed any references to tables 6-8 from the manuscript.