ANSWERS TO THE REVIEWERS: I than the Reviewers for their comments and the opportunity to improve the manuscript. I have responded to each comment of Reviewer #1. Reviewer #2 had no criticisms.

RESPONSE TO REVIEWER #1.

1. REVIEWER COMMENT: The Author rarely refers to the current AHA/ACC guidelines and his statements sometimes differ from those recommendations. For instance, according to AHA guidelines from 2017, measurement of BNP or NT-proBNP is useful to support a diagnosis or exclusion of HF in patients presenting with dyspnea, especially in the setting of clinical uncertainty. The Author states that "currently, the measurements of natriuretic peptides and troponins are recommended for the diagnosis and the prognosis of patients with heart failure", citing the outdated reference that is not authoritative.

RESPONSE: In response to the Reviewer, I have edited the specific statement to include both brain natriuretic peptide and NT-brain natriuretic peptide. In addition, I have included the reference to the AHA/ACC Guidelines with the specific statement and other statements in the manuscript regarding recommendations for the treatment of heart failure. I do note that the AHA/ACC guideline does state that "Measurement of baseline levels of natriuretic peptide biomarkers **and/ or cardiac troponin** on admission to the hospital is useful to establish a prognosis in acutely decompensated HF."

2. REVIEWER COMMENT: I admire the fact that the authors analyzes and incorporates the findings from recent clinical trials while recommending diagnostic procedures and treatment of patients with HFpEF, but the question remains whether the Author should make these recommendations. Until the update from AHA/ACC is published, those findings should be considered suggestions and described as such.

RESPONSE: The AHA/ACC Guidelines were written in 2016 and published in 2017. The focus of the Guidelines is primarily on the treatment of patients with **heart failure with <u>reduced</u> ejection fraction** not on patients with heart failure with preserved ejection fraction. There is little information provided in the 2017 AHA/ACC Guidelines on the treatment of patients with heart failure with preserved ejection fraction. For example:

“The use of beta-blocking agents, ACE inhibitors, and ARBs in patients with hypertension is reasonable to control blood pressure in patients with HFpEF.

“In appropriately selected patients with HFpEF, aldosterone receptor antagonists might be considered to decrease hospitalizations.”

“The use of ARBs might be considered to decrease hospitalizations for patients with HFpEF.”

Consequently, there is currently a significant need by primary care physicians, internists, and general cardiologists for specific information and recommendations on the diagnosis and treatment of patients with HFpEF. My recommendations have been accompanied by references to the medical literature and are based on good medical practice including my experience in treating heart failure patients during the past forty years. Nevertheless, in response to the Reviewer, I have revised the manuscript, where possible, in order to substitute the word “recommendation” with the word “suggestion” or “consideration”.

3.REVIEWER COMMENT: The part "General pharmacology treatment of patients with HFpEF" could precede the part "Treatment of patients with HFpEF with obesity, hypertension, and atrial fibrillation".

RESPONSE: In general, the trials of pharmacologic treatment of HFpEF have been disappointing. This applies to the Phase III PARAGON-HF study in patients with HFpEF, which was reported in 2019, in which sacubitril/valsartan was shown not to be superior to valsartan in reducing patient hospitalization and cardiovascular mortality. **This result has been included in Table 5**. In contrast, the aggressive treatment of obesity, hypertension, atrial fibrillation and diabetes in patients with HFpEF has been successful in reducing hospitalizations and, in many instances, decreasing cardiovascular mortality . For this reason, I have listed this succesful and positive information first.

4. REVIEWER COMMENT: An article with the same title as the running title of the submitted manuscript was published in Circ Res 2014;115(1). The search engines will direct interested readers to" that and other similar articles rather than to the present article.

RESPONSE: In response to the Reviewer, I HAVE changed the running title to "**HFpEF Diagnosis and Treatment".**