Dear Editor-in-Chief,

We would like to thank the reviewer and for his/her time and comments, which pointed out issues helping to improve quality of the manuscript. We would like also to thank the editorial office for comments related to submission issues. Following these comments and suggestions, we have added phrases and make modifications in the manuscript. For convenience, these points have been highlighted in yellow color (in the manuscript).

Reviewer #1:

The STROPE checklist is not the one appropriate for this type of papers. Instead, the CONSORT is the correct one to be used for RCT.

We submitted the STROBE checklist at the beginning as the data analysis and main findings (all patients, not any between-group comparison) seemed to be closer to a prospective study than a RCT. Following this suggestion, the CONSORT checklist has been submitted.

Since this a clinical trial, it should be registered with one of the international registries, as the one provided doesn't seem to be an online registration.

Following this comment, we have started registration process of the study on 'ClinicalTrials.gov'. Further details will be provided as soon as process has been completed and a registration number has been assigned. For convenience, a downloaded pdf receipt of the registration process has been submitted.

Abstract: The methods section need to be re-written as no information about the grouping is mentioned (I suggest putting the names of the groups used in the manuscript). Also there is a need to define what was measured during this study in the methods what were the main outcome measures?

Following these comments, the abstract methods section has been rephrased to include more some more details on the randomization process and the main outcome measures. The group names (AER, COM) have been also included.

Results section need some clarification such as what is GRADE mean. and in the statement "A significant difference was observed between these groups of patients, considering grade at baseline (p<0.05)" the significant difference in what?

In fact, 'GRADE' is not an acronym; it refers to the diastolic dysfunction stage/level. For clarity, it has been rephrased as diastolic dysfunction grade (DD grade), not only in the abstract results section but also in other points in 'Results'.

The phrase "A significant difference was observed between these groups of patients, considering grade at baseline (p<0.05)" refers to the fact that 9 pts improved DD grade while 23 ones remained at the same grade, which was statistically significant (when considering DD grade at baseline). For simplicity, this point has been rephrased ["Overall, 9 patients (28.1%) improved DD grade, while 23 ones (71.9%) remained at the same DD grade; this was a significant difference, considering DD grade at baseline (p<0.05)."]. The respective point in the 'Results' has been also rephrased.

What were the other DD variables?

It refers to the diastolic dysfunction variables assessed, beyond DD grade, RVSP, EF, as mentioned in the method and results section. For simplicity reasons, and also considering that not any other DD parameters are mentioned in the abstract, this phrase has been omitted.

Methods -There is a need to write how randomization occur in the groups how the participant was allocated to either group.

Following this comment, the phrase 'as previously described in detail' was deleted (2.1, 1st paragraph), and another one was added ('Randomization process …') to provide details on the randomization process (stratified randomization, based on age and VO2peak).

In the exercise training program, please identify what is resistance maximum test (do you mean the maximum voluntary contraction test?) Also need to mention the venue of the exercise training program and the time of session during the day.

By mistake, the strength test was mentioned as the 'resistance maximum test' instead of the '1 repetition maximum test' (our apologies…). This point has been corrected (2.2). The session venue (our Laboratory) and time (early afternoon hours) have been also added in the section (2.2, 1st phrase).

Was there any familiarization period before the actual test?

In fact, there was a familiarization process before both 1 repetition maximum test and CPET (please, which one are you referring to?). This detail has not been added in the manuscript yet; however, it will if you find it appropriate.

How VCO2, VO2, VE were measured via online system? The machine used for the breath-by-breath analysis did not provide these information? mentioned in methods, why not mentioned in table 1?

In fact, these respiratory parameters were measured with the ergospirometry device/system, as you have already mentioned. To increase clarity of this point, 'online system' has been replaced by 'ergospirometry system'.

Please clarify what you mean with the phrase 'mentioned in methods, why not mentioned in table 1?', as it is not clear to us. (Table 1 currently refers to between-group comparisons. - Do you mean to include baseline participant characteristics in the 'results' instead of the 'method' section? If so, we've found more appropriate to include these pieces of information in the methods section, as other related details, eg number of patients in each group, have been also mentioned in the this section. However, if you found it more suitable, the baseline patients characteristics table could be finally included in the results section.)

Results I suggest a table for the main demographic characteristics (age, sex, height, weight, and resting HR, maximum HR) of the participants which is needed in such studies

Following this suggestion, main participant characteristics at baseline have been presented on a table (Table 1) and removed from text.

Editorial Office

Following comments and suggestions, we have included 'Author Contributions', 'Article Highlights' 'Tables docx' and 'Figures pptx', 'Copyright license agreement' and 'Conflict-of-interest disclosure form'.

The number of references has been reduced from 46 to 41 to comply with instructions on self-cited references (less than 10%).

We have not modified the title, as the number of words is less than 18 (15, in fact).