

PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 90307

Title: Latest updates on structure and recommendations of cardiac rehabilitation programs in chronic heart failure

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 06011673

Position: Peer Reviewer

Academic degree: BSc, FRCP (C), MBChB, PhD

Professional title: Professor

Reviewer's Country/Territory: United Kingdom

Author's Country/Territory: Greece

Manuscript submission date: 2023-11-29

Reviewer chosen by: Yu-Lu Chen

Reviewer accepted review: 2023-12-15 09:58

Reviewer performed review: 2024-01-08 13:22

Review time: 24 Days and 3 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
Creativity or innovation of this manuscript	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation

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

SPECIFIC COMMENTS TO AUTHORS

Dear Sir Thanks you for inviting me to review the editorial titled 'Latest updates on the structure and the recommendations of cardiac rehabilitations programs in chronic heart failure' The delivery of cardiac rehabilitation in patients with heart failure is an interesting topic and worthy of further discussion and research. General points The editorial is reasonably well written although there are a couple of sentences that I did not understand and need re-written. The authors stress the 'wide spectrum of functional and physiological variables' used to assess CR but I think they could do more to critically appraise these and should make a stronger point that surrogate markers should be interpreted with caution and perhaps we should be focusing on what is important to patients – this seems to be missing from this editorial. I would suggest that mortality and all cause admission to hospital are more important than many of the variables discussed. Furthermore I think the authors should discuss in greater detail the general lack of high quality research in CR (compared with pharma trials) and also the lack of strong mortality outcomes. Many CR trials are small and some of the mantra comes from metanalysis of small trails at high risk of bias. So while I am an enthusiast for CR we

need to temper our enthusiasm when faced with the fact that hard outcome data in CR is lacking and where it is present the outcomes have been disappointing e.g. RAMIT study. I would rather see a focus on patient focused outcomes coupled with large RCTs (although I accept that blinding is an issue) rather than surrogate outcomes such as CPET testing. HFpEF seems to be a larger problem in terms of patient morbidity and admission to hospital and I think the authors should comment on this and the need for cardiologists and cardiac services to focus on this patient group, which has not been the case in the past. Specific points As the pages and lines were not numbered it is difficult to comment and therefore I have attached my comments on the document.