

## ESPS PEER REVIEW REPORT

**Name of journal:** World Journal of Meta-Analysis

**ESPS manuscript NO:** 11415

**Title:** Lack of benefit of antithrombotic treatment in patients with chronic heart failure and sinus rhythm: systematic review and meta-analysis of randomized controlled trials

**Reviewer code:** 02794723

**Science editor:** Ling-Ling Wen

**Date sent for review:** 2014-05-20 21:09

**Date reviewed:** 2014-06-22 00:50

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input checked="" type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> Existing	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

## COMMENTS TO AUTHORS

The manuscript "Lack of benefit of antithrombotic treatment in patients with CHF and SR" is a systemic review and metanalysis of two studies adressing antitheombotic drugs in patients with CHF and sinus rhythm. The manuscript is well written and adds new points to the discussion of anticoagluation

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**Name of journal:** World Journal of Meta-Analysis

**ESPS manuscript NO:** 11415

**Title:** Lack of benefit of antithrombotic treatment in patients with chronic heart failure and sinus rhythm: systematic review and meta-analysis of randomized controlled trials

**Reviewer code:** 00227622

**Science editor:** Ling-Ling Wen

**Date sent for review:** 2014-05-20 21:09

**Date reviewed:** 2014-05-20 23:20

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input checked="" type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> Existing	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

## COMMENTS TO AUTHORS

Excellent review. I concur.

## ESPS PEER REVIEW REPORT

**Name of journal:** World Journal of Meta-Analysis

**ESPS manuscript NO:** 11415

**Title:** Lack of benefit of antithrombotic treatment in patients with chronic heart failure and sinus rhythm: systematic review and meta-analysis of randomized controlled trials

**Reviewer code:** 00236103

**Science editor:** Ling-Ling Wen

**Date sent for review:** 2014-05-20 21:09

**Date reviewed:** 2014-05-29 16:45

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> Existing	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> No records	<input checked="" type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input type="checkbox"/> Minor revision
<input checked="" type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

## COMMENTS TO AUTHORS

Comments to "Lack of benefit of antithrombotic treatment in patients with chronic heart failure and sinus rhythm...." The study has several serious limitations: - from a total of 196 references only 2 studies met the inclusion criteria. Therefore the additional information of a meta-analysis is limited. This especially is true for the ASS arm evaluated only by one study - The included databases may not be sufficient, at least EMBASE should also be included. - the most important points of the search strategy including keywords, MeSH-terms and study filters have to be provided within the manuscript - the baseline characteristics of the included studies and their patients have to be listed in a table including the PICOS of the included studies, furthermore in detail age, gender, ejection fraction and other echo characteristics, underlying heart diseases, the most important concomitant risk diseases (e.g. diabetes, hypertension, renal failure, COPD etc.) other medications, interventions like ICD, CRT. All these conditions potentially have influence on the prognostic outcome. Potential bias arising from this should be evaluated and discussed. - A major limitation of the analysis are the selected endpoints. As stroke is the primary endpoint, this may seriously be influenced by death, which clinically has priority. Moreover, in time to first event analysis it also statistically has priority. The presented analysis therefore may seriously be biased by competing risks. The problem of competing risks also has to be faced with respect to all other secondary endpoints, especially the composite. - it also is unclear how sinus rhythm has been proved in the included studies. Many of



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these patients may have had unrecognized paroxysmal atrial fibrillation periods - it is unclear how "worsening of heart failure" has been defined - the trend of an increased risk by aspirin treatment with respect to the composite may be a random phenomenon under these conditions, and all potential explanations are highly speculative. This also should be discussed from the background of patients with ischemic cardiomyopathy, who normally are advised to take ASS in low doses.