



PEER-REVIEW REPORT

Name of journal: *World Journal of Cardiology*

Manuscript NO: 75998

Title: Heart Failure and Coronavirus 2019

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05476667

Position: Peer Reviewer

Academic degree: PhD, PsyD

Professional title: Academic Research, Research Assistant, Research Fellow

Reviewer's Country/Territory: Iran

Author's Country/Territory: United States

Manuscript submission date: 2022-02-25

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-02-25 11:30

Reviewer performed review: 2022-03-04 11:20

Review time: 6 Days and 23 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
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 checked="" type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Peer-reviewer	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous



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statements

Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

Thank you for sending revision. Please, illustrate the figures mor accurate. Current figures may be illustrated with better connection lines and colours.



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Reviewer's code: 06250953

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Australia

Author's Country/Territory: United States

Manuscript submission date: 2022-02-25

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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 Grade E: Do not publish
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SPECIFIC COMMENTS TO AUTHORS

General comments: This is a well-written paper on HF and COVID-19. During this time, it is clear that the topic is of importance. However, there are a number of issues that need to be addressed for this paper. There needs to be more detail in a number of areas. As well, more diverse citations are needed. Perhaps most importantly, this review needs to be more clearly emphasizing how it offers new insights compared to previous reviews on HF and COVID-19. Possibly summarizing the findings of previous reviews early on, and describing how this review offers new insights, will be important and add to this paper's utility overall. Major revision comments: 1) Considering the high incidence of RHF due to acute PE in COVID-19, it is worthwhile to go into more detail about this. The existing statement does not seem to suffice: "RHF due to acute pulmonary embolism has also been reported in 5-22% of cases by different authors [17,18]. " 2) It appears that a study that was cited many times in this review was [14]: Bader, Feras et al. "Heart failure and COVID-19." Heart failure reviews vol. 26,1 (2021): 1-10. doi:10.1007/s10741-020-10008-2. There are two issues with how this is done i) It would be better to directly cite the studies they use, rather than the review itself ii) Heavy citing of [14] indicates that another review has already touched upon many of the pertinent points that your current review is aiming to address. Therefore, it will be worthwhile to better differentiate your findings from their review, and to diversify your sources in general. 3) The points regarding the link between cytokine storm and HF, as well as ARDs and HF, with acute exacerbations are very important, but only touched upon briefly. Will be worth putting more detail into this. 4) A table summarizing previous findings in the context of the value of i)NT-proBNP ii) EKG iii) echocardiogram iv) cMRI as investigation tools, and which includes the author's recommendations regarding



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screening/evaluating patient conditions, will be very useful. 5) You say “conflicting literature” in this sentence but do not cite. Please do so: “Conflicting literature states these medications are associated with upregulation of ACE2, worsening the COVID-19 infection, which was not proven in studies.” 6) This sentence is grammatically incorrect and poorly contextualized. Please revise: “Outcomes among heart failure patients were similar regardless of ACE or ARB use. (30)” 7) Please discuss breakthrough infections, with epidemiological data in a bit more detail. 8) You touch upon shock only very briefly in the management section, but not in many other places in the paper. Please do so in more detail, with it being integrated in the early part, and complication section of the paper. 9) as stated above, differentiating the insights from this review, and prior reviews on HF and COVID-19 will be integral in highlighting the value of this review overall.

Minor revision comments: 1) For this statement, should have appropriate citations: "Major putative factors in COVID-19 would be increased hemodynamic demands on a chronic HF, massive cytokine storm causing an inflammatory burden on cardiomyopathy, and a hypoxic insult to the myocardium. 2) There seem to be numerous issues in formatting of Figure 1. Please revise. 3) You say "tricky" in this sentence. Would be better to polish the language with a better terminology, such as "difficult." : "Overall, it can be tricky to accurately distinguish most of the symptoms of HF from COVID-19 itself, so careful examination and use of diagnostic tools are imperative" 4) You make the following statement: "Jugular venous distension, fine crackles at lung bases, wheezing, third heart sound, abdominal distension, ascites, and pitting pedal edema can be used as important clues at the bedside to determine new-onset or exacerbated HF." Can you elaborate a bit further? Will be useful for contextualizing this with COVID 5) More should be discussed regarding the role of EKG in previous studies. 6) Fix “covid-19” to “COVID-19” in the following sentence: “Management of HF exacerbation during covid-19 should be based on the volume status,



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the previous history of heart failure, and vital signs” 7) you cite a single guideline for diuretic [citation 40] use in management. Are there any other guidelines? If so, cite them and use them in the text. 8) In the following sentence, you should give an example of the specific antibiotics: “Nephrotoxic medications should be used carefully along with diuretics i.e., NSAIDs or nephrotoxic antibiotics. (40)” 9) remove extra bracket in this citation: “Carvedilol is the recommended beta-blocker in patients with heart failure and COVID-19 due to its anti-cytokine action. (36, 41))” 10) say “COVID-19” not “covid”: “Patients previously on beta-blockers can have inappropriate bradycardia with covid” 11) in this sentence, give examples of specific antivirals: “Antiviral medications can influence the pharmacokinetics of cardiovascular medications, increasing the risk of toxicities and arrhythmias” 12) fix grammar in this sentence to “If oral anticoagulants are”” If oral anticoagulants is needed in less sick patients, switching to direct oral anticoagulants is preferred over Vitamin K antagonists”



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Author's Country/Territory: United States

Manuscript submission date: 2022-02-25

Reviewer chosen by: Li-Li Wang

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Reviewer performed review: 2022-05-27 09:38

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Scientific quality	<input checked="" type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
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Conclusion	<input checked="" type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
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



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SPECIFIC COMMENTS TO AUTHORS

The authors have done a very fine job, meticulously responding to my comments as the reviewer. I feel that this paper should now be accepted for publication.



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SPECIFIC COMMENTS TO AUTHORS

Thank you for efforts