

PEER-REVIEW REPORT

Name of journal: World Journal of Cardiology

Manuscript NO: 76298

Title: Heart Failure With Reduced, Mildly Reduced or Preserved Left Ventricular

Ejection Fraction: Has Reasoning Been Lost?

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05427157

Position: Peer Reviewer

Academic degree: MD

Professional title: Director, Staff Physician

Reviewer's Country/Territory: United States

Author's Country/Territory: Greece

Manuscript submission date: 2022-03-11

Reviewer chosen by: Dong-Mei Wang

Reviewer accepted review: 2022-04-27 11:51

Reviewer performed review: 2022-05-05 14:32

Review time: 8 Days and 2 Hours

Scientific quality	[] Grade A: Excellent [] Grade B: Very good [Y] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish
Language quality	 [] Grade A: Priority publishing [Y] Grade B: Minor language polishing [] Grade C: A great deal of language polishing [] Grade D: Rejection
Conclusion	[] Accept (High priority) [] Accept (General priority) [Y] Minor revision [] Major revision [] Rejection
Re-review	[]Yes [Y]No



Peer-reviewer	Peer-Review: [Y] Anonymous [] Onymous
statements	Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

Overall nice concise manuscript highlighting current HF and ejection fraction directed classifications Edits: In first paragraph "lucking" I think it meant to say "lacking" In second paragraph European society classification HFrEF should be less then or equal to 40 Suggestions: Authors should write a paragraph or two on what alternative options might be to consider in classifying CHF and need for validation studies and possibly developing universally accepted scoring system (something like MELD scoring for liver failure)



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Peer-review model: Single blind

Reviewer's code: 03846820

Position: Editorial Board

Academic degree: FACC, FESC, MD

Professional title: Academic Research, Assistant Professor, Doctor

Reviewer's Country/Territory: Netherlands

Author's Country/Territory: Greece

Manuscript submission date: 2022-03-11

Reviewer chosen by: Dong-Mei Wang

Reviewer accepted review: 2022-05-07 05:34

Reviewer performed review: 2022-05-07 09:25

Review time: 3 Hours

Scientific quality	[] Grade A: Excellent [] Grade B: Very good [Y] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish
Language quality	 [] Grade A: Priority publishing [Y] Grade B: Minor language polishing [] Grade C: A great deal of language polishing [] Grade D: Rejection
Conclusion	 [] Accept (High priority) [] Accept (General priority) [] Minor revision [Y] Major revision [] Rejection
Re-review	[Y]Yes []No



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Peer-reviewer	Peer-Review: [] Anonymous [Y] Onymous
statements	Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

Dear authors, The paper represents a letter to the editor concerning a concept of heart failure with reduced, mildly reduced or preserved left ventricular ejection fraction. The article is written with the good English-speaking adduction of the arguments. The article is sufficiently novel and very interesting to warrant publication. All the key elements are presented and described clearly. The most discussable options in the article are: 1) Would you please kindly correct all your minor typos and grammar errors throughout the manuscript. 2) I would strongly suggest you to avoid any strong judgements. All the revealed facts are of interest and very well-known being usually discussed during big conferences, but it might be better to deliver the certain message and not merely declaring something false. This is still a scientific journal and I would carefully ask you to harmonize the way how you judge the findings. Please underline the difference in the studied populations and conditions, maybe certain bias, but without abuse. 3) Regarding cut offs, it sounds now not entirely scientific. The reason for any cut-off is essentially a result of any trial. Would you please kindly build a Table with the Guidelines (that you analyzed, as from Figure 1) and relevant trials (that were a reason for a particular cutoff). In that case we can appreciate all the arguments about reasoning.



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Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05827902

Position: Editorial Board

Academic degree: FACC, MD

Professional title: Assistant Professor

Reviewer's Country/Territory: United States

Author's Country/Territory: Greece

Manuscript submission date: 2022-03-11

Reviewer chosen by: Dong-Mei Wang

Reviewer accepted review: 2022-05-11 02:30

Reviewer performed review: 2022-05-12 02:53

Review time: 1 Day

Scientific quality	[] Grade A: Excellent [] Grade B: Very good [Y] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish
Language quality	 [] Grade A: Priority publishing [Y] Grade B: Minor language polishing [] Grade C: A great deal of language polishing [] Grade D: Rejection
Conclusion	[] Accept (High priority) [] Accept (General priority) [Y] Minor revision [] Major revision [] Rejection
Re-review	[Y]Yes []No



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Peer-reviewer	Peer-Review: [Y] Anonymous [] Onymous
statements	Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

The authors have expressed their opinion on the validity on LVEF as the basis for classification of congestive heart failure. Although it is true there are minor variations in the definitions of various categories of CHF, most guidelines agree with the definition of HFrEF as LVEF of <40% with a notable exception of guidelines from Australia and New Zealand. In general, an LVEF of >55% is considered normal in most guidelines. The authors bring out a good point that there may be sexual variations in normal ranges for LVEF based on studies pointed by the authors, although the differences are between normal ranges are minor (5-10%). It is also being recognized in recent studies that hyperdynamic LVEF may also have adverse prognostic implications. The classification of CHF based on LVEF has worked well in coordinating management of CHF patients over the past couple of decades with multiple high quality studies documenting improvement in survival with medication and device therapies for HFrEF. CHF is a worldwide problem responsible for considerable morbidity and mortality worldwide. The authors seem to suggest that it is time to eject LVEF from CHF classification but do not suggest any viable alternatives for classification that would help cardiologists and heart failure specialists manage patients with CHF effectively. Would recommend the authors to suggest those ideas in this letter as well.



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Peer-review model: Single blind

Reviewer's code: 05847926

Position: Peer Reviewer

Academic degree: MD

Professional title: Associate Professor

Reviewer's Country/Territory: China

Author's Country/Territory: Greece

Manuscript submission date: 2022-03-11

Reviewer chosen by: Dong-Mei Wang

Reviewer accepted review: 2022-05-07 12:29

Reviewer performed review: 2022-05-12 15:42

Review time: 5 Days and 3 Hours

Scientific quality	[Y] Grade A: Excellent [] Grade B: Very good [] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish
Language quality	 [] Grade A: Priority publishing [Y] Grade B: Minor language polishing [] Grade C: A great deal of language polishing [] Grade D: Rejection
Conclusion	 [] Accept (High priority) [Y] Accept (General priority) [] Minor revision [] Major revision [] Rejection
Re-review	[Y]Yes []No



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Peer-reviewer	Peer-Review: [] Anonymous [Y] Onymous
statements	Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

In this manuscript, the authors discussed the limitations related to the current LVEF based classification of HF and provided examples of erroneous conclusions that could be drawn, especially in HF patients at the higher end of the HF spectrum. The author's focus is very novel and important, and puts forward very meaningful opinions on the current diagnostic criteria and classification of heart failure. I think this problem is worthy of attention. Furthermore, I hope the author can try to explain the potential reasons for this difference according to literature review and analysis, which may be more enlightening for us to understand this problem. In addition, the author's keywords need to be modified. The all of six keywords listed at present do not represent the key points and importance of the content.



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Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05516772

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: China

Author's Country/Territory: Greece

Manuscript submission date: 2022-03-11

Reviewer chosen by: Dong-Mei Wang

Reviewer accepted review: 2022-05-06 11:34

Reviewer performed review: 2022-05-19 04:51

Review time: 12 Days and 17 Hours

Scientific quality	[Y] Grade A: Excellent [] Grade B: Very good [] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish
Language quality	[Y] Grade A: Priority publishing [] Grade B: Minor language polishing [] Grade C: A great deal of language polishing [] Grade D: Rejection
Conclusion	[Y] Accept (High priority) [] Accept (General priority) [] Minor revision [] Major revision [] Rejection
Re-review	[]Yes [Y]No



Peer-reviewer	Peer-Review: [Y] Anonymous [] Onymous
statements	Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

This is a very interesting topic. There are so many factors that influence EF, thus it is not enough to divide heart failure just by EF. I hope that in the future there will be more comprehensive indicators to distinguish heart failure.



RE-REVIEW REPORT OF REVISED MANUSCRIPT

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Review time: 1 Hour

Scientific quality	[] Grade A: Excellent [Y] Grade B: Very good [] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish
Language quality	 [] Grade A: Priority publishing [Y] Grade B: Minor language polishing [] Grade C: A great deal of language polishing [] Grade D: Rejection
Conclusion	 [] Accept (High priority) [Y] Accept (General priority) [] Minor revision [] Major revision [] Rejection
Peer-reviewer	Peer-Review: [] Anonymous [Y] Onymous





statements

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

SPECIFIC COMMENTS TO AUTHORS

Dear authors, Thank you for your substantial efforts to improve the article.



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Peer-review model: Single blind

Reviewer's code: 05847926

Position: Peer Reviewer

Academic degree: MD

Professional title: Associate Professor

Reviewer's Country/Territory: China

Author's Country/Territory: Greece

Manuscript submission date: 2022-03-11

Reviewer chosen by: Han Zhang

Reviewer accepted review: 2022-06-13 15:36

Reviewer performed review: 2022-06-13 15:45

Review time: 1 Hour

Scientific quality	[] Grade A: Excellent [Y] Grade B: Very good [] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish
Language quality	[Y] Grade A: Priority publishing [] Grade B: Minor language polishing [] Grade C: A great deal of language polishing [] Grade D: Rejection
Conclusion	 [] Accept (High priority) [Y] Accept (General priority) [] Minor revision [] Major revision [] Rejection
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statements

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

SPECIFIC COMMENTS TO AUTHORS

I think this problem is worthy of attention.