

## ESPS PEER-REVIEW REPORT

**Name of journal:** World Journal of Cardiology

**ESPS manuscript NO:** 20955

**Title:** Comparison of partners-heart failure algorithm vs care alert in remote heart failure management

**Reviewer's code:** 01196501

**Reviewer's country:** China

**Science editor:** Xue-Mei Gong

**Date sent for review:** 2015-07-12 16:32

**Date reviewed:** 2015-08-07 17:21

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<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"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

## COMMENTS TO AUTHORS

This is a valuable research, because status of clinical actions is very important for patient's therapy and outcomes. Herein the traits of the Partners-HF algorithm versus Care Alert in determining active clinical actions were explored and observed the effect of different methods on treatment or prevent Heart failure. Although this is simple, but significant. If author could give detailed discussion about these methods different, it is better. I hope so.

## ESPS PEER-REVIEW REPORT

**Name of journal:** World Journal of Cardiology

**ESPS manuscript NO:** 20955

**Title:** Comparison of partners-heart failure algorithm vs care alert in remote heart failure management

**Reviewer's code:** 00060192

**Reviewer's country:** Greece

**Science editor:** Xue-Mei Gong

**Date sent for review:** 2015-07-12 16:32

**Date reviewed:** 2015-08-05 22:45

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input checked="" type="checkbox"/> [ Y] Accept
<input checked="" type="checkbox"/> [ Y] Grade B: Very good	<input checked="" type="checkbox"/> [ Y] Grade B: Minor language polishing	<input type="checkbox"/> [ ] The same title	<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"/> [ ] Duplicate publication	<input type="checkbox"/> [ ] Rejection
<input type="checkbox"/> [ ] Grade D: Fair	<input type="checkbox"/> [ ] Grade D: Rejected	<input checked="" type="checkbox"/> [ Y] No	<input type="checkbox"/> [ ] Minor revision
<input type="checkbox"/> [ ] Grade E: Poor		BPG Search:	<input type="checkbox"/> [ ] Major revision
		<input type="checkbox"/> [ ] The same title	
		<input type="checkbox"/> [ ] Duplicate publication	
		<input type="checkbox"/> [ ] Plagiarism	
		<input checked="" type="checkbox"/> [ Y] No	

## COMMENTS TO AUTHORS

This is an interesting study. Although the authors mention that "Although individual HF device diagnostic parameters has been validated in various studies, each parameter has potential limitations which restrict its use in a complex HF population. " they do not list these limitations. I would therefore like to see a detailed discussion of these limitations.

## ESPS PEER-REVIEW REPORT

**Name of journal:** World Journal of Cardiology

**ESPS manuscript NO:** 20955

**Title:** Comparison of partners-heart failure algorithm vs care alert in remote heart failure management

**Reviewer's code:** 03441153

**Reviewer's country:** Belgium

**Science editor:** Xue-Mei Gong

**Date sent for review:** 2015-07-12 16:32

**Date reviewed:** 2015-08-03 02:14

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	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"/> The same title	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

## COMMENTS TO AUTHORS

The manuscript is based on an earlier publication which gives newer insights in the topic. The manuscript is written in a clear and convincing way. Although there are (minor) grammatical errors. The lay out and structure is correct, as requested by the journal. However, mind the tables, especially table 1. The authors should be concise using . (dot) or , (comma) and the amount of numbers behind the , (usually one or two) example Prevention: primary (%) 73.7 secondary (%) 18,3 And idiopathic DC (%) 33.70 valvular DC (%) 2,00 It is not necessary to use so many zero's to indicate significance  $P=0.0001 \rightarrow P<0.001$  It is unclear to me why you choose to include heart failure patients with NYHA class II-IV. The article should improve by mentioning the specific in- and exclusion criteria for the population. It is not mentioned if the HF population had en reduced or preserved ejection fraction. In general, there is quite a lot repetition, which is good. However, the introduction and discussion could be stated with more literature. At this moment it is especially based on the previous study. In the cover letter, the ethics committee was mentioned as well as the declaration of Helsinki, however in the manuscript this was not stated. Furthermore, the possibility



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to consult the data is a plus. Overall, it is a manuscript that could be published in The World Journal of Cardiology if these remarks are taken in consideration.