

Dear Editor and Reviewers:

We greatly appreciate the editor and reviewers' comments with the regard to revising our paper and making it better and better for publication. Following by the comments, we have strived to revise our manuscript, entitled "Respiratory training interventions improve the health status of heart failure patients: a systematic review and network meta-analysis of randomized controlled trails" (45855). In the revised manuscript, our revisions in the light of the reviewers' comments are outlined as follows:

Editor Comment	Authors' Reply
1. Please provide a certificate letter from a professional English language editing company.	We are very thankful for the Editor's comments. Taking the comment, we send it out for English editing.
2. Please read the core tip then provide the audio core tip: Acceptable file formats: .mp3, .wav, or .aiff. Maximum file size: 10 MB. To achieve the best quality, don't allow to have the noise.	Taking the comment, we add up an Audio core tip file that is achieved the best quality and has no noise.
3. Please add PubMed citation numbers and DOI citation to the reference list and list all authors. Please revise throughout. The author should provide the first page of the paper without PMID and DOI. PMID( <a href="http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=PubMed">http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=PubMed</a> ) DOI ( <a href="http://www.crossref.org/SimpleTextQuery/">http://www.crossref.org/SimpleTextQuery/</a> )	Taking the comment, we add up all references we used with PMID citation number ( <a href="http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=PubMed">http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=PubMed</a> ) DOI citation ( <a href="http://www.crossref.org/SimpleTextQuery/">http://www.crossref.org/SimpleTextQuery/</a> ). Please see the revisions in the References section on pages 17-27.  To act correctly, we would like to more direction or information about "The author should provide the first page of the paper without PMID and DOI." Thank you in advance for your further help.

4. Please provide the PPT format, we'll edit the fonts in the figure.	Taking the comment, we provide the Figures in the PPT format. For Figure 2 Flow diagram of the study selection process, it was directly produced from the RevMan5.3 software so it is a JPG file in the PPT format. Please see pages 28-29.
<b>Reviewer code: 00186496 Comment</b>	<b>Author reply</b>
Nice work. I have no further comments.	We are very thankful for the reviewer's time and comments.
<b>Reviewer code: 03722832 Comment</b>	<b>Author reply</b>
The following areas need attention 1. Abstract must be included in the main text	We are very thankful for the reviewer's time and comments. 1. Taking the comment, we put the section of Abstract into the main text. Please see the section in the main text on pages 2-3.
2. A large number of abbreviations are difficult to follow	2. Taking the comment, we add brief explanation for the abbreviations as follows: IMT_Pn (inspiratory muscle training without pressure or <10% maximal inspiratory pressure, MIP), IMT_Pl (inspiratory muscle training with low pressure, 10~15% MIP), IMT_Pm (inspiratory muscle training with medium pressure, 30~40% MIP), IMT_Ph (inspiratory muscle training with high pressure, 60% MIP or MIP plus aerobics), Aerobics (aerobic exercise or weight training), Qi_Ex (tai chi, yoga, and breathing exercise), and none. The four outcomes were heart rate, peak oxygen uptake (VO2 peak), 6-minute walking distance test (6MWT), and Minnesota Living with Heart Failure QoL. Please see the section of Abstract in the main text on page 3.
3. The figures and tables must be provided with	3. Taking the comment, we add up the notes for the

meaningful caption, explanation of abbreviations	abbreviations. Please see Tables and Figures on pages 31-41.
4. Table 1: Must include outcome	4. Taking the comment, we add up the outcomes in Table 1. Please see the revision in Table 1 on pages 37-40.
5. Table 2: Must have the category for the rows and columns	5. Taking the comment, we add up the category for the rows and columns in Table 2. Please see the revision in Table 2 on page 41.
6. The figure/cartoons/charts on the right side of forest plots must placed below, above or separately to better visibility of forest plots and the chart itself	6. Taking the comment, we revise the forest plots. However, the revised figure could not be fitted in one page. Therefore, we provide two formats, including the origin and revision. Please see these on pages 30-36.
<b>Reviewer code:</b> 02729101 Comment	Authors' Reply
<p>The paper is interesting and evaluates respiratory training as non pharmacological treatment to improve functional capacity in patients with heart failure.</p> <p>1. In the introduction the authors refers to increasing incidence of heart failure related to population aging however mean age of patients included in RCT's examined was about 60 years in both gender. The degree of collaboration in older patients may be limited in particular for non-machine-assisted respiratory training?</p>	<p>1. We are very thankful for the reviewer's time and comments. Our study found the average age of heart failure patients was about 60 years. There were 16 RCTs studied on non-machine-assisted respiratory training. Of which, 5 RCTs had subjects who aged over 65 years. Maybe heart failure patients who are older patients may be somehow limited for non-machine-assisted respiratory training. Taking the comment, we add up the statements in the section of Discussion. Please see the revision on page 13.</p>
2. I would like to know which is the diffusion of respiratory training in clinical practice?	2. Machine-assisted respiratory training in hospital settings should be prioritized over respiratory training provided in non-hospital settings. For instance, IMT_Ph (inspiratory muscle training with high pressure, 60% MIP or MIP plus aerobics) could be used to improve cardiac

	<p>function and IMT_Pm (inspiratory muscle training with medium pressure, 30~40% MIP) could be used to improve quality of life in heart failure patients. Non-machine-assisted respiratory training such as tai chi, yoga, and breathing exercise could be used in home settings to improve heart rate.</p>
<p>3. Patients undergoing hospital-based machine-assisted respiratory training were treated as outpatients?</p>	<p>3. The included articles of our study recruited not all patients undergoing hospital-based machine-assisted respiratory training were treated as outpatients.</p>
<p>4. Which was the duration of each session?</p>	<p>4. We reported such information in Table 1 based on each included studies. Please see Table 1 on pages 37-41.</p>
<p>5. Was there a significant drop out during treatment? I think that these information, other than favorable clinical results, may be essential to implement these techniques were not available</p>	<p>5. Taking the comment, we add the statements regarding these studies which had a high drop out rate issue. In our study, the average dropout rate of participants was 12% in this study, but 7 RCTs of the included studies had attrition rates in excess of 20%, with machine-assisted IMT studies accounting for 4 of these. The findings of this study may thus overestimate the intervention effect. However, 65.3% of the participant loss in these four machine-assisted IMT studies were due to their heart failure prognosis. Please see the revision in the section of Limitation on page 15.</p>