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Answering reviewers

Editor's comments

All required statements are included

You should present P value where necessary and must provide relevant data to illustrate how it is obtained, e.g. 2 wk: 0.199 ± 0.026 vs 0.285 ± 0.041 $\mu\text{g}/\text{mg}$ pr, $P < 0.001$)

There is no need for p values in the data presented in the abstract, there are no comparisons

Please list 5-10 key words, selected mainly from Index Medicus, which reflect the content of the study

5th keyword added

Please write a summary of less than 100 words to outline the most innovative and important arguments and core contents in your paper to attract readers. 5th keyword has been added

Core tip added.

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Please reformat all the reference numbers like this. Please check throughout. Thank you!

Done

Please write the comments

All completed

Reviewer 1

Good presentation of important experience from one of the largest centers for LVAD implantation in the US. Interesting and important discussion. Only 2 main comments: 1) there are some errors in simple statistics (percentages), please check and correct. 2) There is no reference in the discussion to the experience of other major centers who perform LVAD implantation and comparison to the experience of others.

1) Errors have been corrected

2) We feel that most of our discussion section focuses on comparing outcomes and adverse events of CF LVADs between our institution and those published in the most important large series. Nevertheless, we have included an additional paragraph with outcomes from the two largest single institutional reports

Reviewer 2

The authors present a review of experience with LVAD and analytical results about postoperative prognosis. Although the survival rate for patients on LVAD supports was inferior to the survival rate of heart transplant recipients, it was relatively high. The incident ratios of pump thrombosis and severe driveline infection have declined significantly in recent years. As for prognostic factors, preoperative liver dysfunction, ventilator dependent respiratory failure (VDRE), and RV failure required RVAD were

significant predictors of post LVAD mortality. The authors have suggested that these factors should be taken into account in the patient selection process. This manuscript is nicely structured and very interesting. However, the primary criticism of this manuscript is that there seems to be several mistakes in data. The following are my comments.

1. Abstract, Results, lines 9 and 10 "On multivariate analysis, preoperative liver dysfunction and RV failure were significant predictors of post LVAD survival." Discussion, first page, second paragraph, lines 1-3 "Our multivariate analysis demonstrated that preoperative liver dysfunction, and postoperative VDRE, tracheostomy, and RV failure were significant predictors of post LVAD mortality." I don't think RV failure is significant predictor of post LVAD mortality, because the authors have described that HR (95%CI) and p-value are 0.45 (0.09, 2.26) and 0.330, respectively. Therefore, I think the authors should substitute "RV failure (that) required RVAD support" for "RV failure".

1) We have changed RV failure to RV failure requiring RVAD support as a predictor of survival, in both the abstract and the discussion section. We have also included respiratory failure and tracheostomy as significant predictors in the abstract.

2. Discussion, last page, first paragraph, lines 5 and 6 "In addition, age was not found to be an independent predictor of survival." Discussion, last page, third paragraph, lines 8-10 "whereas other significant variables, such as age, sex, etiology of heart failure, other comorbidities and reoperative cardiac surgery, do not appear to influence short and long term survival." The data about the relation of mortality to age, gender, and etiology of heart failure were nowhere to be founded. The authors should show the data in text and/or table 5. Please consider.

2) Data on sex, age, etiology of heart failure and reoperative cardiac surgery, are now included in table 5.

3. Tables 1-4 The authors should list unit about each continuous variables in Tables 1-4.

3) Units are now included in tables 1-4

4. *Table 1 I think the data lack accuracy. In particular, it is supposed that the data as regards to age, male gender, etiology of heart failure, and creatinine are wrong clearly. Problems than the above; Race, AA, BTT: Correct "42.4% (39/98)" to "39.8% (39/98). Race, Caucasian, BTT: Correct "57.6% (53/98)" to "54.1% (53/98). Race, Caucasian, DT: Correct "42.4% (47/102)" to "46.1% (47/102). XCL Time, Total: Correct "71min ± 30.6" to '71.0 ± 30.6" Please consider.*

4) Thank you to the reviewer for accurately pointing out this errors. These have now been amended.

5. *Introduction, last sentence Correct "CF LAVD" to "CF LVAD".*

5) This had been corrected (CF LAVD to CF LVAD)

6. *Patient Data I think the authors should correct "liver function test" to "liver function test (LFTs)", because the authors described "LFTs" abruptly (Discussion, second paragraph, line 4).*

6) Liver function tests (LFTs) is now mentioned in the methods section

7. *Results, Preoperative patient demographics and operative characteristics, line 10 I think Impella (2/36, 6%) might be right. Sorry if I have got it wrong.*

7) Again the reviewer is very accurate. Changed to Impella 2/26, 8% instead of 2/26, 6%.

8. *Results, Duration of support, heart transplant and survival rates, line 11 Correct "image 2" to "figure 2".*

8) This has been corrected

9. *Discussion, first paragraph, line4 Judging from abstract and figure 1, I think at 4 years 45% is right.*

9) Correct, it is 45% and it has been changed.