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Answering reviewers

Reviewer 1

The reviewer said: "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".

Section Materials and Methods. Care Alert. The text has been modified as follows: "The Carelink system automatically triggered alerts in case of shocks delivered or if the following clinical and technical parameters exceed a programmable threshold: OptiVol™ Fluid Monitoring Index (>60 ohm), AF duration (>24 hours), VR rate during AF (>100 bpm), lead impedance, integrity and battery voltage alert (out of predefined range) ". The Partners-HF algorithm is described in the Appendix.

Reviewer 2

The reviewer said: "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".

Section Results. Previous studies. Line 13. The text has been modified as follows: "In particular, variations of intrathoracic impedance may be related to lung inflammation; increased AF burden and prolonged AF duration are not useful in subjects with permanent AF; reduced mean heart rate, HRV or patient activity may reflect difficulty walking secondary to orthopedic diseases".

Reviewer 3

The reviewer said: "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 $P=0.0001 \rightarrow P < 0.001$ " The text and in particular table 1 have been modified accordingly.

"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". We decided to include patients with NYHA class II to IV in accordance to the 2012 European Society of Cardiology Guidelines for the diagnosis and treatment of acute and chronic heart failure.

Materials and methods. Line 7. The text has been modified as follows: "Inclusion criteria were: LVEF (left ventricular ejection fraction) $\leq 35\%$ + NYHA class II, III and ambulatory IV and broad QRS (> 120 ms if left bundle

branch block was present, or otherwise > 150 ms + optimal pharmacological treatment for HF). Exclusion criteria were: acute coronary syndrome within the previous 40 days, coronary artery revascularization within the previous 3 months, end-stage HF requiring inotropic support, ventricular assist devices or dialysis”.

“It is not mentioned if the HF population had en reduced or preserved ejection fraction”.

Materials and methods. Line 7. The text has been modified as follows: “Inclusion criteria were: LVEF (left ventricular ejection fraction) $\leq 35\%$..”

“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”.

Introduction, line 23. The following phrase was added: “A previous study^[16] showed that sensitivity values of individual parameters, ranged from 23.6 to 50.0%, whereas their combination displayed 65.4% sensitivity and 99.5% specificity for cardiovascular hospitalizations and deaths.”

Discussion, line 17. The following phrase was added: “Despite advances in treatment of HF, it is still a major cause of cardiovascular mortality and hospitalization, especially in the early period after hospital discharge [1]. Prevention of HF relapses is important not only to reduce HF mortality and morbidity, but also health care costs ^[1]. Cardiac implantable electronic devices have nowadays remote monitoring capabilities that allow clinicians to have remote access to the complete device diagnostic information”.

“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 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.”

Materials and methods, line 2. The text has been modified as follows: “This study conformed to the guiding principles of the Declaration of Helsinki and has been approved by our Institutional Review Board”