



BAISHIDENG PUBLISHING GROUP INC

8226 Regency Drive, Pleasanton, CA 94588, USA

Telephone: +1-925-223-8242 Fax: +1-925-223-8243

E-mail: bpgoffice@wjgnet.com <http://www.wjgnet.com>

Name of Journal: *World Journal of Cardiology*

ESPS Manuscript NO: 28612

Manuscript Type: Minireviews

Response to Reviewers

Reviewer 1: Code 00225245

Reviewer Comments: I have no critical comments. This minireview is ready for publication.

Response: We are extremely thankful to the reviewer for his appreciative comments.

Reviewer 2: Code 00227321

Reviewer Comments: This review article provides up-to-date summary of tele-monitoring of heart failure patients by pulmonary artery pressure monitoring based on the selected published literatures. Specific comments: Page 3, the section "PREVIOUSLY TESTED METHODS FOR MONITORING HF PATIENTS": Because body weight monitoring is fundamental and important issue in the field of HF monitoring, it is appropriate to add description, in more details of around 10 lines, of the summary of body weight

monitoring and outcomes of HF re-hospitalization, mortality, etc., by citing two or three important literatures.

Response: Thank you very much for your appreciation and critical comments. We have included a few lines in daily weight monitoring under the ““PREVIOUSLY TESTED METHODS FOR MONITORING HF PATIENTS” section in the 1st paragraph. “Daily weight monitoring is a cornerstone for managing HF patients. It has been shown that increases in body weight begin at least 1 week before a HF hospitalization [30]. However, less than a half of the HF patients including those recently discharged after a hospitalization for HF exacerbation check their weight on a daily basis [31]. Daily electronic body weight transmission to a HF clinic in patients with severe HF who had a recent HF hospitalization did not show any benefit in reducing HF re-hospitalization or death [32].”

References 30-32 have been added to support this information.

Reviewer 3: Code: 00214259

Reviewer Comments: The paper reviewed prognostic models based risk scores for patients with acute heart failure, which provides reference for clinical practice and further studies. Although the characteristics of each risk score were compared with statistical pertinence and applicability in practice, the guidance on how to choose these risk scores under different circumstances could be further discussed. Furthermore, as

the grade of evidence and the recommendation level is crucial for clinical practice, the quality of each risk score study with the grade of evidence is suggested.

Response: We do not think that the reviewer's comments are directed at our manuscript.

We did not review prognostic heart failure models/risk scores in our manuscript.