



SDI Review Form 1.5

PART A:

Journal Name:	British Journal of Medicine and Medical Research
Manuscript Number:	MS: 2012/BJMMR/1384
Title of the Manuscript:	<i>Steady-State Levels of Troponin and Brain Natriuretic Peptide for Prediction of Long-Term Outcome after Acute Decompensated Heart Failure with or without Chronic Kidney Disease</i>
Manuscript received on (Date)	
Review comment submitted (Date)	



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PART B: Review Comments

	Reviewer's comment	Author's comment <i>(if agreed with reviewer, correct the manuscript and highlight that part and write here 'Corrected'/ if not agreed, give suitable justifications)</i>
General comment:	<p>The authors performed a retrospective analysis on a cohort of patients (n=244) hospitalized with decompensated heart failure between the period of January 2006 and September 2011 with a mean follow-up period of 2 years. The authors correlated the level of BNP, cardiac troponin T (TnT) and their combination on the combined outcome of mortality and heart failure readmission. The authors found that patients with combined higher BNP and TnT had worse prognosis compared to those with no elevation or isolated elevation of BNP or TnT. They concluded that assessment of both BNP and TnT values might have a significant predictive value for heart failure prognosis even among patients with chronic kidney disease</p>	
Specific comments:	<ol style="list-style-type: none"> 1. The authors need to be careful when they state that the results apply to patients with and without chronic kidney disease. The patient excluded all patients with serum creatinine 2.5 ml/dL or higher or those undergoing hemodialysis. This point should be more clearly outlined in the discussion and also in the title. 2. The authors need to define ischemic cardiomyopathy, is it the presence of obstructive of one or more coronary artery and the percentage of stenosis that defines obstruction. 3. Discussion, 3rd paragraph, line 161; the authors state “Our results suggest that the troponin leakage in combination of heart and kidney failure might have a stronger impact than troponin leakage alone on prognosis.” This statement is 	



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	<p>totally meaningless, as their data do not support this conclusion. Also the authors did not illustrate in their study that patients with preserved kidney function and high cardiac troponin T do well (thus next statement). Similarly, line 179; the authors state “We showed, for the first time, that the prognostic value of biomarkers and their combination is not necessarily altered by the presence of renal impairment.” Again, the authors need to be reminded that they excluded patients with creatinine >2.5 mg/dL or higher or those on dialysis. 3. Table 1, the percentage signs is missing.</p>	
Title and abstract		
Introduction		
Review of literature (Heading may differ in the case of review paper)		
Materials & methods (Heading may differ in the case of review paper)		
Results & discussion (Heading may differ in the case of review paper)		
Conclusion		
References		

Note: Anonymous Reviewer: Reviewer requested not to reveal his/her identity.