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:	*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*
Manuscript received on (Date)	
Review comment submitted (Date)	

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PART B: Review Comments

	Reviewer's comment	Author's comment *(if agreed with reviewer, correct the manuscript and highlight that part and write here 'Corrected'/ if not agreed, give suitable justifications)*
General comment:	This retrospective study evaluated the prognostic value of a combined assessment of BNP and TnT in a population of patients with acute heart failure. Both biomarkers together were found to provide an added value to single markers. This was also valid in patients with chronic kidney disease, a condition known to induce elevated levels of troponins from non-cardiac cause. This study is interesting and the manuscript may be improved as follows. A general comment relies on the use of regular troponin T assay instead of high-sensitive troponin T (hs-cTnT) assay. Hs-cTnT assay is widely used nowadays. Would it be possible to measure hs-cTnT in all patients and re-check the added value of BNP to hs-cTnT ?	
Specific comments:	1. Unless defined otherwise by this journal, abbreviations should be detailed at first appearance, both in the text and in the abstract. Please check. 2. The percentages indicated in the results section of this abstract "Patients with higher BNP levels or detectable TnT had a worse prognosis (45.0% vs. 18.8%, $p < 0.001$; 43.8% vs. 25.1%, $p = 0.002$, respectively)" are difficult to interpret. What percentage belongs to what group of patients ? Please clarify. 3. What was the isoform of BNP measured ? Please	

indicate in the methods section.

4.   In the first paragraph of the results section, it is stated that mean age of patients was 69.6+/-15.3 years, while 66.6+/-15.3 appears in Table 1. Please correct.

5.   Patients were divided in 3 groups according to BNP and TnT levels. It in however unclear what were the biomarker thresholds used. It can be guessed that the TnT threshold for detectable vs non detectable was 0.01ng/mL, but what means "lower" or "higher" BNP levels ? This has to be clearly mentioned in the first paragraph of the results section. It is only after reading Fig 1 that we figure out that a threshold of 239.5pg/mL was used for BNP. How was this value calculated ?

6.   Figure legends should be exemplified.

7.   In the results section, it is stated that "When the patients were stratified into 3 groups based on biomarker values, the primary event rate was additively worse among patients with both increased BNP values and detectable TnT levels (Figure 1B; log-rank p <0.001)." How was this p value calculated ? Does it reflect the comparison between BNP+ OR TnT+ vs BNP + AND TnT+ ? To which comparison refers the P=0.003 value shown in Fig 1B ? This is critical for the main message of the manuscript.

	8. When comparing Fig 1 to Fig 2, it does not appear that CKD patients have more primary events than non-CKD patients. Please clarify with what is mentioned in the text. 9. Again, statistics presented in Fig 2 and in the text are confusing. Please clarify. 10. The study presents data with a combined end-point of death and HF readmission. What about separate end-endpoints ?	
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.