Reviewer's report

**Title:** Usefulness of N-terminal pro-B-type natriuretic peptide in patients admitted to the intensive care unit: a multicenter prospective observational study

**Version:** 1  **Date:** 18 November 2013

**Reviewer:** martin huelsmann

**Reviewer's report:**

The submitted manuscript investigates the prognostic role of NT-proBNP in a clinical cohort of intensive care patients. The number of patients is sufficient and the method adequate. Nevertheless there remain some important issues, which have to be addressed.

1) The information that NT-proBNP is related to outcome is entirely not new.
2) This paper does not add any new information to the already published data.
3) The investigated population is a remarkable healthy population in respect to NT-proBNP. For instance the manuscript of Meyer et al. had seven fold higher levels of NT-proBNP and even an analysis by Bettencourt (Circulation 2004) of patients discharged after decompensation had a median NT-proBNP of 4137pg/ml at discharge (although this was not an ICU population). Therefore a better description should be performed, to show in how far this was an ICU –population (how many patients after surgery, how many patients on vasopressor therapy, how many patients on ventilatory support, how many patients on mechanical renal support)
4) The paper would be strengthened if the author could calculate subpopulations and analyze in how far the value of NT-proBNP increase in those distinct cohorts. Obviously the Nt-proBNP increment based on the underlying diagnosis of admittance.

**Level of interest:** An article of limited interest

**Quality of written English:** Acceptable

**Statistical review:** Yes, and I have assessed the statistics in my report.