Reviewer's report

Title: Plasma NT pro-BNP, hs-CRP and big-ET levels at admission as prognostic markers of survival in patients with dilated cardiomyopathy

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Reviewer: Otto Mayer

Reviewer's report:

The study represents prospective mortality cohort study in the setting of patients with dilated cardiomyopathy (DCM) with respect to concentration of some biomarkers (namely NTproBNP and hsCRP) at admission for hospitalisation for cardiac decompensation. Despite abundance of studies with NTproBNP or CRP, the power of present analysis is relative large cohort of patients with less frequent disease.

I have following comments/points requiring revisions:

Abstract (and other section):
1. I cannot agree with the term “neurohormones” (at least CRP is not a neurohormone and I have doubts about this classification also in NT-proBNP or bigET).
2. It should be also emphasized, that patients were hospitalized for cardiac decompensation (and not for other causes) – perhaps also in title.

Methods:
3. Selection of subjects should be described more in detail (all DCM patients hospitalized during selection period were included or also those with follow-up data?).
4. I am also lacking the information in which extend was “an apparent secondary cause of cardiomyopathy” ascertained (by medical history only? excluding CHD etiology using coronary angiography? were patients with history of arterial hypertension excluded?).
5. The timing of blood collection for biomarkers should be also clearly stated (in the course of admission blood collection? during first 24 hours?... ), because of its possible rapid change during hospitalisation.

Results & Tables:
6. The cross sectional values of baseline characteristics in all sample should be stated (currently, only subgroups are mentioned on table 1).
7. What was the range (maximum) of hsCRP and was its elevation due to intercurrent inflammatory illness excluded?
8. I am lacking information about statin treatment proportion (which should be event. also added into regression model) and also about antidiabetics.
9. It should be also interesting to mention the rehospitalisations for heart failure (if
these data are available)

Minor points:
Discussion: another studies with NTproBNP or CRP in the setting of DCM should be discussed (if any). Also potential clinical utility of results should be mentioned (BNP guided therapy?)

**Level of interest:** An article of importance in its field

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**
'I declare that I have no competing interests'