Reviewer's report

**Title:** Case management for patients with chronic systolic heart failure in primary care: The HICMan exploratory randomised controlled trial

**Version:** 2  **Date:** 26 March 2010

**Reviewer:** John Cleland

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This is a moderately-sized (for this type of intervention) RCT of case-management in a German primary health-care setting. The study results are equivocal which the authors acknowledge.

English expression in the abstracts is ‘mangled’. Fairly clear what is meant but room for much improvement. For instance: “In this sample, with little room for improvement due to high baselines,” – now what exactly are ‘high baselines’?

The main paper is much better written with highly detailed methodology and concisely written. Only minor corrections in English expression are required.

Of the 10,397 who did not meet the inclusion criteria, how many were thought to have heart failure? Presumably a lack of available LVEF or LVEF >45% were the main reasons for exclusion.

What was the travel time incurred to and from home visits. This is an often forgotten aspect/cost to home visits.

Patients enrolled were much younger than epidemiologically expected and with rather good renal function. What were the NT-proBNP levels (included in list of abbreviations but no data supplied).

The discussion does not need to re-summarise the results and the abstract and could be usefully abbreviated. It gets very repetitive in parts, restating what has already been said three times already. Requires editing.

The authors state that the study is skewed towards lower classes but it looks to me as though it is skewed towards the middle class – but then most people in Germany might be middle class. This needs to be clarified.

Page 17 does ‘negative’ mean neutral or truly negative (ie harm).

NT-proBNP is included in the abbreviation list but no data are given in the paper. I suspect these data are being withheld – probably because the patients have mostly normal values – casting doubt on the accuracy of the diagnosis and accounting for the good prognosis. NT-proBNP is an excellent diagnostic and risk stratifier in this population. These data should be supplied.

In summary, a useful ‘pilot’ study. Would have been good to exclude highly
stable patients with normal NT-proBNP (which I suspect most had).

**Quality of written English:** Needs some language corrections before being published