Reviewer’s report

Title: Better clinical outcome with direct oral anticoagulants in hospitalized heart failure patients with atrial fibrillation

Version: 0 Date: 17 Aug 2017

Reviewer: Panagiota Flevari

Reviewer's report:

This is an interesting, well-written manuscript, finding that DOACs may improve all-cause mortality in hospitalized patients with heart failure and atrial fibrillation.

My major concern is that it may be difficult to draw conclusions about such a hard point as mortality by a retrospective registry. For example, I cannot imagine how these patients were matched for renal failure (since DOACs are contraindicated in severe renal failure) or for the severity of heart failure (in Table 1, we see that there was no difference in NYHA class or BNP; however, there was a significant difference in the use of diuretics and inotropic agents between groups, implying that there indeed existed some differences in disease severity). Therefore, I propose that the title would be somehow 'softer' (i.e. better clinical outcome instead of decreased mortality)

I would also like a statistical evaluation, since I am not familiar to complex analysis.

Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.

Yes

Does the work include the necessary controls?
If not, please specify which controls are required in your comments to the authors.

No

Are the conclusions drawn adequately supported by the data shown?
If not, please explain in your comments to the authors.

Unable to assess
Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?
If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.

I recommend additional statistical review

**Quality of written English**
Please indicate the quality of language in the manuscript:

Acceptable

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