Author’s response to reviews

Title: A moderate 500-m treadmill walk for estimating peak oxygen uptake in men with NYHA class I-II heart failure and mid-range ventricular dysfunction

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Reviewer reports

Quin Denfeld, PhD, RN (Reviewer 1)

Thank you to the authors for thoroughly addressing each of the reviewers' comments. It is obvious that the authors carefully considered the comments in the re-write, which is a significant improvement over the first version. Moreover, the direct clinical implications and incremental benefits are much more clear compared with the first version. Therefore, my comments on the revision are mostly minor.
Comment #1

The sentence about the relationship between LVEF and morbidity/mortality (in both the abstract and first paragraph of the introduction) distracts from the main message of this paper; I would recommend removing it.

Reply

Following your suggestions, the two sentences about the relationship between LVEF and morbidity/mortality have been removed.

Comment #2

The re-written introduction is much stronger; I would suggest using some of those points in the abstract background section as it is weak in its current form.

Reply

According to this comment, the Background of the Abstract has been modified. Some aspects from the Introduction have been emphasized in the revised version of the Abstract.

Comment #3

Would recommend re-wording the equation sentences (under 500-m treadmill-walking test, lines 43-49) to make it explicitly clear (perhaps using the term respectively at the end). Alternatively, it would be cleaner to write the equations out using the Equation Editor function in Word.

Reply

The conclusion of this paragraph has been reworded.
Comment #4

The first sentence after data analysis (regarding D'Agostino-Pearson test) is confusing. Please clarify.

Reply

We mean that normal distribution of the data has been verified by using D’Agostino-Pearson test. Following your suggestion, the sentence has been modified.

Comment #5

Would be cautious about using the term concordance because it implies that you tested reproducibility between operators. Also, please clarify the concordance statistic mentioned in the discussion (line 57) - how was this calculated?

Reply

We used this method since the Concordance Correlation Coefficient has been proposed also to evaluate agreement between methods (Lawrence I-Kuei Lin. A Concordance Correlation Coefficient to Evaluate Reproducibility Biometrics 1989;45:255-268). The following sentence has been added to the Data analysis paragraph: “Agreement between methods has been assessed calculating the Concordance Correlation Coefficient”

Comment #6

While this version has much more consistent use of terminology (particularly in regards to CRF terminology), I would suggest carefully reviewing the language to make sure it is as consistent as possible. For example, do you mean the same thing with walking capacity, walking test, and walking performance (all used throughout the paper)?

Reply
Walking capacity (Introduction) and walking performance (Discussion) has been replaced with walking speed.

Comment #7

Remove excessive use of statistical results in the discussion section.

Reply

Following your suggestion, some statistical details have been removed from Discussion.

Comment #8

The second point under limitations could be revised; that is, the clause about how exercise capacity is predictive of mortality in women does not fit well in that sentence.

Reply

The second point of the Limitations has been modified according to your comment. Reference #29 has been removed.

Comment #9

There remain a few grammatical errors or confusing sentences in this version. Examples: Background (line 61), Methods (line 13-14, line 22-23), Discussion (line 55-56), Conclusions (line 33-34).

Reply

The lines of the manuscript you have do not correspond with the lines of the proof we received from the Editorial Office. It is therefore difficult to pinpoint the grammatical or confusing sentence you mention.
Comment #10

Would recommend using active voice as much as possible, particularly in the Methods section.

Reply

We followed your suggestion where possible.

Comment #11

Table 2: there is a lot of unneeded information - you could move this to the Supplemental Information.

Reply

Table 2 has been moved to Supplemental material, as Supplemental Table 1.

Comment #12

Table 3: Do you mean "highest" instead of higher"?

Reply

We mean “highest”. Table 3 (now Table 2) has been corrected according to your suggestion.

Thank you again for significantly revising this version, which has the potential to move this science forward with direct translational and clinical benefit for HF patients.

Oyvind Ellingsen, MD PhD (Reviewer 2)

The manuscript is much improved, I have only two minor comments:
Comment #1

ABSTRACT, CONCLUSION, final line: "subjects" should be replaced by "men". Thus the final phrase should read: "... in adult and elderly men with HFrEF."

Reply

The final phrase of the Abstract has been modified according to your first comment.

Comment #2

DISCUSSION, CONCLUSIONS, line 39-44 appear ambiguous and should be rephrased: e.g.; "...the 500-m walking test may also provide an inexpensive screening tool in this and other patient groups in which it has been validated."

Reply

The final phrase of the Discussion has been revised as suggested.

Raquel Britto (Reviewer 3)

The authors did all changes accordingly my suggestions. So, I consider that it could be published in the current version.