Reviewer’s report

**Title:** Right Ventricular Failure Following Left Ventricular Assist Device Implantation is Associated with a Preoperative Pro-Inflammatory Response

**Version:** 0  **Date:** 23 Jan 2019

**Reviewer:** Hitoshi Hirose

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Authors analyzed LVAD experience based on inflammatory markers such as CRP and WBC. The outcomes were obvious since high WBC group had sicker patients and more likely required RV support after LVAD.

There was no exclusion or inclusion criterial for this VAD study. I assume all LVD patient during this study period.

The tables were difficult to read. I am not sure why there so many concomitant surgery was done (for example, TE was seen 14.6% in low WBC group but TV procedure was done in 39.5% according to Table 5. Same way I see a lot of Aortic valve surgery (7.5% in low WBC group) comparing only 3.9% of low WBC group had severe AI. It seems to me, author put all variables in to the table, and compare between based on low or high WBC group (although the cut off the WBC count was not mentioned.)

Author speculated with SIRS but only increase of WBC and CRP was not enough to say presence of SIRS before LVAD. In the discussion, authors made points regarding IL and TNF but there were not data presented in this study.

The definition of RV failure was missing.

I am not sure why author chose WCB 10.5 as a cut off for comparison. WBC 10.5 is not so high.

It is reasonable to find sicker patient had poor outcomes.

I have nothing learn from this study.

**Level of interest**

Please indicate how interesting you found the manuscript:

An article of limited interest

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Please indicate the quality of language in the manuscript:

Acceptable
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