

Peer Review File

Article information: <https://dx.doi.org/10.21037/jxym-23-20>

Reviewer A

Comment 1: The English of the paper should be revised by a native English speaker. Please provide.

Reply 1: The language of the article was evaluated by a native English speaker, and support was received from scribendi proof editing language.

Comment 2: The retrospective nature of this paper is a limitation. This should be discussed in a dedicated limitation section.

Reply 2: This limitation was discussed in the limitation section.

Comment 3: List of comorbidities rates is redundant in the results section of the abstract. Please focus on the main results of the paper.

Reply 3: The list of unnecessary ratios has been removed from the results section of the summary.

Changes in the text: We have removed our text as advised (see Page 1, line 13-14)

Comment 4: Anemia might impact on heart rate as well as shock index and might be related to congestion. The complex interplay among these parameters in acute HF should be discussed. Authors can discuss the paper from Scicchitano P et al. *Biomedicines*. 2023 Mar 21;11(3):972.

Reply 4: We think your opinion on this matter is justified and we have made the necessary changes and included your suggestions in the discussion section.

Changes in the text: We have discussed as advised (see Page 6, line 189-192) and we have added this quote to the referances (see Page 9, line 332-334).

Comment 5: Congestion status is a further condition with higher predictive values. Authors should discuss such a point in relation to literature. They can consider the papers from Massari F et al. *Nutrition*. 2019 May;61:56-60 and *J Cardiol*. 2020 Jan;75(1):47-52.

Reply 5: We think your opinion on this matter is justified and we have made the necessary changes and included your suggestions in the discussion section.

Changes in the text: We have discussed as advised (see Page 7, line 200-202) and we have added this quote to the referances (see Page 9, line 347-348).

Comment 6: Lack of information about comorbidities and pharmacological history of the patients is a great limitation of the paper as it might impact on final results. Please provide data and update the analysis accordingly.

Reply 6: There is no lack of information about the comorbidities and pharmacological histories of the patients. The data are presented in table 1 and analyzed.

Reviewer B

Comment 1: Given that the population's median age was 81, the Authors could have tested the eventual independent prognostic value of clinical scores, such as the Charlson Comorbidity Index and the CHA2DS2-Vasc Risk Score. Accordingly,

in the Limitations section, the Authors could add a sentence similar to the following one: “Although the present study included a population of elderly patients with acute heart failure, the prognostic role of important clinical scores, such as Charlson Comorbidity Index (Please cite the following references: PMID: 29124524 and PMID: 36090992) and CHA2DS2-Vasc Risk Score (Please cite the following references: PMID: 29069008 and PMID: 35294768), was not specifically tested. Further studies are needed to evaluate their prognostic role in prospective and/or retrospective cohorts of acute heart failure patients”.

Reply 1: We think your opinion on this matter is justified and we have made the necessary changes and included your suggestions in the discussion/limitations section.

Changes in the text: We have discussed as advised (see Page 7, line 212-214) and we have added this quote to the referances (see Page 9-10, line 349-355).