

Peer Review File

Article information: <http://dx.doi.org/10.21037/atm-20-4640>

Reviewer A

Comment 1: Reference # 1 is dated, please use 2016 ESC guideline reference and data instead of 2008 GL

Reply 1: Reference 1 has been updated.

Changes in the text: Please see lines 116-118 of the text.

Comment 2: A table with drugs and Class of recommendation would be helpful with the understanding that newer drugs may not be assigned Class in GL

Reply 2: Table has been incorporated to the manuscript.

Changes in the text: Please see table after line 600 in text.

Comment 3: A short paragraph on role of precision medicine in heart failure with reduced ejection fraction would be helpful [Cresci S, Pereira NL, Ahmad F, et al. Heart Failure in the Era of Precision Medicine: A Scientific Statement From the American Heart Association. *Circ Genom Precis Med.* 2019;12(10):458-485.]

Reply 2: Paragraph regarding precision medicine has been added to manuscript.

Changes in the text: Please see lines 638-672 of the text.

Comment 4: Conclusions can be beefed up reinforcing role of evidence-based therapies, need for compliance etc.

Reply 4: Unable to accommodate given word limit has been reached.

Changes in the text: N/A

Reviewer B

Comment 1: Abstract should be unstructured.

Reply 1: Abstract has been unstructured.

Changes in text: Please see lines 48-77.

Comment 2: References should be presented in brackets and within a sentence, instead of superscripts. Please observe this as example of formatting:

<http://atm.amegroups.com/article/view/25992/html>

Reply 2: Formatting for references has been changed in the manuscript.

Changes in text: Please see changes throughout manuscript.

Comment 3: Please follow the authors instructions to format the references themselves (Vancouver style, after three authors change to et al, etc)

Reply 3: Works cited page has been modified accordingly.

Changes in text: Please see lines 689-980.

Comment 4: Not all names need to be capitalized (Line 70: dapagliflozin; line 99 IVC etc, should not be capitalized.

Reply 4: Changes implemented into manuscript.

Changes in text: Please see changes throughout manuscript.

Comment 5: Define all acronyms in their first appearance in the manuscript (even if described in abstract (Line 100: LV; 111 GDMT, 114 SGLT, 115 ARNI, 120 HF, LVEF 128, EF 213, etc)

Reply 5: All acronyms have been defined.

Changes in text: Please see changes throughout manuscript.

Comment 6: Be consistent with the name of the trials (all capitalized, line 127).

Reply 6: Changes incorporated into manuscript.

Changes in text: Please see changes throughout manuscript.

Comment 7: Specify the guideline recommendations for dual use of ARB and ACEI (line 205)

Reply 7: We have modified our text as advised.

Changes in text: Please see line 254 in the manuscript.

Comment 8: Line 256 and 408, do not start sentence with number.

Reply 8: We have modified our text as advised.

Changes in text: Please see changes in manuscript.

Comment 9: Would expand on the proposed mechanisms in which SGLT2 inhibitors have an effect in heart failure. Some are explained in the trials and this article does a nice summary:

Lytvyn Y, Bjornstad P, Udell JA, Lovshin JA, Cherney DZ. Sodium glucose cotransporter-2 inhibition in heart failure: potential mechanisms, clinical applications, and summary of clinical trials. *Circulation*. 2017 Oct 24;136(17):1643-58.

Reply 9: We have made the addition to the manuscript.

Changes in text: Please see lines 590-594.