

## RESPONSE TO REVIEWERS' COMMENTS

### REVIEWER #1

**In this small group of patients with atrial fibrillation and relatively simple congenital heart disease cryo ablation seems to work limitations are well documented very small number of patients any conclusions are difficult**

We sincerely thank the reviewer for the thoughtful comments. Indeed, given that the number of patients is limited, larger studies are required to provide more precise estimates of complications and success rates. In this revised manuscript, the conclusion was tempered as follows:

“Cryoballoon ablation for AF is feasible and appears to have an acceptable safety profile in patients with simple and moderate forms of CHD. In this initial experience, the acute success rate for PVI was high, with a modest 1-year event-free survival rate after a single procedure.”

### REVIEWER #2

**This paper provides important data in the field of AF cryoablation in simple and moderate cases of patients with CHD. Only minor comments about the procedure.**

We appreciate the reviewer's supportive comments and constructive criticism. We are pleased to revise the manuscript accordingly.

- 1. Please define the procedure protocol (lesions were interrupted after early PV isolation or not, real time PV isolation or standard ablation for 240sec?)**

We thank the reviewer for this important point of clarification. Page 6, paragraph 2, lines 9-10 now state:

“At least one standard 240-second cryothermal application was delivered upon obtaining complete PV occlusion.”

- 2. Moreover, there are some limitations the study: follow up was symptom-based since holter monitoring was performed only in symptomatic patients.**

We added the following limitation to Limitations, Page 9, paragraph 2:

“Although ECGs were systematically performed at regular follow-up intervals, continuous monitoring was symptom-based such that asymptomatic self-terminating episodes of AF may have escaped detection.”

- 3. Additionally it should be useful to categorize the recurrences in early and late according to the time after ablation. In general is paper that should be published**

Thank you! The revised manuscript now indicates that: “Recurrence was defined as any episode of AF lasting more than 30 seconds after a 3-month blanking period.” (Page 6, paragraph 1). Moreover, Figure 2 now clearly indicates a 3-month blanking period, along with the times of recurrences.