

PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 76242

Title: Clinical Utility of Left Atrial Strain in Predicting Atrial Fibrillation Recurrence After Catheter Ablation: An Up-to-date Review

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05132053

Position: Peer Reviewer

Academic degree: MD

Professional title: Chief Doctor

Reviewer's Country/Territory: Japan

Author's Country/Territory: China

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Reviewer chosen by: Dong-Mei Wang

Reviewer accepted review: 2022-05-07 08:01

Reviewer performed review: 2022-05-12 23:39

Review time: 5 Days and 15 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No



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Peer-reviewer statements	Peer-Review: [<input checked="" type="radio"/>] Anonymous [<input type="radio"/>] Onymous Conflicts-of-Interest: [<input type="radio"/>] Yes [<input checked="" type="radio"/>] No
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SPECIFIC COMMENTS TO AUTHORS

This review showed that left atrial strain in STE is related to atrial remodeling and atrial function, so it is a good parameter in predicting the recurrence of AF after CA. Further studies are needed to add strength to the early prediction value of atrial strain in AF recurrences. This review is very comprehensive and easy to understand. # In table 2, it is well described about studies related to atrial strain, so it seems that we will get the information we want to know right away. # The figures are very good because they have strong visual impacts. But, they are difficult to understand. Therefore, it would be good to provide more detailed explanations of the figures and include them below the figures.

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Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 03730710

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Professional title: Doctor, Research Scientist, Staff Physician

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Author's Country/Territory: China

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Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
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Peer-reviewer statements	Peer-Review: [<input checked="" type="radio"/>] Anonymous [<input type="radio"/>] Onymous Conflicts-of-Interest: [<input type="radio"/>] Yes [<input checked="" type="radio"/>] No
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SPECIFIC COMMENTS TO AUTHORS

Yu et al. presented a review on the utility of LA strain in predicting AF recurrence after ablation. The paper is of interest. Speckle-tracking echo has been applied for assessing LA function. It has been proven to be superior to LA size as AF predictor after AF ablation (Saraiva et al., J Am Soc Echocardiography 2010; Hammerstingl et al., JCE 2012; Montserrat et al., Heart Rhythm 2015). I would include the paper on JACC Cardiovascular Imaging 2019;12(6):1093-1101 "Left Atrial Strain Performance and its Application in Clinical Practice" to give to the readers an overview on LA strain and its clinical application. I would also add a paragraph on AI and echo data to predict AF recurrence after ablation (Hwang YT, et al., A novel approach for predicting AF recurrence after ablation using convolutional neural networks by assessing LA curved M-mode speckle-tracking images. Front Cardiovascular Med 2021). Otherwise, literature is adequately presented and commented. Table 2 is exhaustive. After minor language improvements, the paper can be resubmitted for publication.