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## PEER-REVIEW REPORT

Name of journal: World Journal of Cardiology

Manuscript NO: 77931

Title: The Role of ACE Inhibitors and Angiotensin Receptor Blockers in Cryoballoon

Ablation Outcomes for Paroxysmal Atrial Fibrillation.

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

**Reviewer's code:** 05080957 **Position:** Editorial Board

Academic degree: DNB, MBBS, MD

**Professional title:** Associate Professor

Reviewer's Country/Territory: India

**Author's Country/Territory:** United States

Manuscript submission date: 2022-05-29

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-05-29 02:15

Reviewer performed review: 2022-06-01 10:39

**Review time:** 3 Days and 8 Hours

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[ ] Grade A: Priority publishing [ Y] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [ Y] Minor revision [ ] Major revision [ ] Rejection
Re-review	[ ]Yes [Y]No



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Peer-reviewer

Peer-Review: [Y] Anonymous [] Onymous

statements Conflicts-of-Interest: [ ] Yes [ Y] No

## SPECIFIC COMMENTS TO AUTHORS

Greetings I red the article with interest. The authors have evaluated the role of ACEi and ARB in prevention of atrial arrhythmia in patients who underwent cryoballon ablation for paroxysmal Atrial fibrillation. Overall the study is well conducted and written. The results represents the study objective and the conclusion is supported by the data. Although retrospective data and relatively smaller sample is the limitation, in my opinion, there is no major drawback of flaws in the study and can be considered for possible publication. The title, abstract, justification is fine. There are minor aspects which can be improved 1. The figure 1 is not required, rather the inclusion and exclusion criteria can be elaborated in the text. 2. It is better to follow STROBE. A participant selection an data management flow chart can be added. 3. Unit of Age in the abstract, although understood, can be included. 4. If ample size calculation was done, it can be included. if not done prior to research, post-hoc power analysis can be done and mentioned in the limitation section. Best of luck



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Reviewer's code: 06312209 Position: Peer Reviewer Academic degree: MD

Professional title: Assistant Professor, Research Dean

Reviewer's Country/Territory: United States

**Author's Country/Territory:** United States

Manuscript submission date: 2022-05-29

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-05-30 17:02

Reviewer performed review: 2022-06-05 16:19

**Review time:** 5 Days and 23 Hours

Scientific quality	[ ] Grade A: Excellent [Y] Grade B: Very good [ ] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[Y] Grade A: Priority publishing [] Grade B: Minor language polishing [] Grade C: A great deal of language polishing [] Grade D: Rejection
Conclusion	[ Y] Accept (High priority) [ ] Accept (General priority) [ ] Minor revision [ ] Major revision [ ] Rejection
Re-review	[Y]Yes []No



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Peer-Review: [Y] Anonymous [ ] Onymous

statements Conflicts-of-Interest: [ ] Yes [Y] No

## SPECIFIC COMMENTS TO AUTHORS

This is a novel study looking at ACE/ARB efficacy in the paroxysmal Afib post CBA population. Your hypotheses do confirm that ACE/ARB use is not effective in reducing events post CBA in this population. Your conclusions so far agree with accepted understanding of the condition and pathogenesis. I would like to see some additions to the discussion section mainly the fact that your ACE/ARB population was very different from the non users in terms of HTN and CAD. You do not know if this CAD was previously treated or untreated or ischemic or not. Also HTN being a primary driver for all Afib and leading to subsequent LA enlargement should be explained in the discussion section due to this significant finding. Your study does not comment on future directions of research which could include a study with a much larger population or a study done at multiple locations in the US. The findings you present are significant and also another area of focus in future could be the systolic HF population and the use of drugs such as Entresto. A well done study.