

## PEER-REVIEW REPORT

**Name of journal:** *World Journal of Cardiology*

**Manuscript NO:** 80407

**Title:** Utility of Short-Term Telemetry Heart Rhythm Monitoring and CHA<sub>2</sub> DS<sub>2</sub> -VASc Stratification in Patients Presenting with Suspected Cerebrovascular Accident

**Provenance and peer review:** Invited Manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 06368927

**Position:** Peer Reviewer

**Academic degree:** Doctor, FACC, MD

**Professional title:** Assistant Professor, Senior Researcher, Senior Scientist

**Reviewer's Country/Territory:** India

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

**Manuscript submission date:** 2022-09-26

**Reviewer chosen by:** Dong-Mei Wang

**Reviewer accepted review:** 2022-11-30 18:04

**Reviewer performed review:** 2022-12-04 17:47

**Review time:** 3 Days and 23 Hours

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 Grade E: Do not publish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

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

## SPECIFIC COMMENTS TO AUTHORS

I congratulate the authors for choosing this very relevant research topic. There is dire need of judicious resource allocation and the same has been further highlighted by the COVID-19 pandemic. The authors have shown that CHA<sub>2</sub> DS<sub>2</sub> -VASc score can guide in deciding the need for inpatient telemetry monitoring after CVA. This will ultimately help decrease health care and patient related cost and conserve precious health care resources. I have a few concerns however which need to be addressed :- 1) The study period was long back from 2014-2016. Why have the authors not published the results yet. Do we have a 5 year follow up available in that case? 2) The results are rather short. I would have liked to see the individual factors of the CHA<sub>2</sub> DS<sub>2</sub> -VASc score and if any particular risk factor rather than the entire CHA<sub>2</sub> DS<sub>2</sub> -VASc score was more closely related to CVA/TIA 3) The result and discussion is way too short for a research article and needs addition. The figures are non informative and I suggest removing them from the manuscript. 4) Female sex has been a proven risk factor for neurological effects in atrial fibrillation with increased incidence of both dementia and stroke compared to men. The same should be added in discussion and the relevant references be added. My suggestions are :- a) Kostopoulou A, Zeljko HM, Bogossian H, Ciudin R, Costa F, Heijman J, Kochhaeuser S, Manola S, Scherr D, Sohal M, Wakili R, Wolf M, Irfan G; on the behalf of the DAS-CAM participants-2017-2018. Atrial fibrillation-related stroke in women: Evidence and inequalities in epidemiology, mechanisms, clinical presentation, and management. Clin Cardiol. 2020 Jan;43(1):14-23. doi: 10.1002/clc.23284. Epub 2019 Nov 6. PMID: 31691981; PMCID: PMC6954380. b) Batta A, Sharma YP, Hatwal J, Panda P, Vinay Kumar BG, Bhogal S. Predictors of dementia amongst newly diagnosed

non-valvular atrial fibrillation patients. Indian Heart J. 2022 Nov 30:S0019-4832(22)00375-3. doi: 10.1016/j.ihj.2022.11.009. Epub ahead of print. PMID: 36462552. c) Chen YL, Chen J, Wang HT, Chang YT, Chong SZ, Hsueh S, Chung CM, Lin YS. Sex Difference in the Risk of Dementia in Patients with Atrial Fibrillation. Diagnostics (Basel). 2021 Apr 23;11(5):760. doi: 10.3390/diagnostics11050760. PMID: 33922776; PMCID: PMC8145027. 5) Discuss about the MACCE rates amongst patients on DAPT vs oral anticoagulation in a patient who has suffered from TIA/CVA. Mention the importance of recognition of AF in this group.

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**Peer-review model:** Single blind

**Reviewer's code:** 06116605

**Position:** Editorial Board

**Academic degree:** MBBS, MD

**Professional title:** Professor

**Reviewer's Country/Territory:** India

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

**Manuscript submission date:** 2022-09-26

**Reviewer chosen by:** Dong-Mei Wang

**Reviewer accepted review:** 2022-12-04 11:10

**Reviewer performed review:** 2022-12-13 12:33

**Review time:** 9 Days and 1 Hour

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input checked="" type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
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
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



**Baishideng  
Publishing  
Group**

7041 Koll Center Parkway, Suite  
160, Pleasanton, CA 94566, USA  
**Telephone:** +1-925-399-1568  
**E-mail:** bpgoffice@wjgnet.com  
<https://www.wjgnet.com>

<b>Peer-reviewer statements</b>	Peer-Review: [ <input checked="" type="checkbox"/> ] Anonymous [ <input type="checkbox"/> ] Onymous
	Conflicts-of-Interest: [ <input type="checkbox"/> ] Yes [ <input checked="" type="checkbox"/> ] No

### **SPECIFIC COMMENTS TO AUTHORS**

The article is good. However, refinements need to be done. Discussion needs to be comprehensive, including current trends and all available options, like ECG patch monitors, smart watches etc.

## RE-REVIEW REPORT OF REVISED MANUSCRIPT

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**Reviewer's code:** 06368927

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**Academic degree:** Doctor, FACC, MD

**Professional title:** Assistant Professor, Senior Researcher, Senior Scientist

**Reviewer's Country/Territory:** India

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

**Manuscript submission date:** 2022-09-26

**Reviewer chosen by:** Ji-Hong Liu

**Reviewer accepted review:** 2023-01-11 10:24

**Reviewer performed review:** 2023-01-11 10:38

**Review time:** 1 Hour

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
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
Conclusion	<input type="checkbox"/> Accept (High priority) <input checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Peer-reviewer	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous



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7041 Koll Center Parkway, Suite  
160, Pleasanton, CA 94566, USA  
**Telephone:** +1-925-399-1568  
**E-mail:** bpgoffice@wjgnet.com  
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statements

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

#### **SPECIFIC COMMENTS TO AUTHORS**

The authors have done a good job in revising this manuscript. Still, there are shortcomings in terms of small number of patients who had suffered an event (CVA/TIA) and lack of analysis of individual components of CHA<sub>2</sub> DS<sub>2</sub> -VASc score. This would have added more value to the manuscript.