

(Manuscript ID: 61460) titled “Efficacy and safety of Dabigatran, Rivaroxaban, and Apixaban compared to Warfarin in Asian patients with non-valvular atrial fibrillation: A systematic review and meta-analysis”.

Response to the reviewer

1. While reviewing the database including in the study, the reviewer feels it would be better to include the ClinicalTial.gov database in the synthesized meta-analyzing.

R: We thank the reviewer for his/her comment.

ClinicalTrial.gov database was searched. Unfortunately, no qualified studies meeting our protocol were found.

...Most of the studies were products of large databases/registries (9 out of 12). In ClinicalTrials.gov database, we only found DARING-AF trial (Comparison of Efficacy and Safety Among Dabigatran, Rivaroxaban, and Apixaban in Non-Valvular Atrial Fibrillation) which attempted to evaluate the efficacy and safety of NOACs in Asian patients but no results were posted. The baseline study characteristics are presented in **Table 1...**

This has been included at page 7 in the revised version of the manuscript.

2. Figure E, data for apixaban lacks gastrointestinal bleeding data.

R: We thank the reviewer for his/her comment.

Apixaban was associated with a lower rate of ischemic stroke (HR=0.70, 95% CI, 0.62-0.78, Figure E), all-cause mortality (HR=0.66, 95% CI, 0.49-0.90, Figure E), major bleeding (HR=0.58, 95% CI, 0.43-0.78, Figure E), and gastrointestinal bleeding (HR=0.39, 95% CI, 0.17-0.89, Figure E). However, there was no difference in the intracranial hemorrhage, although a clear trend was noticed (HR=0.64. 95% CI, 0.40-1.02, Figure E).

This has been included at page 8-9 in the revised version of the manuscript and Figure E.

3. Tables, suggest using three-line tables, or following the guidelines for tables of the journal.

R: We thank the reviewer for his/her comment.

We adjusted the tables into three-line format which are displayed on page 15-16.