

## PEER-REVIEW REPORT

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

**Manuscript NO:** 76364

**Title:** Time trends in antithrombotic therapy prescription patterns. Real-world monocentric study in hospitalized patients with atrial fibrillation.

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

**Peer-review model:** Single blind

**Reviewer's code:** 02446043

**Position:** Editorial Board

**Academic degree:** FACC

**Professional title:** Lecturer

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

**Author's Country/Territory:** Italy

**Manuscript submission date:** 2022-03-13

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

**Reviewer accepted review:** 2022-05-27 12:52

**Reviewer performed review:** 2022-05-28 02:27

**Review time:** 13 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 Grade E: Do not publish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 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No

<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
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## SPECIFIC COMMENTS TO AUTHORS

This is a well conducted and useful study on the changing trend of anticoagulation in patients with AF. It should be published, but presently needs some corrections to make it easier to read.

1. From Figure 2, it appears that 3067 AF patients are included in this study, but this is not mentioned in the abstract.
2. It is not clear from Tables 1 to 4 what makes up the total population of 100%. Showing numbers without the reader understanding what is the base population being looked at is confusing to read.
3. Fig 1, 5 and 6 have too many lines. Author should reduce the number of lines, or else think of a way to highlight differences clearly.
4. "The most frequent main diagnosis in patients with AF was acute myocardial infarction (1973 discharges, 48,19%). The most frequent secondary cardiac diagnosis was chronic coronary syndrome (1864 discharges, 45,51%), and the most frequent secondary associated condition was arterial hypertension" - These should be rewritten to make it clear what is being compared. What exactly make up the total population of 100% when various percentages are given?
5. "The proportion of patients on OAC therapy, with or without an antiplatelet agent, increased significantly from 35,63% in 2010-2012 to 61,18% in 2019-2021 (+25,55%,  $p<0.0001$ ). This rise was due to increasing use of DOACs, with or without antiplatelet agents, from 3,04% in 2013-2015 to 50,06% in 2019-2021 (+47,02%,  $p<0.0001$ ) and was greater for FXa inhibitors, above all apixaban. At the same time, there was a decline in the use of VKA, with or without antiplatelet drugs, from 35,63% in 2010-2012 to 11.12% in 2019-2021 (-24,48%,  $p<0.0001$ ), as well as of antiplatelet therapy, alone or in double combination, from 49,18% in 2010-2012 to 34,18% in 2019-2021 (-15,00%,  $p<0.0001$ ), while the proportion of patients not receiving antithrombotic therapy decreased from 14,58%



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in 2010-2012 to 1,97% in 2021 ( $p<0,0001$ )" - This write up suffers from the same weakness of not explaining what makes up the 100% base population. At present reader cannot understand what is the total population being referred to. 6. "4089 (16.27%, mean age 75,59+/-10,82) were discharged with AF diagnosis. AF was the main diagnosis in 899 patients (21,94%)." - Explanation is needed on why 4089 patients with AF can become only 899 with AF as main diagnosis? What about the 3067 shown in Fig 2 to have known therapy?

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statements**

Peer-Review: ☒ Anonymous ☐ Onymous

Conflicts-of-Interest: ☐ Yes ☒ No

## **SPECIFIC COMMENTS TO AUTHORS**

The authors describe a retrospective single center study analyzing the trends in OAC prescription for patients with atrial fibrillation in Italy. The article is written in considerable detail considering multiple clinical aspects of OAC prescription in a fib patients as well. Many findings are in line with developments across the world, increase in DOAC use and decline in VKA use. In the second paragraph on page 28, authors suggest that 95% of patients with a fib have moderate-severe MS or mechanical heart valve, this does not seem to the case in our clinical experience. There appears to be a significant increase in frequency of OAC therapy according to the current study which appears encouraging and suggests better adherence with guidelines as suggested by study. It appears contrary that while the incidence of atrial fibrillation is expected to increase with aging population, the number of discharges with atrial fibrillation was noted to decrease in the study period. Several limitations exist in the study and have been acknowledged by the authors. Recommend making the article more concise focusing on the study's findings with less repetition of information.