

## **RESPONSE TO REVIEWERS**

Thank you for giving us the opportunity to submit a revised draft of the manuscript. We are most grateful for the time the editors and reviewers spent on providing suggestions on how to improve our paper. In our revision, we have tried to address all the concerns raised by the editor and the reviewers.

Reviewer #1:

**Specific Comments to Authors:** The manuscript is interesting and falls within the scope of World Journal of Cardiology. Some remarks are: 1. I think that a paragraph commenting on the effect of newer antidiabetics on AF and CAD is highly deserved, based on the close interconnection with T2DM. 2. A table summarizing relevant effects on surrogate endpoints of different drug classes is required.

**Response:** We thank the reviewer for the encouraging remarks on our paper. We agree with the reviewer's comments on the close association of diabetes with both atrial fibrillation (AF) and coronary artery disease (CAD). As suggested we have included a paragraph summarizing the close interaction between diabetes and the two disease and also included a table summarizing the effects of various antidiabetics agents on the two diseases. (see paragraph : **Effect of diabetes and anti-diabetics drugs on AF and CAD and Table 1)**

Reviewer #2:

**Specific Comments to Authors:** The authors submitted a narrative review in which they provided their vision of approaches and strategy to AF in CAD patients. The authors found that AF and CAD corresponded each other and require combined treatment. Although this issues does not meet counteracting, there is no novelty in it. The subsections of the paper are reported superficial and do not based on strong medical evidence or controversial arguments.

**Response:** We thank the reviewer for critical review of our paper and we welcome the criticism and shortcomings of our paper. Accordingly, in this revision we have made all the necessary changes and additions as suggested. We believe that this will only enhance the quality of the paper and add value to it.

I would like to propose the following:

1. This review requires serious modification in terms of improving clarity of initial hypothesis, because there is a lack of "combined" approach that was declared by the authors.

Response: We agree with the comments and concerns raised by the reviewer and have accordingly have added a paragraph : **“Combined approach” to reducing the burden of the two diseases.** The paragraph sheds further light into the close association of the two and the implications of managing them in conjunction. We have also included a **Table 2** highlighting the prominent studies over the last 3 decades which have shown the impact of underlying CAD on AF.

2.Mechanisms of AF in CAD and non-CAD patients should be discussed and well-illustrated.

Response: A valid point raised by the reviewer. Accordingly we have added a paragraph highlighting the variations in pathophysiology of AF in patients with underlying CAD compared to those without CAD (see paragraph: **Differences in pathogenesis of AF in CAD patients compared to those without CAD**). An illustration (figure 4) has also been added highlighting these factors in the pathogenesis of AF.

3. Clinical outcomes of AF in CAD and non-CAD patients need to compare. The authors should add clear tables with results of studies which open up the initial hypothesis.

Response: Thank you for this very relevant suggestion. We have included a paragraph (**Clinical impact of underlying CAD on AF**) and a **Table 2** highlighting the prominent studies over the last 3 decades which demonstrate the impact of underlying CAD on AF.

Once again we sincerely thank the reviewers and acknowledge all their hard work and wisdom that has helped us shape this manuscript. We believe this would only help improve the quality of our manuscript and have a better outreach and positive impact on this very relevant health issue.