

The study design and methods are appropriate to address the research question on the association between prediabetes and MACCE in AF patients. Using a large, national database allows for a robust analysis.

The introduction provides good background on prediabetes, AF, and the need to study this relationship. The objectives are clearly stated. The manuscript provides detailed information on the study population, characteristics, comorbidities, and outcomes. This helps in understanding the context and relevance of the study. The statistical analyses used, such as descriptive statistics, chi-square tests, Mann-Whitney U tests, and multivariable logistic regression, are appropriate for the research questions and objectives. Overall, this appears to be a well-conducted study contributing new insights into the relationship between prediabetes and MACCE in AF patients. The results are presented in a clear and organized manner using tables. The findings are discussed in the context of prior literature. Some limitations are acknowledged such as the retrospective nature and inability to establish causality. This appears to be one of the first large-scale studies examining prediabetes and MACCE specifically in an AF population. Prior studies have looked more broadly at prediabetes and cardiovascular outcomes. The methods and presentation align with published observational database studies. The large sample size and adjusted analyses add strength. - The prevalence of prediabetes and the significant association with MACCE are novel findings that advance this field of research

- Thank you for your comments and feedback.

My suggestions below mainly aim to strengthen the methods and limitations sections. -The discussion and conclusions could be expanded and tempered. But the core design, analyses, results, and tables are appropriate for this type of database study.

- Changes have been made in the manuscript.
- Kindly provide more details on the ICD codes and algorithms used to identify prediabetes, AF, and outcomes. - Consider a flow diagram showing exclusion criteria and how the final study cohorts were reached. - Expand the limitations section and consider issues like coding inaccuracies, lack of lab values, residual confounding, and absence of outpatient data. –
- Changes have been made in the manuscript.

Discussion could be enhanced by offering more mechanistic explanations for the results and clinical implications. Conclusions may overstate findings given the observational design. May be better to conclude association rather than prediabetes leading to higher MACCE.

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