

## ESPS Peer-review Report

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

**ESPS Manuscript NO:** 3646

**Title:** Atrial Fibrillation in Heart Failure; the Sword of Damocles Revisited

**Reviewer code:** 00227622

**Science editor:** Zhai, Huan-Huan

**Date sent for review:** 2013-05-13 09:10

**Date reviewed:** 2013-05-13 22:33

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input checked="" type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B (Very good)	<input type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

## COMMENTS TO AUTHORS

The authors need to read and cite the paper listed on PubMed and published by Gheorghiade M et al online in the European Heart Journal on April 16, 2013 showing in a propensity analysis of the AFFIRM data published by Whitbeck et al (reference 38) that digoxin does not increase mortality. The patients treated with digoxin in this study were at higher risk for mortality.

## ESPS Peer-review Report

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

**ESPS Manuscript NO:** 3646

**Title:** Atrial Fibrillation in Heart Failure; the Sword of Damocles Revisited

**Reviewer code:** 00227594

**Science editor:** Zhai, Huan-Huan

**Date sent for review:** 2013-05-13 09:10

**Date reviewed:** 2013-05-20 04:25

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
[ Y] Grade A (Excellent)	[ ] Grade A: Priority Publishing	Google Search:	[ ] Accept
[ ] Grade B (Very good)	[ Y] Grade B: minor language polishing	[ ] Existed	[ ] High priority for publication
[ ] Grade C (Good)	[ ] Grade C: a great deal of language polishing	[ ] No records	[ ] Rejection
[ ] Grade D (Fair)	[ ] Grade D: rejected	[ ] Existed	[ Y] Minor revision
[ ] Grade E (Poor)		[ ] No records	[ ] Major revision

## COMMENTS TO AUTHORS

Manuscript review for World Journal of Cardiology Manuscript ID: 3646 Title: Atrial Fibrillation in Heart Failure; the Sword of Damocles Revisited This was a very well written and organized manuscript that provides a comprehensive general review of the topic of AF in HF. It covers all the main aspects that should be addressed when discussing the link between the two conditions. Some detail is left out when discussing each aspect, however, I believe the depth is appropriate for a general review. I have only minor comments and suggestions. General Comments Please check throughout for the use of HF vs spelling out heart failure. The abbreviation can be used throughout. There are also several sentences which begin with a number (i.e. page 6, line 1...19%). Please correct these. Title The Greek reference in the title is applicable, however no reference is made to the meaning of the reference in the text if the reader is not familiar with it. Introduction Consider the addition of a sentence which reports the prevalence of AF by type of HF i.e. is the prevalence similar or not between reduced systolic vs. preserved LVEF HF. This is important since the distribution of hypertension as the etiology will obviously vary. Page 3, 2nd paragraph – the reference provided for the prevalence of AF stratified by NYHA FC is incomplete since CONSENSUS only covers the FC IV patients. Suggest adding in additional references to be more complete i.e. SOLVD-P/T, V-HeFT, CHF-STAT, etc to cover FC I-III. Impact of AF on Prognosis For this section, I think a table summarizing and stratifying the prognostic effect of AF in HF patients would be very helpful. There are a lot of observational and post-hoc analyses of prospective HF studies which have not been discussed in the text. I don't think all of them need to be discussed, however, an inclusive table would allow the reader to see the varied study populations and hazard ratios for mortality. It would also allow the reader to see that not all studies showed AF was independently associated with

increased death (V-HeFT, Crigins et al, DIAMOND substudy) for fair balance. Framingham analysis by Wang et al, was also not discussed in the text, but this is an important analysis of the prognostic effect of AF in HF...consider adding. Page 5, 2nd paragraph, line 5 – consider adding the actual numbers for hospital LOS so the reader can assess the magnitude of effect Page 7 – consider adding in a short paragraph to describe the effect of HF on AF prognosis. This review correctly describes the interplay between AF and HF as bidirectional, and thus it would be important to include the reverse aspect of prognostic importance (Miyaska Mayo study, Wang - Framingham, Nieuwlast – Euro Heart) Pharmacologic Therapy Consider adding a brief description of the limited data with calcium channel blockers (i.e. diltiazem) for rate control of AF in HF (Am J Cardiol 1991, 1994 potential references). CCBs are referred to earlier but not discussed. Page 9, 2nd paragraph, line 5 – consider adding “permanent” to clarify the type of AF patients in the RACE II study. Page 9, 2nd paragraph, line 7 – please verify whether only 10% of the RACE II population had HF... I recall that it was closer to 35%? Page 9, 3rd paragraph, lines 6-8 – this sentence is confusing as written; consider revising “It had an overall effect...” Page 9, 3rd paragraph – consider adding in a short discussion of the DIAMOND substudy pooled analysis (Circ2001;104:292-6) Page 10, 1st paragraph – should state that ANDROMEDA did not include HF pts with AF Page 10, 2nd paragraph – sinus rhythm also associated with better outcomes in DIAMOND post-hoc analysis Page 12, 1st paragraph, lines 3 and 5 – spell out “twice daily” as the accepted abbreviation is not consistent between countries. Future Trends Consider adding a short discussion or mention of the potential role of left atrial appendage occlusion devices. Page 16,

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**ESPS Manuscript NO:** 3646

**Title:** Atrial Fibrillation in Heart Failure; the Sword of Damocles Revisited

**Reviewer code:** 00225230

**Science editor:** Zhai, Huan-Huan

**Date sent for review:** 2013-05-13 09:10

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CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input checked="" type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B (Very good)	<input type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

## COMMENTS TO AUTHORS

the manuscript is very well written; data are clear and useful in clinical practice.

## ESPS Peer-review Report

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

**ESPS Manuscript NO:** 3646

**Title:** Atrial Fibrillation in Heart Failure; the Sword of Damocles Revisited

**Reviewer code:** 00225292

**Science editor:** Zhai, Huan-Huan

**Date sent for review:** 2013-05-13 09:10

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CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input checked="" type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B (Very good)	<input type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

## COMMENTS TO AUTHORS

The idea in the paper is innovative, the results are good and the paper as well is very well organized.