



SDI Review Form 1.6

Journal Name:	Cardiology and Angiology: An International Journal
Manuscript Number:	Ms_CA_32001
Title of the Manuscript:	Dronedarone as a New Option for Hybrid Therapy after Catheter Ablation of Atrial Fibrillation
Type of the Article	

General guideline for Peer Review process:

This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty**', provided the manuscript is scientifically robust and technically sound.

To know the complete guideline for Peer Review process, reviewers are requested to visit this link:

(<http://www.sciencedomain.org/page.php?id=sdi-general-editorial-policy#Peer-Review-Guideline>)



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PART 1: Review Comments

	Reviewer's comment	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
Compulsory REVISION comments		
Minor REVISION comments	Atrial fibrillation is an important public health issue with significant health implications. So this manuscript does address an important clinical issue. This manuscript has many strengths and these include, an informative introduction including providing appropriate references, a logical sequence, and an appropriate foundation to support the need for this research. The study design appears strong in that there was random assignment, long-term follow ups, the measurement of appropriate health variables, and the use of what appears to be appropriately operationalized definitions for various variables such as "AF recurrences." They also appeared to measure appropriate outcomes including quality of life. This manuscript would benefit from some minor editing. The authors may want to qualify their conclusion statement to indicate that their data supports the efficacy/safety of NAAT, rather than the overly broad statement they provide. Also, they may want to comment on whether it was possible that the open label nature of the study could have influenced the outcomes. Moreover, they may want to comment not only on the statistical significance of the EHRA change, but also comment on whether the change was likely considered to be clinically meaningful.	Thank you for this excellent comment. We've addressed all of your recommendations and made appropriate changes in the manuscript. As far as the open label nature of the study is concerned this was already mentioned in the limitations section of the manuscript. A comment on the clinical importance of an EHRA and QoL improvement was added in the discussion.
Optional/General comments		