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Title	Anatomical Characteristics of the Left Atrium and Left Atrial Appendage in Relation to the Risk of Stroke in Patients With Versus Without Atrial Fibrillation
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Subject:	CIRCAE/2021/009777R1 - Decision Letter
Email	May 24, 2021 Jeroen J. Bax, MD, PhD Department of Cardiology Leiden University Medical Center Albinusdreef 2 2333 ZA Leiden The Netherlands RE: CIRCAE/2021/009777R1 Anatomical Characteristics of the Left Atrium and Left Atrial Appendage in Relation to the Risk of Stroke in Patients With Versus Without Atrial Fibrillation Dear Prof. Bax, Thank you very much for your submission to <I>Circulation: Arrhythmia and Electrophysiology</I>. We agree that it is of potential interest to our readers, and that it would be acceptable for publication in <I>Circulation: Arrhythmia and Electrophysiology</I> pending satisfactory revision. When responding to the remaining comments of Reviewer #3 and the statistician, please indicate precisely where changes have been made in the revised manuscript in a point-by-point rebuttal. Additionally, a marked up version of the revision with the changes highlighted or tracked should be uploaded as a supplemental file. It is also your responsibility to comply with our Instructions to Authors for your appropriate submission type. Please ensure that all material required for publication is submitted with your revision. Timely publication depends upon your compliance with these requirements. In particular, please review your submission for the following: 1. Title Page: Author Degrees: The degree (BS, MD, PhD, etc.) of each author should be listed. Please provide degrees for Lili Szaraz. Affiliations: Please assign a number to each author affiliation and indicate the number after the author name from that affiliation to more easily identify the author with the affiliation; e.g., John R. Smith, MD<sup>1</sup>; Jane W. Doe, MD, PhD<sup>2</sup>; etc. <sup>1</sup>Department of Medicine, University of Pennsylvania, Philadelphia, PA; <sup>2</sup>Cardiology, Academic Medical Center, Amsterdam, Netherlands; etc. 2. Please ensure that your manuscript adheres to the AHA Journals' implementation of the Transparency and Openness Promotion (TOP) Guidelines (available online at https://www.ahajournals.org/content/TOP-guidelines). In accordance with this policy, authors must, at the beginning of the Methods section, indicate whether they will or will not make the data, methods used in the analysis, and materials used to conduct the research available to any researcher for purposes of reproducing the results or replicating the procedure. Please see acceptable examples of TOP statements at https://www.ahajournals.org/TOP-guidelines/ExampleDisclosures. 3. References: Please make certain that your references are in the correct format. Note that the abbreviated journal names should be italicized. Also, the issue number should not be included. An example of a good reference style is shown below: 1. Smith HJ, James R, Taylor B, Adams JB, Stone R, Ma Z, Nelson C, Robertson KB, Danzer W,

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We look forward to your prompt response. Thank you very much.

Sincerely yours,

Dr. Wendy Tzou
 Associate Editor

<I>Circulation: Arrhythmia and Electrophysiology</I>

Reviewer #3 Comments:

Thank you for this very interesting article.

Some points remained unclear:

1) One group is composed of patients with drug-resistant atrial fibrillation; why not patients with diagnosed atrial fibrillation?

2) The definition of the swan (cactus?) morphology was just visually assessed; what about a

double check?

3) The older population did have more "swan" morphology than others; any explanation for this phenomenon?

4) Swan morphology patients appeared to have had more TIAs than other morphologies; should we screen this particular population?

Thanks for submitting this article!

Statistical Reviewer's Comments:

This is a well-written manuscript. The statistical methods were appropriate. I have the following minor comments:

1. Table 2 presented by age groups. I believe the groups were not based on age quartile. The "quartile" should be removed from the table title.
2. In Table 5, why is the p-value for persistent AF in overall population "N/A"?
3. In Table 6, if using one of LAA morphology categories as a reference group, will the results change?
4. In addition to having all components of CHA2DS2-VASc score in Table 6, will looking the association of CHA2DS2-VASc score with prior stroke/TIA be interesting?
5. Have the authors checked the multivariable logistic model fitting?