Author's response to reviews

Title: Ascending aortic aneurysm repair and surgical ablation for atrial fibrillation

Authors:

Berhane Worku (bmworku@hotmail.com)
Iosif Gulkarov (gulkai01@gmail.com)
Charles A Mack (cmack@med.cornell.edu)
Leonard N Girardi (lngirard@med.cornell.edu)
Arash Salemi (ars9001@med.cornell.edu)

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Author's response to reviews: see over
The Authors describe their experience of surgical atrial fibrillation ablation in the context of ascending aneurism repair. They conclude that AF ablation is safe and sinus rhythm restoration improves survival in this setting.

I'm afraid that the retrospective nature of the study makes it difficult to analyze this series of patients. In addition the heterogeneous surgical procedures performed in such a population cannot be compared in a proper manner. Secondly, the statistical analysis performed doesn't give any answer to the investigated end-point and therefore it is not possible to conclude that AF ablation and/or sinus rhythm restoration positively affect late survival following surgery.

The reviewers comments are well noted. The retrospective nature of this study, the heterogeneity of surgical procedures, and lack of a control group to compare safety of AF ablation to are all limitations. These have been noted in the discussion section:

“Limitations of this study include those inherent to a retrospective analysis using chart review and include incomplete data, potential inaccuracies in data, and potential for selection bias. In addition, because of differences in clinical practice across centers, extrapolation of results may be of limited value. Finally, the small sample size, heterogeneity of surgical procedures, and lack of a control group limit usefulness of statistical analyses.”
Overall this article has worth to publish because there has been no reports of aortic aneurysm surgery with surgical ablation and its excellent short and long-term survival rate in spite of extensive procedures.

Minor revisions:

page 2- "Results"
end of the paragraph, (log-rank test p=0.037) -> (p=0.037); because it was described at the part of "Statistical Methods".

This change has been made in the revised manuscript.

page 4- "Surgical Approach"
the consequences of surgical procedure should be described more in detail.
They should mention when cryoablation was done; before or after aortic surgical procedure, and when the ablation combined with aortic arch reconstruction?

This change has been made in the revised manuscript.

“Surgical AF ablation is generally performed first after the heart has been arrested, after which mitral repair/replacement is undertaken if indicated. Aortic valve and aneurysm repair/replacement follow. If coronary bypass is indicated, distal anastomoses are performed prior to AF ablation. If circulatory arrest is utilized, AF ablation is generally performed first during the period of systemic cooling. “
3262 patients -> 3,262 patients, 2449 patients -> 2,449 patients

This change has been made in the revised manuscript.

multiple valve -> multiple valves.

This change has been made in the revised manuscript.