Naples, May 13, 2021

***Dear Professor Doctor***

Dr. Warren Ladiges

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Please, find enclosed the revised version of the manuscript entitled: “*Cardiac arrest in an older male patient treated with flecainide for atrial fibrillation***”** We thank the Editor and the Reviewers for their comments and we hope that the following changes will now make the manuscript suitable for publication on the Aging Pathobiology and Therapeutics. Please see the following list of the underlined changes made in manuscript.

Reviewer A:

In according to Reviewer comment’s, we now add the “flecainide” in the title.

In according to Reviewer comment’s, we now report the full name in the first appearance (for example CAST, …).

In according to Reviewer comment’s, we now add, in the introduction section, the following sentence: “Flecainide is a class I antiarrhythmic drug used for supraventricular tachyarrhythmias. Current European guidelines recommend the use of flecainide in selected groups of patients with AF who do not have structural heart disease. Potential cardiac adverse effects of flecainide include pro-arrhythmia, conduction abnormalities and negative inotropic effects. Dizziness is the most frequent non-cardiac side effect, followed by blurred vision and difficulty focusing; these are almost all mild, transient and tolerable (1)”.

In agreement with the Reviewer comment’s, we now, in conclusion section,   
mention mechanisms of cardiac arrest induced by Flecainide, with the following sentence “Flecainide can induce QT prolongation leading to torsades de pointes and consequently cardiac arrest.”

In agreement with the Reviewer comment’s, we now arrange the references according the journal style.

Reviewer B:

In agreement with the Reviewer comment’s, we now clarified the introduction section, with the following sentence “The CAST trial considered the drug flecainide safe, but other studies, report that potentially lethal ventricular tachycardia developed in 11 percent of encainide-treated patients and 16 percent of flecainide-treated patients.”

In agreement with the Reviewer comment’s, we now report the following sentence “The laboratory tests (such as renal and liver function, glycemia, etc)”.

In agreement with the Reviewer comment’s, we now report the following sentence “Treatment with flecainide was started with a bolus (150 mg/15ml) followed by a continuous infusion with 300 mg of flecainide in G5% 250 ml.”

In agreement with the Reviewer comment’s, we now report the following sentence in the last sentence of the conclusion “Trials may be needed to better describe the safety of this drug, in particular, in the setting of atrial fibrillation in elderly patients.”

In agreement with the Reviewer comment’s, we now edited copy attached.

Again, we thank the Editor and the Reviewers for their helpful criticisms and we hope that the reported changes made now the manuscript suitable for publication on theAging Pathobiology and Therapeutics.

*Best regards,*

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