Peer Review File

Review Comments:

Comments 1: please clarify in the text the nature of the bleeding episodes. It does appear that all the episodes belong to the minor bleeding roup. There is no major bleeding (which with the 3 month follow is to be expected somwhat) episodes. This is one of the limitations of this article.

Rely 1: Thanks for your suggestion and comments. According to your suggestions, we have modified our text as advised (see Page 14, line 1-7).

Changes in the text: In our study, the sample size was small, and the mean HAS-BLED score was 0.69 in all patients; thus, the incidence of major bleeding events was very low. Therefore, all bleeding events were minor bleeding events, we can only perform a statistical analysis of the relationship between platelet count and minor bleeding. However, prior studies showed that the occurrence of minor bleeding may predict major bleeding events and may lead to a decrease in the effectiveness of OAC therapy[23].

23. Kovacs RJ, Flaker GC, Saxonhouse SJ, et al. Practical management of anticoagulation in patients with atrial fibrillation. J AM COLL CARDIOL 2015;65:1340-60.

Comments 2: Significant bleedings are not expected in patients with platelet count of more than 50 000. This is even on oral anticoagulation therapy. Of utmost importance is hence the group of patients with platelet counts of less than 100 000. Please provide more detail what was the average mean, median and range of platelet counts in this group and also in other groups to be consistent.

Rely 2: Thank you very much for your suggestions and comments. According to your suggestions, we added some data about the detail of platelet count in all groups (see Page 13, line 18-23).

Changes in the text: In present study, all patients enrolled were NVAF patients who underwent catheter ablation. In order to reduce the risk of operation, the platelet count of all patients was greater than 50×10^9/L, but we still observed that the risk of bleeding events of group T1 was higher than other groups. The average mean, median and range of platelet counts in all groups were shown in Table S2.

Table S2. The detail of platelet count of three groups

platelet count, $\times 10^9$/L	T1 (<100)	T2 (100-200)	T3 (>200)
N	25	323	228
average mean, $\times 10^9$/L	86.1	159.4	237.0
Median, $\times 10^9$/L	90.0	163.0	229.0
Range, $\times 10^9$/L	62.0-99.0	100.0-199.0	200.0-356.0

Comments 3: Please mention in the limitations that a) the bleeding events were all minor bleeding events. b) The group of patient where majority bleeding is expected (with less than 100 000 platelets) is the smallest (24 patients only out of 559) hence the conclusions can not be easily deducted.

Rely 3: Thank you very much for your suggestions and comments. According to your suggestions, we re-edit the study limitations in discussion (see Page 13, line 1-9).

Changes in the text: Third, the sample size was small, and the mean HAS-BLED score was 0.69 in all patients; thus, the incidence of major bleeding events was very low. Therefore, all bleeding events were minor bleeding events, we can only perform a statistical analysis of the relationship between platelet count and minor bleeding. However, prior studies showed that the occurrence of minor bleeding may predict major bleeding events and may lead to a decrease in the effectiveness of OAC therapy[23]. Finally, the group of patient where majority bleeding is expected (PLT counts <100 $\times 10^9$/L) is the smallest (24 patients only out of 559), hence the conclusions can not be easily deducted.

23. Kovacs RJ, Flaker GC, Saxonhouse SJ, et al. Practical management of anticoagulation in patients with atrial fibrillation. J AM COLL CARDIOL 2015;65:1340-60.