AF screening studies, ongoing and planned, as of August 2017

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AF screening studies, August 2017

Randomized n = 14

Non randomised / observation n = 27

Total n = 41
Randomized AF screening studies

• N = 14

• 7/14 enrolling completed, or ongoing
• 7/14 planning phase
Mode of Screening

- Population screening $n = 3$ (defined populations 65-75yrs)

- Opportunistic $n = 11$
  - Family practice / Primary Care
  - Pharmacies
Patient characteristics and Study size

- No of patients
- Smallest $n = 823$
- Largest $n = 120\,000$

- Age
  - $13/14 > 65$
  - $4/14 > 70$
Screening modality

• Single time point \( n = 3 \)
• Intermittent/Continous = 11

• **Devices**
  • AliveCor \( n = 3 \)
  • Zenicor \( n = 3 \)
  • MyDiagnosticstick \( n = 1 \)
  • Loop recorder \( n = 1 \)
  • Others \( n = 4 \)
Primary endpoint

• Follow-up 1-5 yrs

• Stroke  4/14

• New AF/ OAC 10/14
Results follow-up

Engdahl et al, pilot study n = 823 pts (Circulation 2013)
- 5.2 yr follow-up
- 90% still on OAC
- 6/23 with px AF progressed to permanent AF

Svennberg et al Strokestop I (Circulation 2015)
Follow-up, minumum 3 years (average 4.2)
TEE, mortality, dementia, bleeding
Data Q1 2018
Large non-randomized trials

• N = 27
• 500-30 000 pts
• 1/27 matched control

• Status
• 12/27 completed
• 6/27 ongoing
Screening design

• Single time point n = 8
• Loop recorder n = 5
• BP screening/ECG n = 3

• Age
• $25/27 > 65$
Outcome - New AF

- Loop recorders  $N = 5$ studies
- Follow-up 365-580 days
- 20-35% new AF
Conclusion

• Many ongoing studies Rx and non-RX  n = 41

• 14/41 randomized

• Outcome studies with stroke as PE, not so many  n = 4/41

• Optimal screening mode: Population vs opportunistic?

• Optimal device Intermittent vs continuous?

• Main task: Show that screening of large populations will prevent strokes