

Possible AF Screening Settings

Screening should be accurate, efficient and cost-effective

① Community

- **Advantages:** represents general population; screen high volumes of individuals; suited for detection of permanent AF (inexpensive)
- **Disadvantages:** participation is voluntary; organization of screening (high awareness of program, trained personnel, etc...); care pathways after a screen positive not well-established

- Notable Literature
 - **STROKE-STOP** study: systematic screening using intermittent twice-daily ambulatory ECG recordings 75 and 76 y.o. in Sweden.; 54% participation; incident AF 3.0%; prevalent AF 9.3%; structured cardiology appt. – high OAC use; €4,164 per QALY
 - **Belgium study:** systematic, single-point screening ≥ 18 y.o.; coincides with 'Belgium Heart Rhythm Week'; incident AF 1.1%, prevalent AF 1.3%; low use of OAC

Settings Under Investigation

② Primary Care Clinic

- **Advantages:** participants easily recruited; medical history accessible; easily linked to next steps in management; builds on existing healthcare infrastructure - allows for sustainability; guidelines exist
- **Disadvantages:** demands on time; comfort with OAC initiation; reimbursement
- Notable literature:
 - **SAFE study:** cluster randomized trial of ≥ 65 y.o. from 50 PCC in UK (control vs opportunistic vs systematic screening); pulse and ECG confirmation; AF incidence - 1.04% in control, 1.62% systematic and 1.64% opportunistic; £ 337 per QALY gained (favors opportunistic)

Settings Under Investigation

③ Pharmacy

- **Advantages:** adequately represents general population; highly accessible; high volumes; robust data on cardiovascular risk screening and pharmacist involvement in disease monitoring and drug management; expanding scope of practice for several countries; builds on existing infrastructure - allows for sustainability
- **Disadvantages:** medical history may not be readily accessible; establishing relationships with primary care physicians; integration into work flow; reimbursement
- Notable literature:
 - **SEARCH-AF:** opportunistic, community pharmacies in Australia of ≥ 65 y.o.; single time point pulse check and iECG; incident AF 1.5%; ICER €3,142 per QALY and €6,267 per QALY - NOAC therapy
 - **PIAAF-Pharmacy:** opportunistic; community pharmacies in Canada ≥ 65 y.o.; single time point handheld ECG; comprehensive stroke risk screening; 'actionable AF 2.5%