

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 modaility

- 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, minimum 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**