**WSO Brain & Heart Task Force Position Statement on The Diagnosis and Management of Patients Atrial Fibrillation and a Recent Ischemic Stroke or TIA**

SUPPLEMENTARY ONLINE FILE

**Table S1** Systematic search terms

**Table S2** Studies of prolonged cardiac monitoring in patients with ischemic stroke and TIA

**Table S3** Association between cardiac troponin and AF detection in patients with ischemic stroke or TIA

**Table S4** Subanalysis from NOAH-AFNET 6 and ARTESIA for ischemic stroke recurrence and major bleeding in patients with prior stroke or TIA

**Table S5** Observational studies on timing of anticoagulation post-ischemic stroke

**Table S6** Ongoing studies covering the topics covered in each section of this manuscript

**Table S1.** Systematic search terms

As of May 22, 2024

**Epidemiology of AF-related ischemic stroke (e.g. incidence, prevalence)**

(stroke risk[Ti] OR risk of stroke stroke[Ti] OR stroke incidence[Ti] OR incidence of stroke[Ti] OR stroke rate\*[Ti] OR rate of stroke OR ischemic stroke risk[Ti] OR risk of ischemic stroke stroke[Ti] OR ischemic stroke incidence[Ti] OR incidence of ischemic stroke[Ti] OR ischemic stroke rate\*[Ti] OR rate of ischemic stroke OR ischaemic stroke risk[Ti] OR risk of ischaemic stroke stroke[Ti] OR ischaemic stroke incidence[Ti] OR incidence of ischaemic stroke[Ti] OR ischaemic stroke rate\*[Ti] OR rate of ischaemic stroke) AND (atrial fibrillation[Ti])

**Titles since inception (1968):** 5,262

**Titles since 2020:** 1,849

**Screening for AF in stroke and TIA patients**

(loop record\*[Ti] OR cardiac monitor\*[Ti] OR Holter[Ti] OR atrial fibrillation screening[Ti] OR screening for atrial fibrillation[Ti] OR prolonged monitor\*[Ti] OR continuous monitor\*[Ti]) AND stroke[Tiab] AND atrial fibrillation[Tiab]

**Titles since inception (1968):** 738

**Titles since 2020:** 386

**The role of biomarkers in AF detection and AF-related stroke risk stratification**

(Biomarker\*[Tiab] OR natriuretic peptide\*[Ti] OR troponin[Ti] OR \*BNP\*[Ti] OR \*ANP\*[Ti]) AND atrial fibrillation[Tiab]

**Titles since inception (1986):** 2,651

**Titles since 2020:** 1,224

**Classification of AF in stroke and TIA patients**

(classification[Tiab] OR type\*[Tiab] OR timing[Tiab] OR time OR[Tiab]) AND stroke[Tiab] AND atrial fibrillation[Tiab]

**Titles since inception (1973):** 3,050 / 3,101 on July 18, 2024

**Titles since 2020:** 1,364 / 1,415 on July 18, 2024

**Stroke recurrence rates and outcomes in subtypes of AF based on timing of diagnosis**

(classification[Tiab] OR type\*[Tiab] OR timing[Tiab] OR time OR[Tiab]) AND stroke[Tiab] AND atrial fibrillation[Tiab] AND (recurren\*[Tiab] OR outcome\*[Tiab] OR prognos\*[Tiab] OR enpoint\*[Tiab])

**Titles since inception (1978):** 1,571

**Titles since 2020:** 787

**Anticoagulation in patients with SCAF and previous ischemic stroke (ARTESIA & NOAH):**

(ARTESIA[Tiab] OR NOAH[Tiab] OR SCAF[Tiab] OR AHRE[Tiab] OR subclinical atrial fibrillation[Tiab] OR newly detected atrial fibrillation[Tiab] OR atrial high rate episode\*[Tiab] OR atrial fibrillation detected after stroke[Tiab] OR AFDAS[Tiab]) AND (anticoagula\*[Tiab] OR antithrombotic\*[Tiab] OR vitamin K antagonist\*[Tiab] OR apixaban[Tiab] OR rivaroxaban[Tiab] OR edoxaban[Tiab] OR dabigatran[Tiab] OR warfarin[Tiab] OR direct oral anticoagulant\*[Tiab] OR novel anticoagulant\*[Tiab] OR Phenprocoumon[Tiab]) AND stroke[Tiab]

**Titles since inception (2006):** 118

**Titles since 2020:** 60

**Left atrial appendage closure**

atrial appendage[Tiab] AND (occlu\*[Tiab] OR closure[Tiab] OR ligation[Tiab] OR removal[Tiab] OR carotid filter[Tiab] OR carotid diverter[Tiab] OR arterial filter[Tiab] OR arterial diverter[Tiab]) AND atrial fibrillation[Tiab]

**Titles since inception (2006):** 2,543

**Titles since 2020:** 1,311

**Factor XI inhibitors for stroke prevention in AF**

(Factor XI[Tiab] OR Milvexian[Tiab] OR Asundexian[Tiab] OR osocimab[Tiab] OR abelacimab[Tiab] OR xisomab\*[Tiab] OR MK-2060[Tiab] OR Fesomersen[Tiab] OR ionis\*[Tiab]) AND (atrial fibrillation[Tiab] OR stroke[Tiab])

**Titles since inception (1983):** 168

**Titles since 2020:** 96

**Timing of initiation of anticoagulation**

(Time[Tiab] OR timing[Tiab] OR initiation[Tiab] OR start\*[Tiab]) AND anticoagula\*[Tiab] AND atrial fibrillation[tiab] AND \*stroke\*[Tiab]

**Titles since inception (1984):** 2,765

**Titles since 2020:** 1,049

**Management of patients with breakthrough strokes (already on anticoagulants)**

(breakthrough stroke\*[Tiab] OR breakthrough cerebrovascular[Tiab] OR stroke on anticoagul\*[Tiab] OR stroke while on anticoagul\*[Tiab] OR stroke despite anticoagul\*[Tiab] OR stroke despite treatment with anticoagul\*[Tiab] OR stroke while taking anticoagul\*[Tiab] OR stroke while receiving anticoagul\*[Tiab] OR stroke receiving anticoagul\*[Tiab] OR stroke receiving anticoagul\*[Tiab] OR stroke on direct anticoagul\*[Tiab] OR stroke while on direct anticoagul\*[Tiab] OR stroke despite direct anticoagul\*[Tiab] OR stroke despite treatment with direct anticoagul\*[Tiab] OR stroke while taking direct anticoagul\*[Tiab] OR stroke while receiving direct anticoagul\*[Tiab] OR stroke receiving direct anticoagul\*[Tiab] OR stroke receiving direct anticoagul\*[Tiab] OR stroke on novel anticoagul\*[Tiab] OR stroke while on novel anticoagul\*[Tiab] OR stroke despite novel anticoagul\*[Tiab] OR stroke despite treatment with direct anticoagul\*[Tiab] OR stroke while taking novel anticoagul\*[Tiab] OR stroke while receiving novel anticoagul\*[Tiab] OR stroke receiving novel anticoagul\*[Tiab] OR stroke receiving novel anticoagul\*[Tiab] OR stroke on warfarin[Tiab] OR stroke while on warfarin[Tiab] OR stroke despite warfarin[Tiab] OR stroke despite treatment with warfarin[Tiab] OR stroke while taking novel warfarin[Tiab] OR stroke while receiving warfarin[Tiab] OR stroke receiving warfarin[Tiab] OR stroke receiving warfarin[Tiab] OR stroke on rivaroxaban[Tiab] OR stroke while on rivaroxaban[Tiab] OR stroke despite rivaroxaban[Tiab] OR stroke despite treatment with rivaroxaban[Tiab] OR stroke while taking novel rivaroxaban[Tiab] OR stroke while receiving rivaroxaban[Tiab] OR stroke receiving rivaroxaban[Tiab] OR stroke receiving rivaroxaban[Tiab] OR stroke on apixaban[Tiab] OR stroke while on apixaban[Tiab] OR stroke despite apixaban[Tiab] OR stroke despite treatment with apixaban[Tiab] OR stroke while taking novel apixaban[Tiab] OR stroke while receiving apixaban[Tiab] OR stroke receiving apixaban[Tiab] OR stroke receiving apixaban[Tiab] OR stroke on edoxaban[Tiab] OR stroke while on edoxaban[Tiab] OR stroke despite edoxaban[Tiab] OR stroke despite treatment with edoxaban[Tiab] OR stroke while taking novel edoxaban[Tiab] OR stroke while receiving edoxaban[Tiab] OR stroke receiving edoxaban[Tiab] OR stroke receiving edoxaban[Tiab] OR stroke on dabigatran[Tiab] OR stroke while on dabigatran[Tiab] OR stroke despite dabigatran[Tiab] OR stroke despite treatment with dabigatran[Tiab] OR stroke while taking novel dabigatran[Tiab] OR stroke while receiving dabigatran[Tiab] OR stroke receiving dabigatran[Tiab] OR stroke receiving dabigatran[Tiab]) AND atrial fibrillation[Tiab]

**Titles since inception (1985):** 5,177

**Titles since 2020:** 1,675

**Secondary prevention options in AF patients with a previous intracranial haemorrhage**

(Prevention[Tiab] OR preventive management[Tiab] OR preventive therapy[Tiab] OR preventive treatment[Tiab] OR preventative management[Tiab] OR preventative therapy[Tiab] OR preventative treatment[Tiab] OR anticoagul\*[Tiab] OR atrial appendage[Tiab]) AND atrial fibrillation[Tiab] AND (intracerebral hemorrhage[Tiab] OR intracerebral haemorrhage[Tiab] OR intracranial hemorrhage[Tiab] OR intracranial bleed\*[Tiab] OR intraparenchymal hemorrhage[Tiab] OR intraparenchymal haemorrhage[Tiab] OR parenchymal haemorrhage[Tiab] parenchymal bleed\*[Tiab] OR cerebral hemorrhage[Tiab] OR cerebral haemorrhage[Tiab] OR cerebral bleed\*[Tiab])

**Titles since inception (1984):** 134

**Titles since 2020:** 43

**Table S2**. Studies of prolonged cardiac monitoring in patients with ischemic stroke and TIA

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Study** | **Population** | **n** | **Cardiac monitoring** | **Timing of PCM** | **Follow-up** | **AFDAS detection (%)** | **Primary Endpoint** | **Detection difference (95%CI)** | **P value** |
| **MonDAFIS1** | IS/TIA | 3465 | ≤7-d Holter | 3 d | 12m | 9.7 | % on OACs | OR 1.2  (0.9-1.6) | 0.14 |
| **FIND-AF2** | IS | 398 | 10-d Holter x3 | ≤7 d | 6m | 13.5 | New AF | AD 9.0  (3.4-14.5) | 0.002 |
| **EMBRACE3** | Cryptogenic IS/TIA | 572 | 30-d ELR | 6 mo | 3m | 16.1 | New AF | AD 12.9  (8.0-17.6) | <0.001 |
| **CRYSTAL AF4** | Cryptogenic IS | 441 | ICM | 3 mo | 6m | 8.9 | New AF | HR 6.4  (1.9-21.7) | <0.001 |
|  |  |  | ICM |  | 12m | 12.4 |  | HR 7.3  (2.6-20.8) | <0.001 |
| **PER DIEM5** | IS/TIA | 300 | ICM | 6 mo |  | 15.3 | New AF | AD 10.7  (4.0-17.3) | 0.003 |
|  |  |  | 30-d ELR |  |  | 4.7 |  |  |  |
| **STROKE-AF6** | LVD or SVD IS | 492 | ICM | 10 d | 12m | 12.1 | New AF | HR 7.4  (2.6-21.3) | <0.001 |

**IS:** ischemic stroke. **TIA:** transient ischemic attack. **ICM:** implantable cardiac monitor. **AFDAS:** atrial fibrillation detected after stroke. **AD:** absolute difference. **HR:** hazard ratio. **OR:** odds ratio. **LVD:** large vessel disease. **SVD:** small vessel disease. **OACs:** oral anticoagulants. **Timing of PCM:** time between qualifying stroke and TIA and randomization into a clinical trial of prolonged cardiac monitoring.

**Table S3.** Association between cardiac troponin and AF detection in patients with ischemic stroke or TIA

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Study** | **Troponin type** | **Patients** | **AF with normal Troponin** | **AF with high Troponin** | **AUC** |
| Bugnicourt et al. 20107 | TnI | 402 | 3.7% | 13.2% | 0.662 |
| Beaulieu-Boire et al. 20138 | TnI | 408 | 9.7% | 34.7% | NA |
| Lasek-Bal et al. 20149 | TnI | 1,068 | 4.7% | 15.4% | NA |
| Ward et al. 201510 | TnI | 185 | 6.1% | 30.0% | NA |
| Scheitz et al. 201511 | hs-TnT | 1,228 | – | – | 0.660 |
| Naess et al. 201812 | hs-TnT | 1,239 | 28.0% | 8.0% | NA |
| Tancin Lambert et al. 202313 | hs-TnT | 162 | – | – | 0.697 |
|  | hs-TnI | 100 | – | – | 0.650 |

**TnI:** Troponin I. **hs-TnI:** high-sensitivity Troponin I. **hs-TnT:** high-sensitivity Troponin T.

**Table S4.** Subanalysis from NOAH-AFNET 6 and ARTESIA for ischemic stroke recurrence and major bleeding in patients with prior stroke or TIA

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Study** | **Population with prior IS or TIA** | **Events (rate)** | | **Hazard ratio (95%CI)** | **P value**  **for interaction** |
|  | **DOACs** | **Control** |  |
| **NOAH-AFNET 6**14 | 253 of 2536 |  |  |  |  |
| **Ischemic or unknown stroke** |  |  |  |  | 0.82 |
| Prior stroke or TIA |  | 4 (1.6) | 6 (2.3) | 0.7 (0.2–2.4) |  |
| No prior stroke or TIA |  | 18 (0.8) | 21 (0.9) | 0.8 (0.4-1.6) |  |
| **Major bleeding** |  |  |  |  | 0.34 |
| Prior stroke or TIA |  | 8 (3.2) | 2 (0.8) | 4.3 (0.9-20.1) |  |
| No prior stroke or TIA |  | 45 (2.0) | 23 (1.0) | 1.9 (1.2-3-2) |  |
| **ARTESiA**15 | 346 of 4012 |  |  |  |  |
| **Ischemic or unknown stroke** |  |  |  |  | 0.43 |
| Prior stroke or TIA |  | 7 (4.1) | 15 (8.6) | 0.47 (0.19-1.16) |  |
| No prior stroke or TIA |  | 40 (2.2) | 57 (3.1) | 0.69 (0.46-1.03) |  |
| **Major bleeding** |  |  |  |  | 0.42 |
| Prior stroke or TIA |  | 13 (7.6) | 7 (4.0) | 1.94 (0.77-4.87) |  |
| No prior stroke or TIA |  | 93 (5.0) | 71 (3.9) | 1.30 (0.95-1.77) |  |

**Table S5.** Observational studies on timing of anticoagulation post-ischemic stroke

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Study** | **Study type** | **Patients** | **Early** | **Late** | **Recurrent AIS**  **Risk (95% CI)** | **Intracranial hemorrhage**  **Risk (95% CI)** |
| Seiffge et al. 201616 | Prospective | 204 | ≤7 days | >7 days | 5.1% vs. 9.3%¶ | 0% vs 0%¶ |
| Yaghi et al. 202017 | Retrospective | 1,289 | 0-3, 4-14, >14 days | | OR 1.49 (0.50-4.43)† | OR 0.76 (0.36-1.62)**‡** |
| De Marchis et al. 202218 | Retrospective | 2,250 | ≤5 days | >5 days | aHR 1.2 (0.5-2.9) | aHR 6.0 (0.6-56.3) |
| Kimura et al. 202219 | Retrospective | 2,501 | 1-2-3-4 days**\*** | | aHR 0.54 (0.27-0.99) | aHR 0.66 (0.09-3.39) |
| Grosse et al. 202320 | Prospective | 3,312 | ≤7 days | >7 days | 3.3% vs. 4.4%§ | 0.5% vs. 0.6%§ |
| Sharobeam et al. 202421 | Prospective | 208 | <4 days | ≥4 days | 8% vs. 17%**\*\*** | 32% vs. 22%**⧺** |

¶ Annual rate of events among patients receiving direct oral anticoagulants: early (≤7 days) vs late (>7 days) initiation groups.

† 4-14 days compared to 0-3 days.

**‡** 4-14 days compared to >14 days.

**\*** Above or below the median for each 1-2-3-4 category.

§ Events per 10,000 treatment days in patients receiving dabigatran: early (≤7 days) vs late (>7 days) initiation groups.

**⧺**Proportion with hemorrhagic transformation on magnetic resonance imaging (early vs. late).

\*\* Proportion with acute brain infarcts on diffusion weighted imaging (early vs. late).

**Table S6.** Ongoing RCTs and Observational Studies

**AF SCREENING**

**DefenseElderly**

* **Population:** 300 patients with ESUS
* **Intervention:** ICM
* **Primary Endpoint:** Paroxysmal AF episodes > 30 seconds detected with intermittent recordings or ≥ 2 minutes during ICM within 6 months
* **NCT number:** NCT04285918
* **Related section:** AF screening
* **Current study stage:** Ongoing (recruiting)
* **Study type:** Observational (prospective cohort)

**CARDIOSTROKE**

* **Population:** 405 patients with ischemic stroke or TIA
* **Intervention:** ECG for 3 weeks + self-monitoring of BP and self-titration of antihypertensive medication assisted with a mobile device app
* **Primary Endpoint:** New dx of AF (>30s) and change in BP within 12 months
* **NCT number:** NCT03710902
* **Related section:** AF screening
* **Current study stage:** Ongoing (recruiting)
* **Study type:** Randomized trial

**Yield of Implantable Cardiac Monitoring Device in Patients With Acute Ischemic Stroke**

* **Population:** 200 patients IS or TIA
* **Intervention:** ICM (Reveal LINQTM)
* **Primary Endpoint:** Paroxysmal atrial fibrillation > 120 seconds for 3 years
* **NCT number:** NCT05494034
* **Related section:** AF screening
* **Current study stage:** Ongoing (recruiting)
* **Study type:** Observational (prospective cohort)

**REMOTE**

* **Population:** 225 patients with cryptogenic IS or TIA
* **Intervention:** PPG-based mHealth on smartphone + Holter for 7 days + 24h BP for 4 weeks
* **Primary Endpoint:** AF detection with mHealth vs ILR within 6 months
* **NCT number:** NCT05006105
* **Related section:** AF screening
* **Current study stage:** Ongoing (recruiting)
* **Study type:** Randomized trial

**DELTA**

* **Population:** 500 patients with IS
* **Intervention:** Wearable wristband model (MOTO 360 smartwatch)
* **Primary Endpoint:** Sensitivity and specificity for detecting AF with PPG and the algorithm concordance index or c-index for predicting AF compared with EHR data
* **NCT number:** NCT05795842
* **Related section:** AF screening
* **Current study stage:** Ongoing (recruiting)
* **Study type:** Observational (case-only prospective)

**PROVE-AF**

* **Population:** 320 patients IS or TIA of undetermined etiology
* **Intervention:** Cardiac ECG patch within 24h
* **Primary Endpoint:** Detection of newly diagnosed AF or atrial flutter within 24 hours
* **NCT number:** NCT05082467
* **Related section:** AF screening
* **Current study stage:** Active (not recruiting)
* **Study type:** Observational (prospective cohort)

**SMARTTHUNDER**

* **Population:** 100 patients with cryptogenic stroke
* **Intervention:** ECG smartwatch and Holter monitoring for up to 1 year
* **Primary Endpoint:** AF detected by ECG smartwatch (ICM data will be analyzed for confirming the result)
* **NCT number:** NCT05565781
* **Related section:** AF screening
* **Current study stage:** Ongoing (recruiting)
* **Study type:** Randomized trial

**AF-SPICE**

* **Population:** 3300 patients IS or TIA
* **Intervention:** Extended ECG for 48h and 2 long-term continuous ambulatory ECG for 14 days each
* **Primary Endpoint:** Composite of stroke, death and intracerebral bleeding (at least 36 months of follow-up)
* **NCT number:** NCT05134454
* **Related section:** AF screening
* **Current study stage:** Ongoing (recruiting)
* **Study type:** Randomized trial

**FIND-AF 2**

* **Population:** 5200 patients with IS
* **Intervention:** 2 groups (minimum follow-up in each patient is 24 months, but may be followed for up to 60 months):  
   a) group with high risk for AF: ICM   
   b) group with low risk for AF: 7-day Holter ECG at baseline, after 3 and 12 months. Then, once a year until the end of the study or when AF is detected
* **Primary Endpoint:** time until recurrent IS or systemic embolism and time until the first haemorrhagic stroke
* **NCT number:** NCT04371055
* **Related section:** AF screening
* **Current study stage:** Ongoing (recruiting)
* **Study type:** Randomized trial

BIOMARKERS

**EPAF-7**

* **Population: 200 patients ESUS or TIA**
* **Intervention: Atrial electromechanical conduction time (sPA-TDI) and LaHAsPa-Score in people who is dx of AF with 7-day ambulatory ECG monitor + incidental detection of AF within 2 years**
* **Primary Endpoint: Atrial fibrillation**
* **NCT number: NCT05044208**
* **Related section: Biomarkers for guiding AF screening**
* **Current study stage: Ongoing (recruiting)**
* **Study type: Observational (prospective cohort)**

STROKE PREVENTION

**Multimodal Prognostic Assessment of AIS With AF**

* **Population:** 1000 patients with IS
* **Intervention:** ECG monitoring for 7 days + echocardiography measuring LA volume, etc.
* **Primary Endpoint:** Stroke including ischemic or hemorrhagic stroke for 1 year
* **NCT number:** NCT06548269
* **Related section:** Stroke prevention
* **Current study stage:** Active (not recruiting)
* **Study type:** Observational (prospective cohort)

TIMING OF ANTICOAGULATION

OPTIMAS

* **Population:** 3648 patients with IS
* **Intervention:** Early initiation of DOAC vs Standard initiation of DOAC
* **Primary Endpoint:** Recurrent ischemic stroke, ICH and systemic embolism at 90 days from randomization
* **NCT number:** NCT03759938
* **Related section:** Timing of initiation of anticoagulation
* **Current study stage:** Active (not recruiting)
* **Study type:** Randomized trial

START

* **Population:** 200 patients with new disabling neurological deficit attributable to stroke
* **Intervention:** Experimental: 132 hours (Day 6) - The time after symptom onset to initiate treatment will be randomized to one of 4 possible treatment arms: 72 (+/- 24) hours, 132 (+/- 12) hours, 228 (+/- 12) hours, and 324 (+/- 12) hours.
* **Primary Endpoint:** Recurrent ischemic event and hemorrhagic event
* **NCT number:** NCT03021928
* **Related section:** Timing of initiation of anticoagulation
* **Current study stage:** Active (not recruiting)
* **Study type:** Randomized trial

ASAP

* **Population:** 2351 patients with acute ischemic stroke onset <48h
* **Intervention:** Early initiation of anticoagulation (rivaroxaban, dabigatran, apixaban, and edoxaban)
* **Primary Endpoint:** Early neurological deterioration before discharge (average of 7 days)
* **NCT number:** NCT06057467
* **Related section:** Timing of initiation of anticoagulation
* **Current study stage:** Ongoing (recruiting)
* **Study type:** Randomized trial

LEFT ATRIAL APPENDAGE CLOSURE

Occlusion-AF

* **Population:** 750 patients with IS/TIA
* **Intervention:** Left atrial appendage occlusion with the Amulet or Watchman device
* **Primary Endpoint:** Ischemic and hemorrhagic, systemic embolism, major bleeding, and all-cause mortality
* **NCT number:** NCT03642509
* **Related section:** Left atrial appendage closure
* **Current study stage:** Ongoing (recruiting)
* **Study type:** Randomized trial

ELAPSE

* **Population:** 482 patients with ischemic stroke
* **Intervention:** Left atrial appendage Occlusion and therapy with direct oral anticoagulants
* **Primary Endpoint:** Recurrent ischemic stroke, systemic embolism, or cardiovascular death
* **NCT number:** NCT05976685
* **Related section:** Left atrial appendage closure
* **Current study stage:** Ongoing (recruiting)
* **Study type:** Randomized trial

STROKE PREVENTION IN PATIENTS WITH PRIOR ICH

ASPIRE

* **Population:** 700 patients with recent ICH and non-valvular atrial fibrillation
* **Intervention:** Apixaban
* **Primary Endpoint:** Stroke or death up to 3 years
* **NCT number:** NCT03907046
* **Related section:** Secondary prevention in AF and previous ICH
* **Current study stage:** Ongoing (recruiting)
* **Study type:** Randomized trial

STATICH

* **Population:** 500 patients with spontaneous, primary ICH ≥1 day, but not more than 180 days after onset of qualifying ICH
* **Intervention:** Anticoagulant or antiplatelet drugs
* **Primary Endpoint:** Fatal or non-fatal symptomatic ICH within 2 years
* **NCT number:** NCT03186729
* **Related section:** Secondary prevention in AF and previous ICH
* **Current study stage:** Ongoing (recruiting)
* **Study type:** Randomized trial

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