AFNET

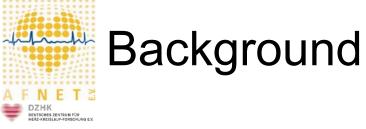
ATRIAL FIBRILLATION NETWORK

AXAFA – AFNET 5

STUDIEN



IDESIGN

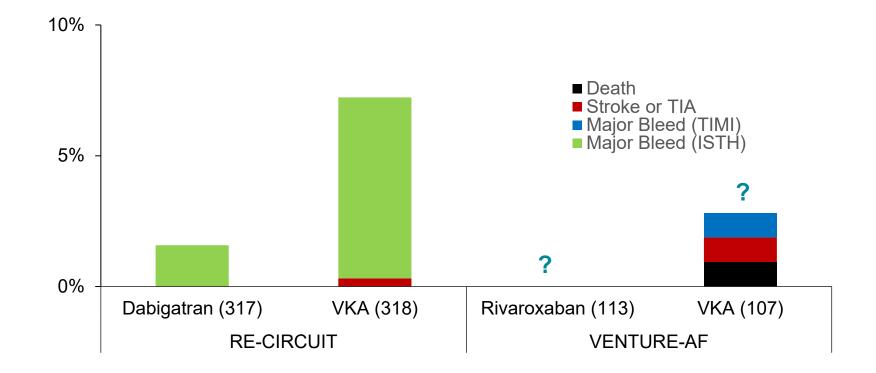


- Catheter ablation is an effective and increasingly used treatment to maintain and restore sinus rhythm in patients with symptomatic atrial fibrillation.
- It is recommended to perform atrial fibrillation ablation on continuous anticoagulation to minimize periprocedural strokes.
- One small and one medium-sized controlled clinical trial in patients undergoing atrial fibrillation ablation found that bleeding risk is similar with rivaroxaban and dabigatran compared to vitamin K antagonists.
- High resolution diffusion weighed magnetic resonance brain imaging identifies small acute brain lesions in approximately 25% of patients undergoing atrial fibrillation ablation.
- Cognitive decline has been reported 90 days after atrial fibrillation ablation.

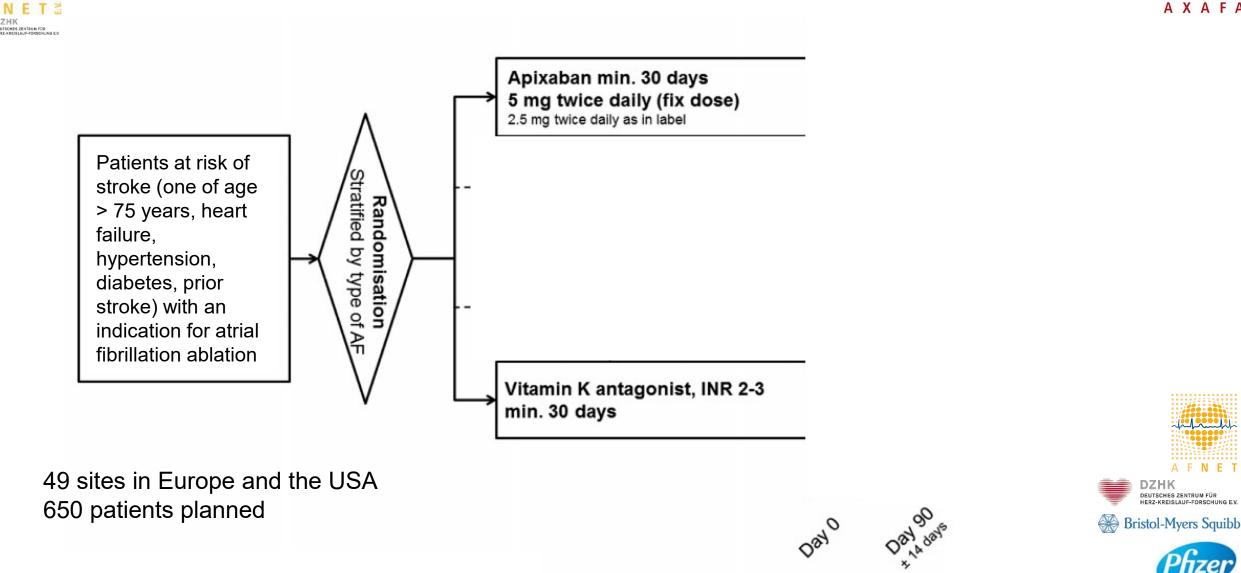
Benameur K et al. *AJNR Am J Neuroradiol*; 27:1987-9.(2006) Herm J et al. *Circ Arrhythm Electrophysiol*. 6:843-850 (2013) Nakamura T et al. *Europace*;19:1681-8.(2017) Medi C et al. *J Am Coll Cardiol;* 62:531-9.(2013)

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Event rates in controlled trials of continuous NOAC and VKA therapy



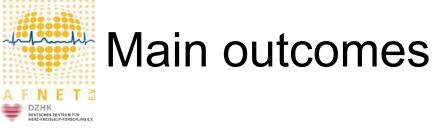
Cappato R et al. *Eur Heart J;* 36:1805-11.(2015) Calkins H et al. *N Engl J Med;* 376:1627-36.(2017)



Study Design









Primary outcome:

- Composite of death, stroke, or bleeding (BARC 2-5)
- The sample size was determined based on a 7.5% absolute non-inferiority margin (1.44 relative margin)

Selected secondary outcomes:

- Components of the primary outcome (adjudicated, descriptive)
- ISTH and TIMI major bleeds (adjudicated, descriptive)
- Quality of life (SF-12, Karnofsky scale) at end of study, change compared to baseline
- MRI substudy: patients with HR-DWI lesions, number of lesions per patient
- Cognitive function at 90 days, change compared to baseline



