ATRIAL FIBRILLATION
NETWORK

NOAH - AFNET 6

STUDIENDESIGN

NOAH – AFNET 6 Background

Oral anticoagulation prevents strokes in patients with atrial fibrillation.[1,2]

In the absence of ECG-documented atrial fibrillation, anticoagulants given for stroke prevention mainly cause bleeding, e.g. in patients with ESUS[3,4] or heart failure.[5,6]

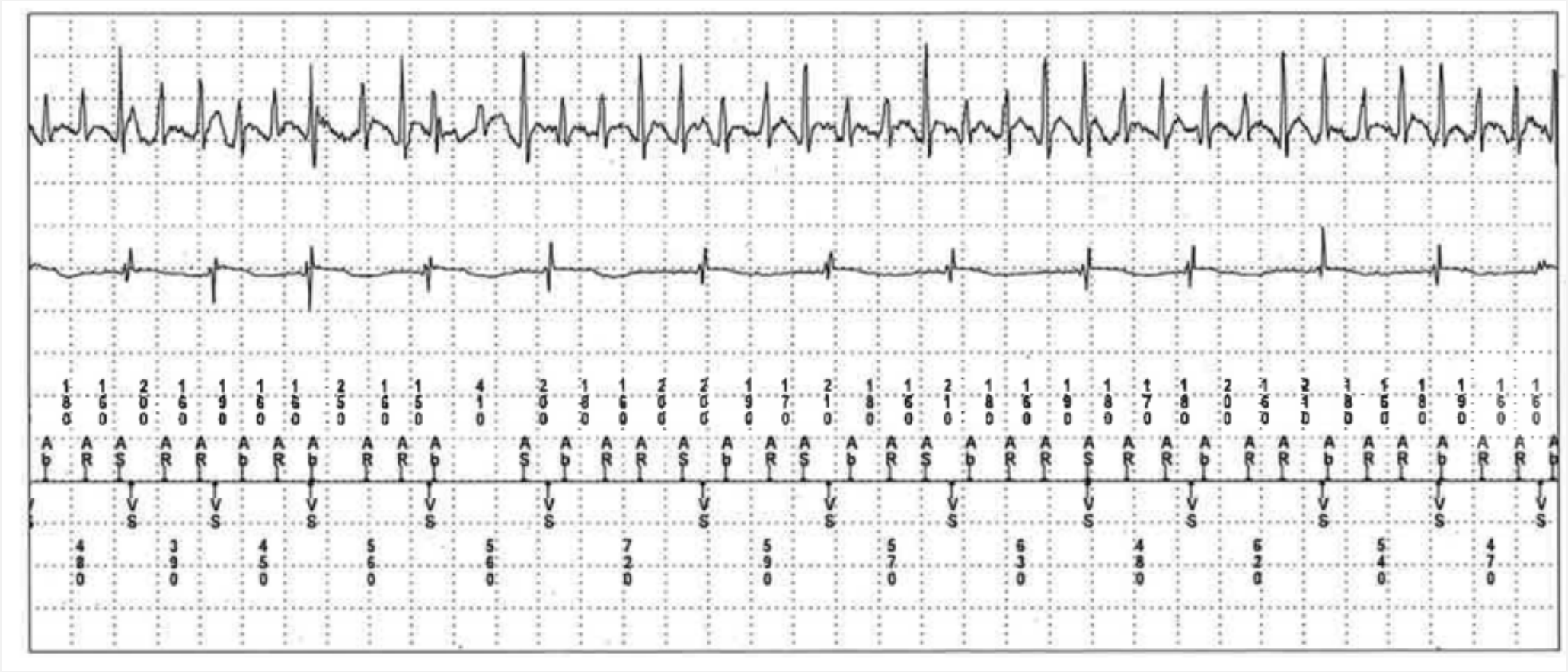
Atrial fibrillation is often only detected after a first stroke[7,8], calling for earlier diagnosis to enable anticoagulation.[9]

Less time in atrial fibrillation may carry a lower stroke risk: Stroke risk is lower in paroxysmal atrial fibrillation than in chronic forms, and early rhythm control therapy reduces time in atrial fibrillation and cardiovascular events.[9-12]

1 Hart RG, et al. *Ann Intern Med* 2007;146:857-67. DOI: 10.7326/0003-4819-146-12-200706190-00007.
2 Ruff CT, et al. *Lancet* 2014;383:955-62. DOI: 10.1016/S0140-6736(13)62343-0.
3 Hart RG, et al. *N Engl J Med* 2018;378:2191-2201. DOI: 10.1056/NEJMoa1802686.
4 Diener HC, et al. *N Engl J Med* 2019;380:1906-1917. DOI: 10.1056/NEJMoa1813959.
5 Zannad F, et al. *N Engl J Med* 2018;379:1332-1342. DOI: 10.1056/NEJMoa1808848.
6 Homma S, et al. *N Engl J Med* 2012;366:1859-69. DOI: 10.1056/NEJMoa1202299.
7 Grond M, et al. *Stroke* 2013;44:3357-64. DOI: 10.1161/STROKEAHA.113.001884.
8 Gladstone DJ, et al. *N Engl J Med* 2014;370:2467-77. DOI: 10.1056/NEJMoa1311376.
9 Schnabel RB, et al. *Europace* 2022. DOI: 10.1093/europace/euac062.
10. Vanassche T, et al. *Eur Heart J 2015*;36:281-7a.DOI: 10.1093/eurheartj/ehu307.
11. Kirchhof P, et al. *N Engl J Med* 2020. DOI: 10.1056/NEJMoa2019422.
12. Eckardt L, et al. *Eur Heart J* 2022;43:4127-4144. DOI: 10.1093/eurheartj/ehac471.

NOAH – AFNET 6 Rationale

Pacemaker, defibrillators, CRTs, and loop recorders continuously monitor atrial rhythm.
These devices detect atrial high-rate episodes in 10-30% of patients.



Toennis T, et al. *Europace* 2023. DOI: 10.1093/europace/euad166

NOAH – AFNET 6 Hypothesis

The **N**on vitamin K antagonist **O**ral anticoagulants in patients with **A**trial **H**igh-rate episodes trial (NOAH-AFNET 6)

Oral anticoagulation with edoxaban prevents stroke and systemic embolism in patients with atrial high-rate episodes and stroke risk factors compared to no anticoagulation.

NOAH – AFNET 6 Design

Investigator-initiated, double-blind, double-dummy, randomized trial

conducted in 206 sites across 18 European countries

Sample size: 80% power, α=0.05, to detect a hazard ratio of 0.68 in patients assigned to anticoagulation (220 events)

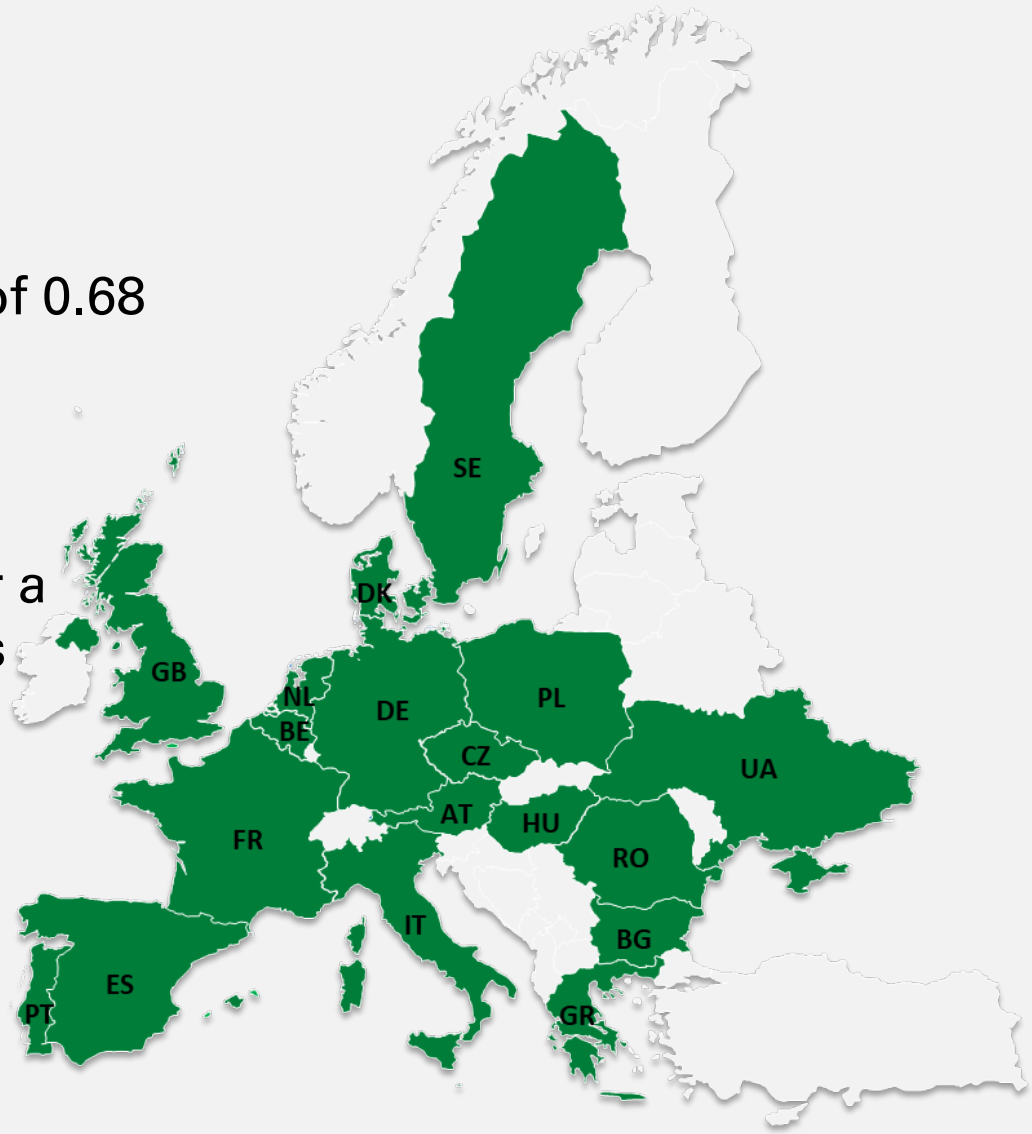
Primary analysis population: all randomized patients who received at least one dose of study drug.

Sample size: Initially 3,400 patients, adapted to 2,538 after a planned, blind interim analysis after 1,000 follow-up years

Sponsor: AFNET

Financial support:

DZHK, Daiichi Sankyo Europe



Daiichi-Sankyo

DZHK
DEUTSCHES ZENTRUM FÜR
HERZ-KREISLAUF-FORSCHUNG E.V.

Kirchhof P, et al. *Am Heart J* 2017;190:12-18. DOI: 10.1016/j.ahj.2017.04.015.

NOAH – AFNET 6 Design

Patients with
1. AHRE episodes ≥6 minutes duration and ≥170 bpm atrial rate, all verified by a core lab, and
2. Age ≥65 years and at least one stroke risk factor of heart failure, hypertension, diabetes, prior stroke, vascular disease, or age ≥75 years

1:1 randomly assigned

Placebo (1,266 patients)
double blind, double dummy
No active compound or acetylsalicylic acid 100 mg based on accepted indications (PAD, CAD/MI, stroke)

Anticoagulation (1,270 patients)
double blind, double dummy
Edoxaban 60 mg, reduced to 30 mg following approved dose reduction criteria, aspirin dummy

Primary outcome: Composite of stroke, systemic embolism, or cardiovascular death
Safety outcome Composite of major ISTH bleeding or all-cause death
Change to open-label anticoagulation upon ECG-documentation of atrial fibrillation
ECG during every 6-monthly study visit
All patients were followed up until the end of the trial

Kirchhof P, et al. *Am Heart J* 2017;190:12-18. DOI: 10.1016/j.ahj.2017.04.015.