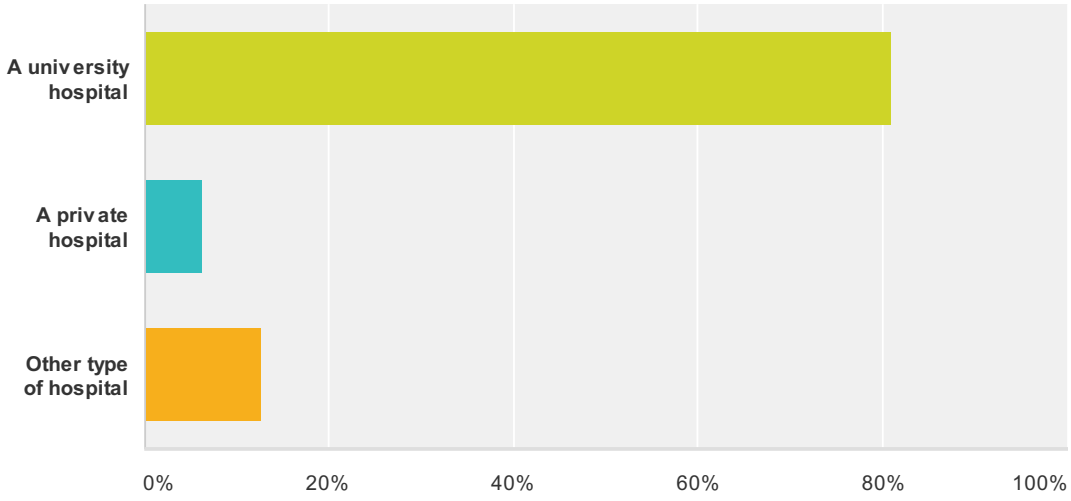
Q1 Is your Institution :

Répondues : 47 Ignorées : 0



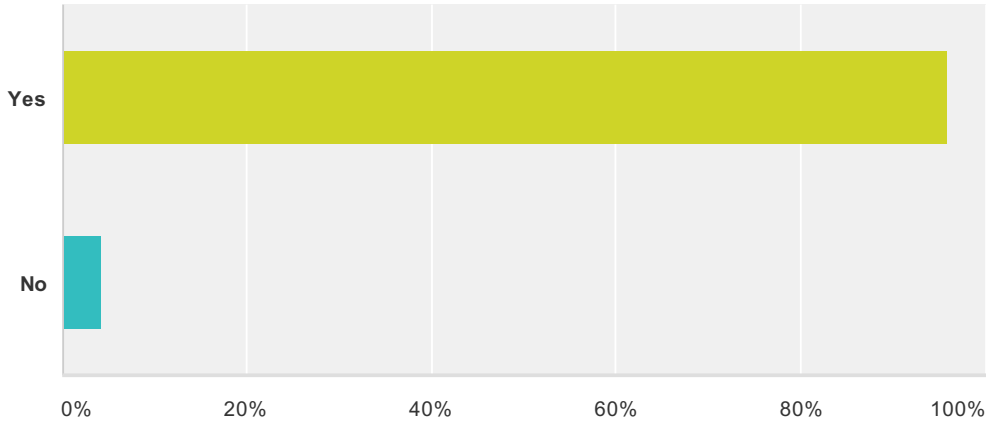
Choix de réponses	Réponses	
A university hospital	**80,85%**	38
A private hospital	**6,38%**	3
Other type of hospital	**12,77%**	6
Total		**47**

Q2 Your email Address is :

Répondues : 45 Ignorées : 2

Q3 Would you be comfortable if we acknowledge your centre in the Europace Journal and on the Website

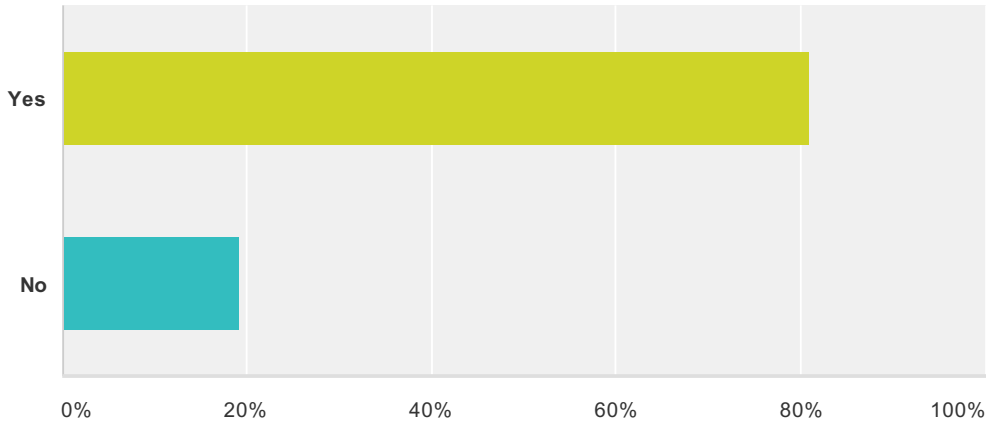
Répondues : 47 Ignorées : 0



Choix de réponses	Réponses	
Yes	**95,74%**	45
No	**4,26%**	2
Total		**47**

Q4 Do you have cardiac surgery at your institution

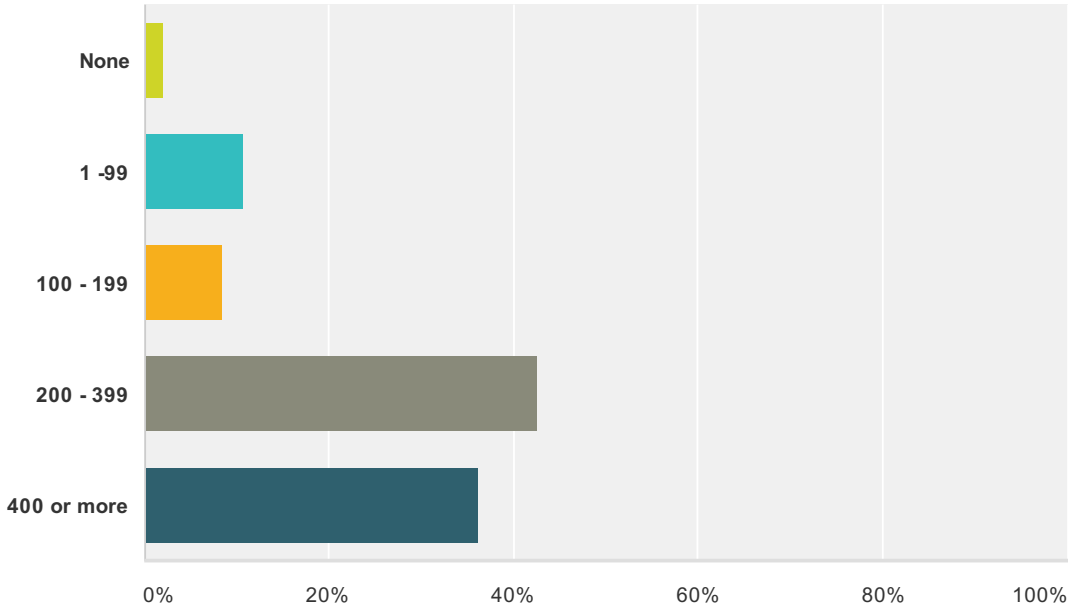
Répondues : 47 Ignorées : 0



Choix de réponses	Réponses	
Yes	**80,85%**	38
No	**19,15%**	9
Total		**47**

Q5 Number of implantations (sum of new implants and replacements) at your institution last calendar year:

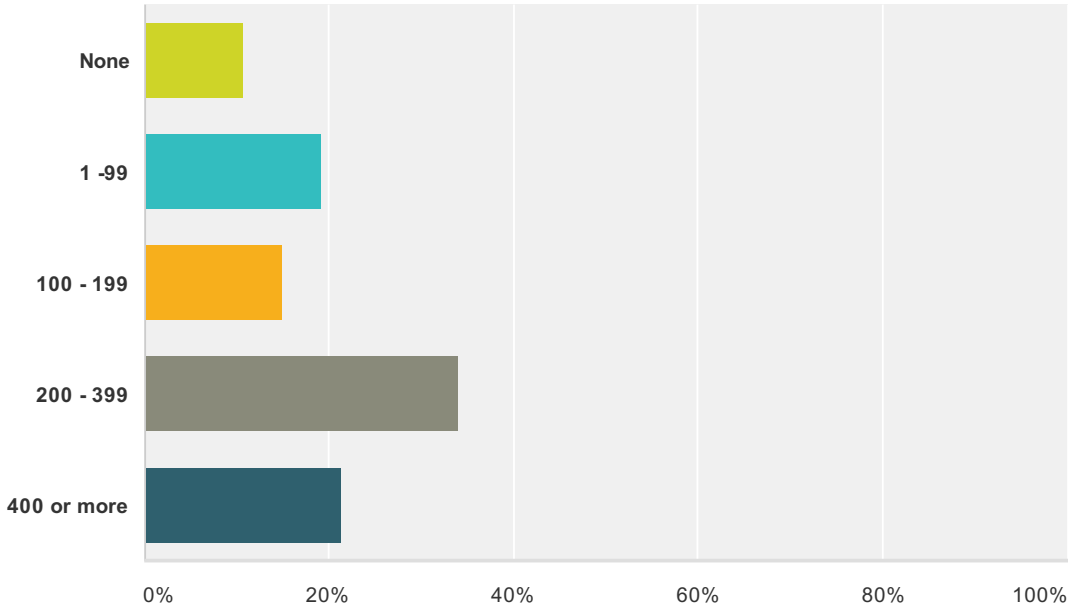
Répondues : 47 Ignorées : 0



Choix de réponses	Réponses	
None	**2,13%**	1
1 -99	**10,64%**	5
100 - 199	**8,51%**	4
200 - 399	**42,55%**	20
400 or more	**36,17%**	17
Total		**47**

Q6 Total Number of catheter ablations (all types of arrhythmia) at your institution last calendar year:

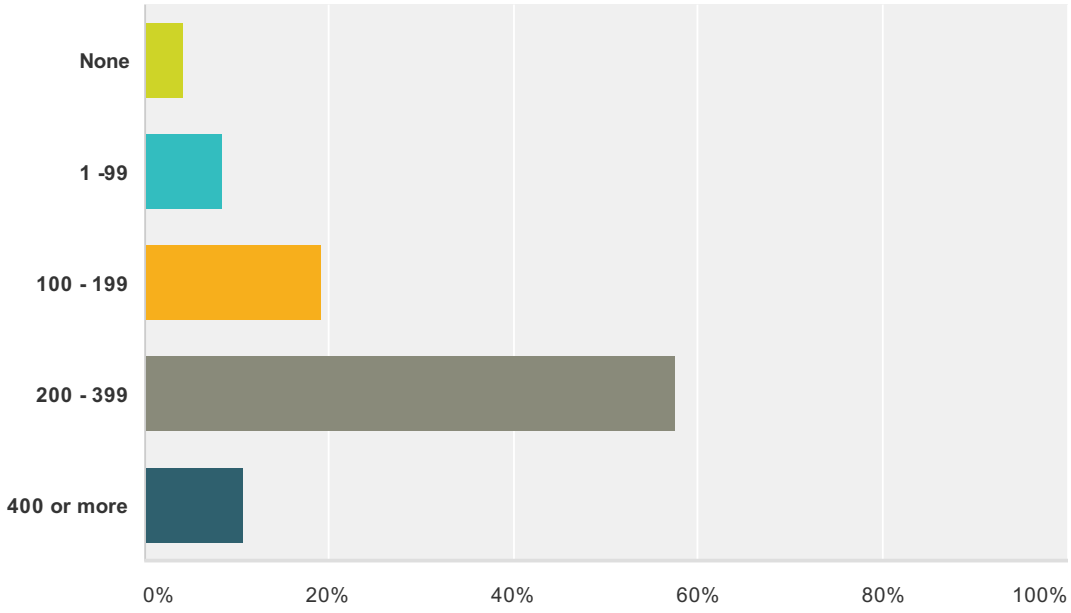
Répondues : 47 Ignorées : 0



Choix de réponses	Réponses	
None	**10,64%**	5
1 -99	**19,15%**	9
100 - 199	**14,89%**	7
200 - 399	**34,04%**	16
400 or more	**21,28%**	10
Total		**47**

Q7 Number of Pacemaker implantations (Including CRT-Ps) at your institution (including box changes) last calendar year

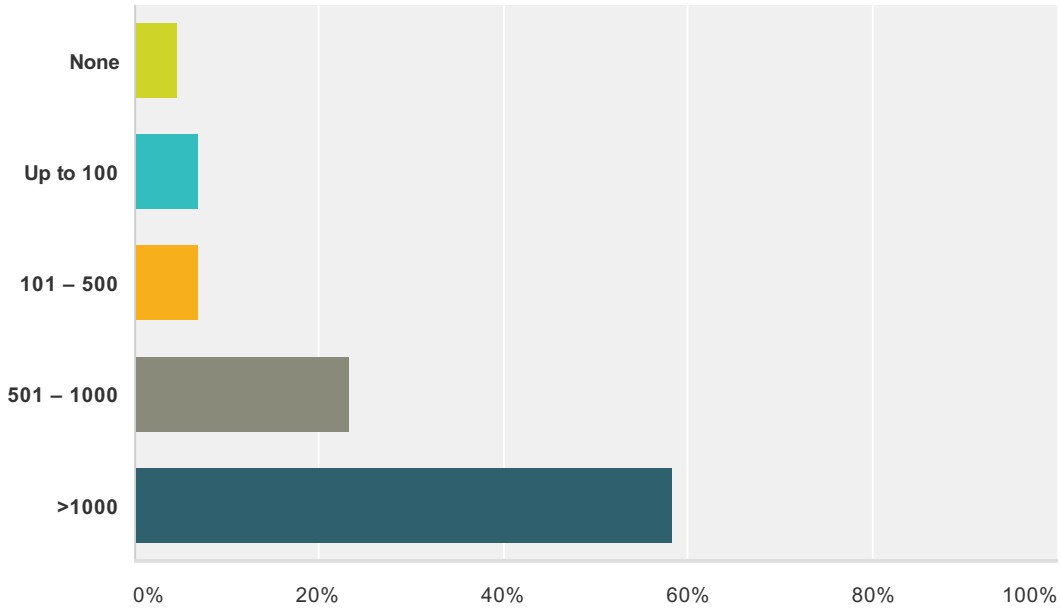
Répondues : 47 Ignorées : 0



Choix de réponses	Réponses	
None	**4,26%**	2
1 -99	**8,51%**	4
100 - 199	**19,15%**	9
200 - 399	**57,45%**	27
400 or more	**10,64%**	5
Total		**47**

Q8 Number of invasive coronary intervention procedures (angioplasty/stenting) per year in your institution averages:

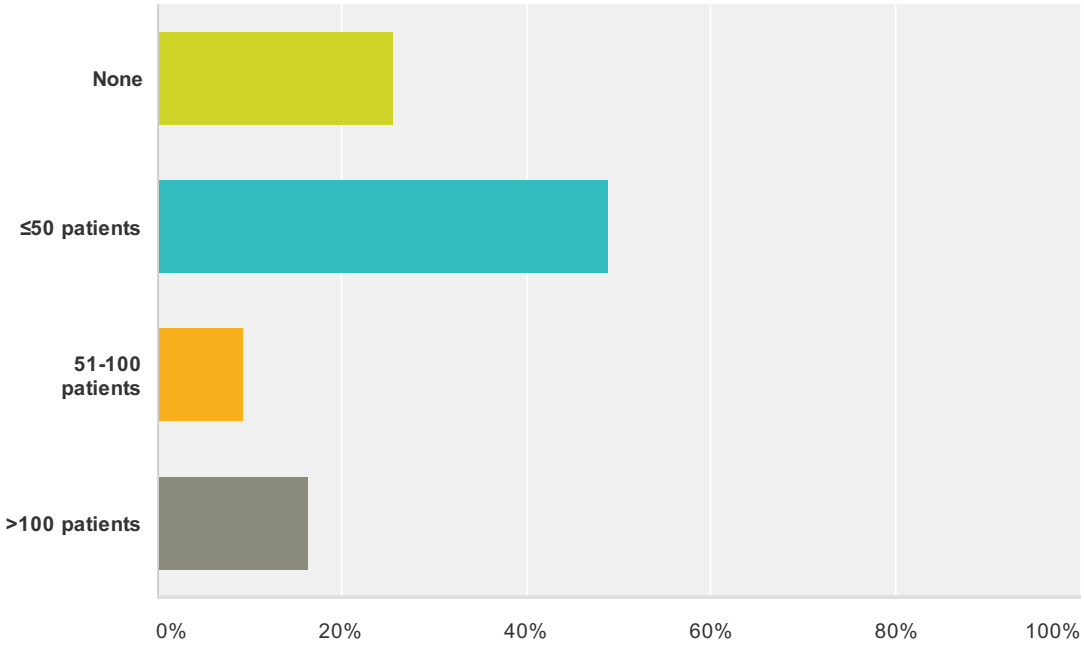
Répondues : 43 Ignorées : 4



Choix de réponses	Réponses	
None	**4,65%**	2
Up to 100	**6,98%**	3
101 – 500	**6,98%**	3
501 – 1000	**23,26%**	10
>1000	**58,14%**	25
Total		**43**

Q9 How many AF patients on NOACs (i.e., dabigatran, rivaroxaban or apixaban) who suffered an acute coronary syndrome (ACS) have you seen in your clinical practice so far?

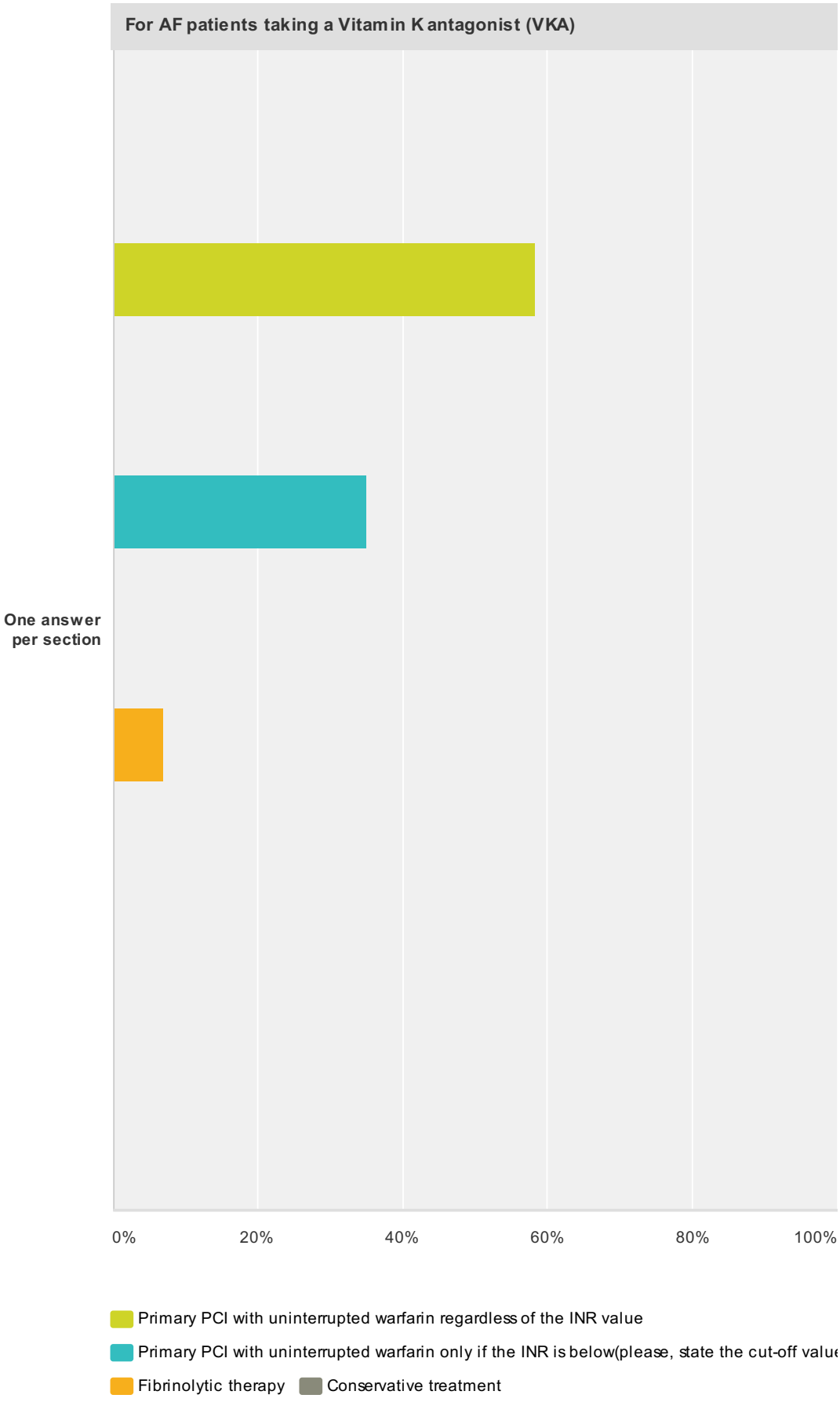
Répondues : 43 Ignorées : 4

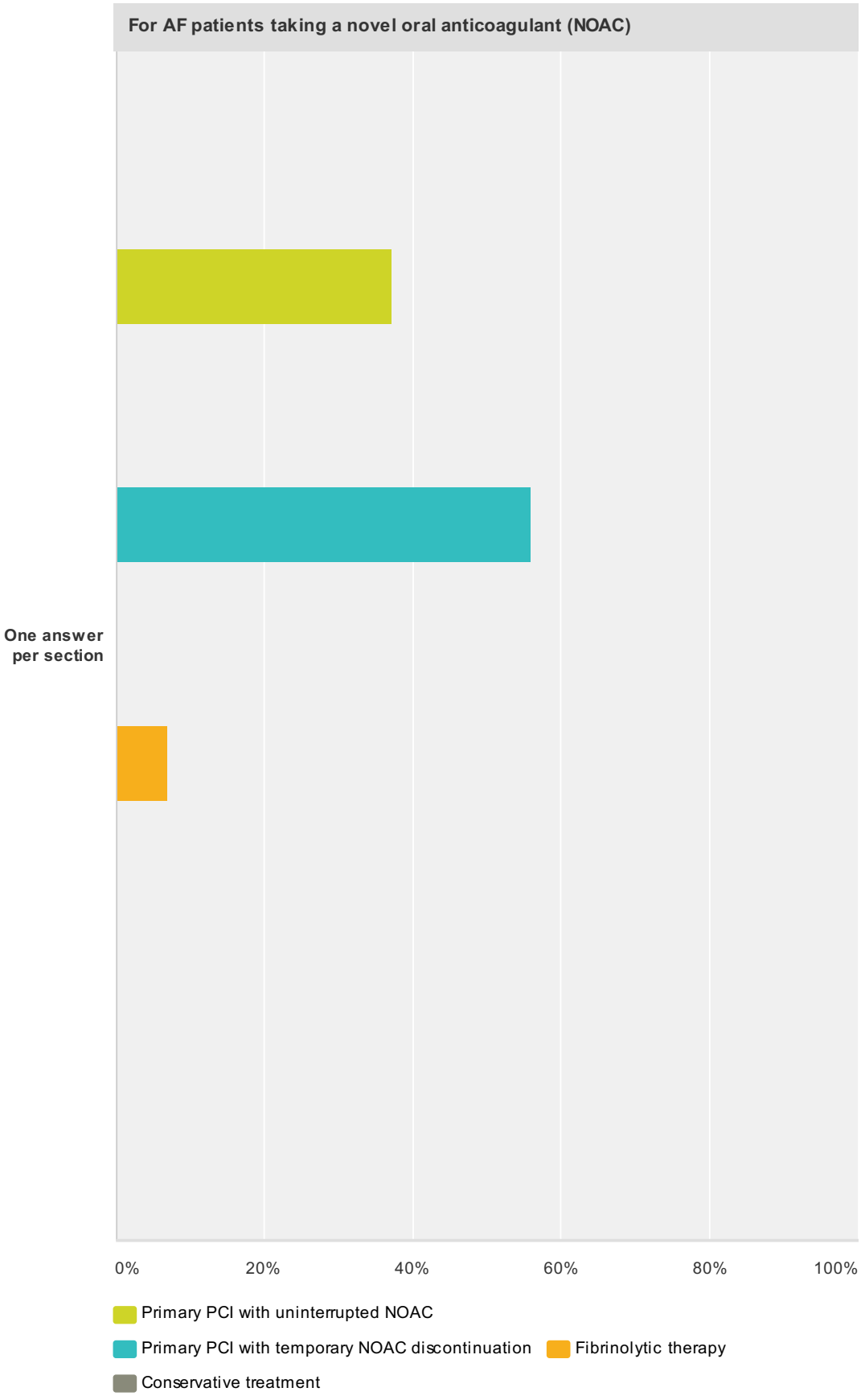


Choix de réponses	Réponses	
None	**25,58%**	11
≤50 patients	**48,84%**	21
51-100 patients	**9,30%**	4
>100 patients	**16,28%**	7
Total		**43**

Q10 What is the preferred strategy in your centre for AF patients presenting with STEMI within an optimal time frame for intervention, who are already taking warfarin or a NOAC?

Répondues : 43 Ignorées : 4


For AF patients taking a Vitamin K antagonist (VKA)
One answer per section
0%
20%
40%
60%
80%
100%
Primary PCI with uninterrupted warfarin regardless of the INR value
Primary PCI with uninterrupted warfarin only if the INR is below(please, state the cut-off valu
Fibrinolytic therapy
Conservative treatment



For AF patients taking a Vitamin K antagonist (VKA)

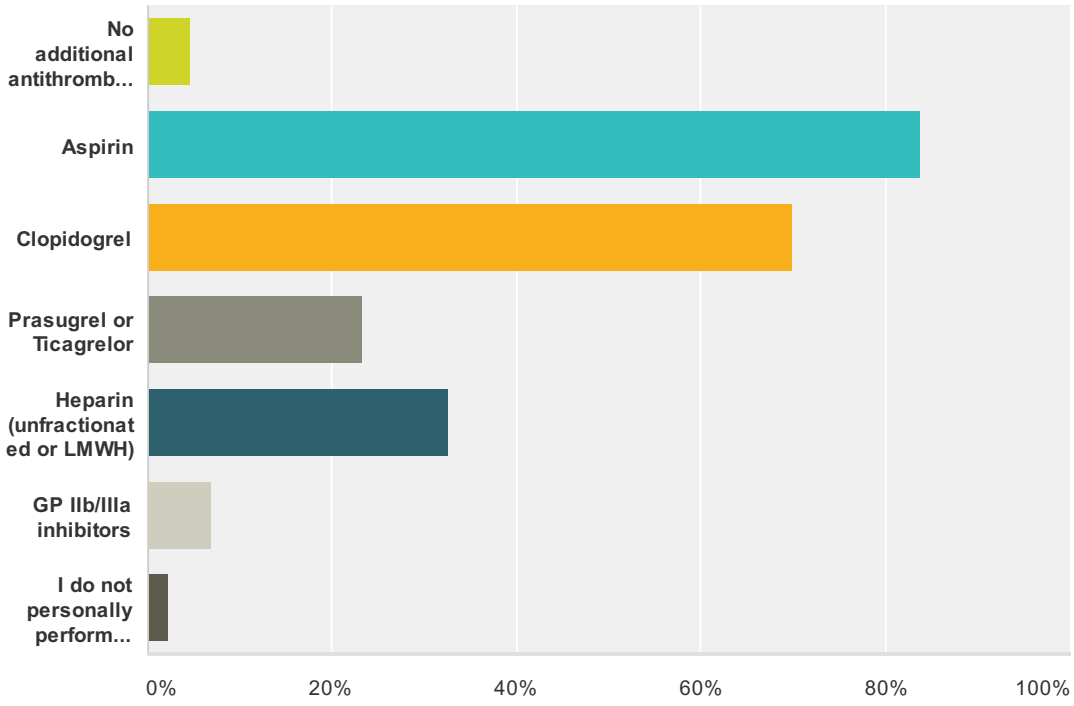
	Primary PCI with uninterrupted warfarin regardless of the INR value	Primary PCI with uninterrupted warfarin only if the INR is below (please, state the cut-off value)	Fibrinolytic therapy	Conservative treatment	Total
One	58.14%	34.88%	6.98%	0%	43

One answer per section	25	15	3	0	

For AF patients taking a novel oral anticoagulant (NOAC)					
	Primary PCI with uninterrupted NOAC	**Primary PCI with temporary NOAC discontinuation**	**Fibrinolytic therapy**	**Conservative treatment**	**Total**
One answer per section	**37,21%** 16	**55,81%** 24	**6,98%** 3	**0%** 0	43

Q11 Which peri-procedural antithrombotic medication do you preferably choose for your AF patients already under VKA treatment undergoing primary PCI for STEMI (please, tick all medications you use on top of a VKA):

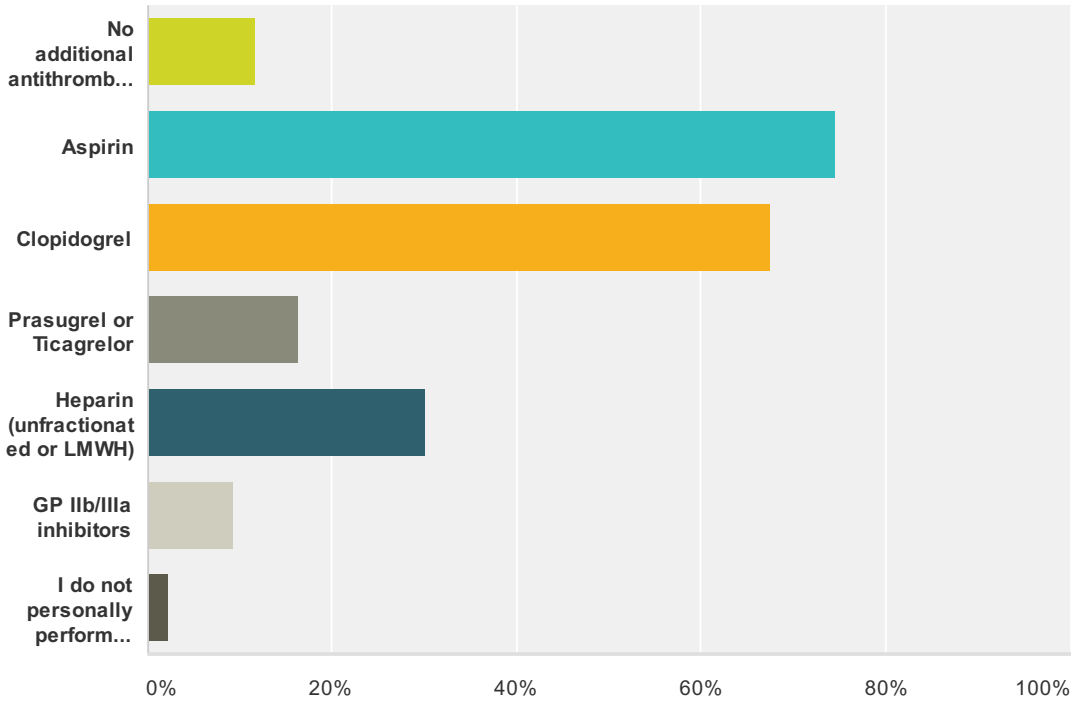
Répondues : 43 Ignorées : 4



Choix de réponses	Réponses	
No additional antithrombotic medication	**4,65%**	2
Aspirin	**83,72%**	36
Clopidogrel	**69,77%**	30
Prasugrel or Ticagrelor	**23,26%**	10
Heparin (unfractionated or LMWH)	**32,56%**	14
GP IIb/IIIa inhibitors	**6,98%**	3
I do not personally perform invasive coronary procedures (angioplasty/stenting) and cannot answer this question	**2,33%**	1
Nombre total de répondants : 43		

Q12 Which peri-procedural antithrombotic medication do you preferably choose for your AF patients under NOAC treatment undergoing primary PCI for STEMI (please, tick all medications you use on top of a NOAC):

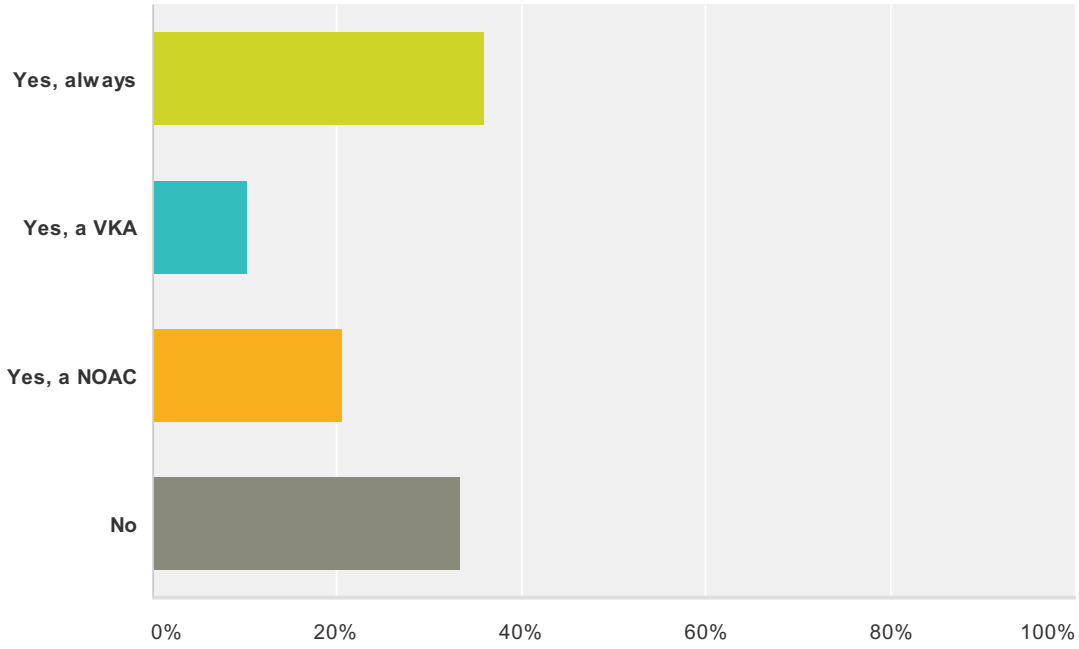
Répondues : 43 Ignorées : 4



Choix de réponses	Réponses	
No additional antithrombotic medication	**11,63%**	5
Aspirin	**74,42%**	32
Clopidogrel	**67,44%**	29
Prasugrel or Ticagrelor	**16,28%**	7
Heparin (unfractionated or LMWH)	**30,23%**	13
GP IIb/IIIa inhibitors	**9,30%**	4
I do not personally perform invasive coronary procedures (angioplasty/stenting) and cannot answer this question	**2,33%**	1
Nombre total de répondants : 43		

Q13 Do you routinely temporarily stop oral anticoagulant therapy in your AF patient presenting with an NSTE-ACS?

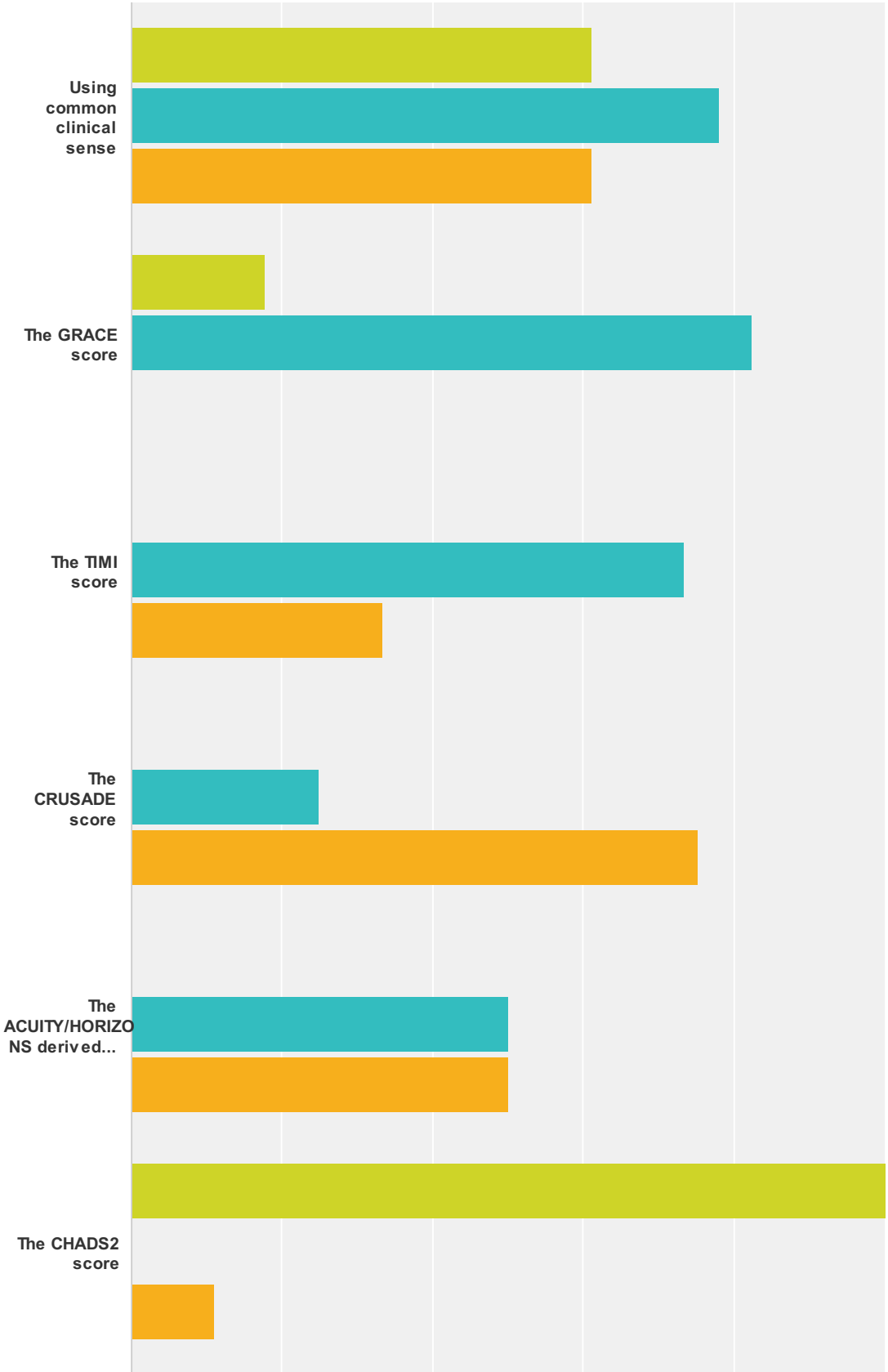
Répondues : 39 Ignorées : 8

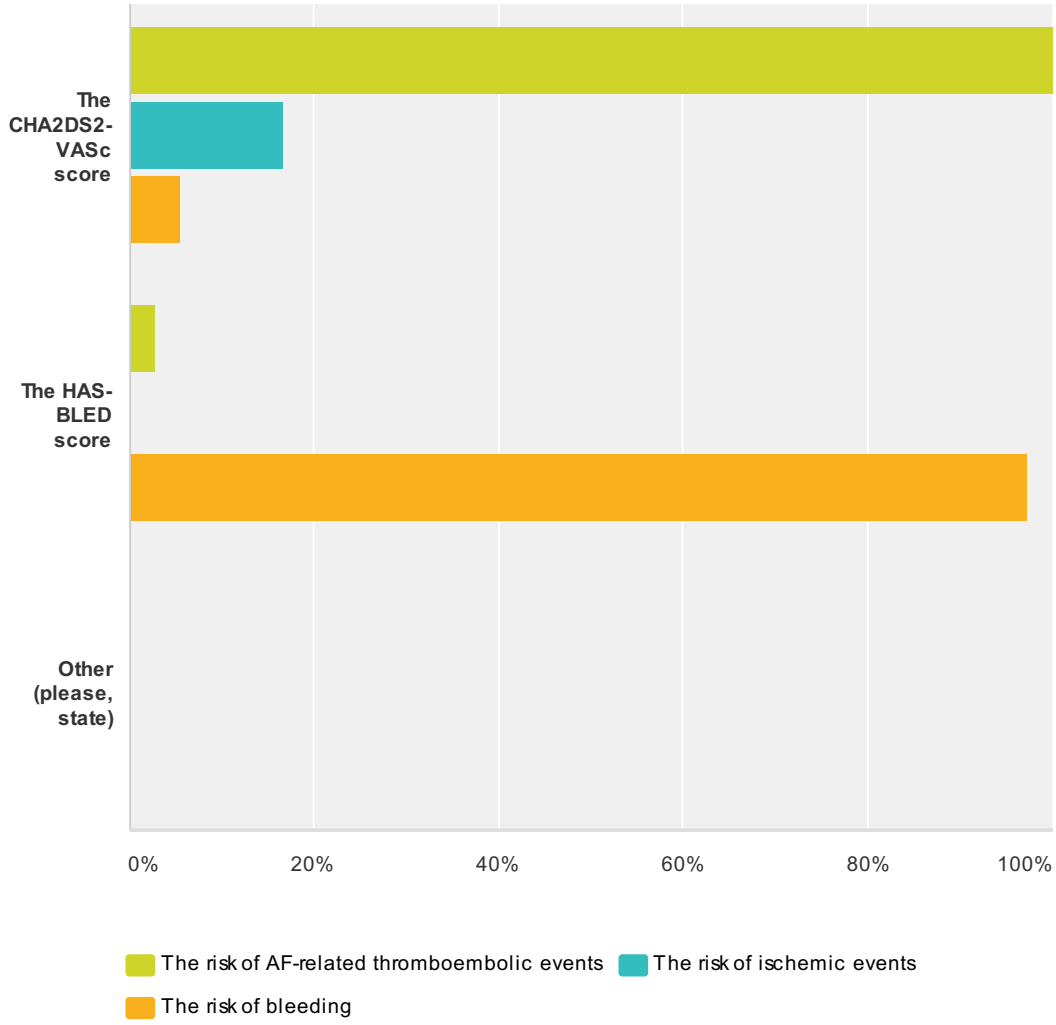


Choix de réponses	Réponses	
Yes, always	**35,90%**	14
Yes, a VKA	**10,26%**	4
Yes, a NOAC	**20,51%**	8
No	**33,33%**	13
Total		**39**

Q14 How do you commonly estimate the risks of AF-related thromboembolic events, ischemic events and bleeding in AF patients presenting with a NSTE-ACS?

Répondues : 39 Ignorées : 8

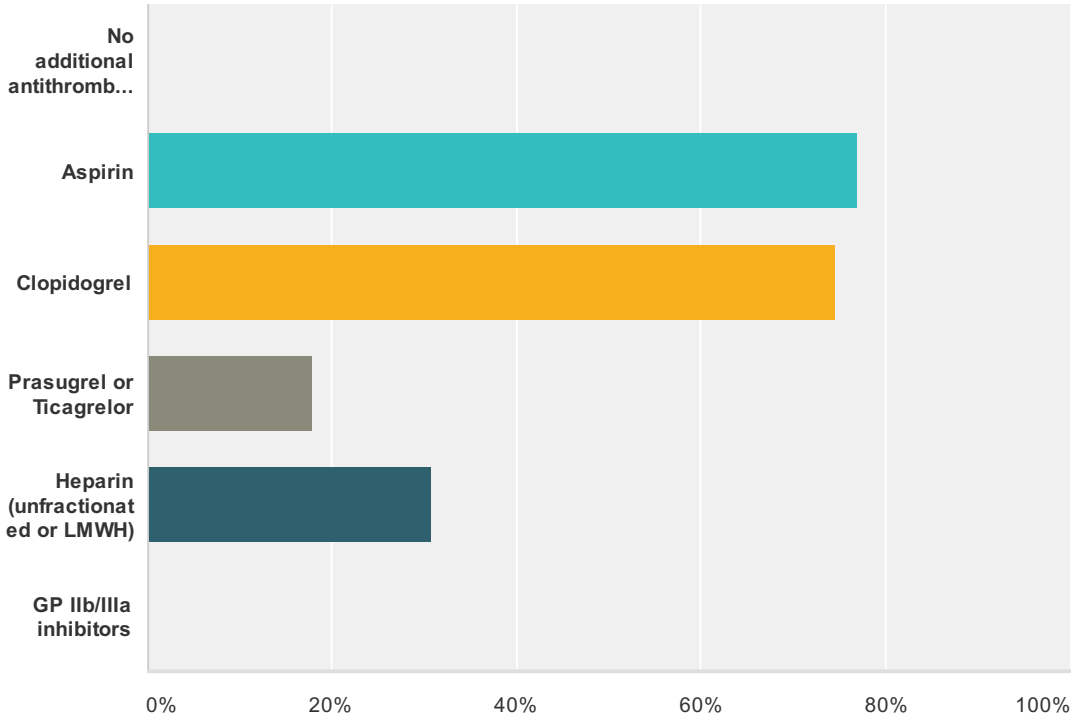




	The risk of AF-related thromboembolic events	The risk of ischemic events	The risk of bleeding	Nombre total de répondants
Using common clinical sense	**61,11%** 11	**77,78%** 14	**61,11%** 11	36
The GRACE score	**17,65%** 3	**82,35%** 14	**0%** 0	17
The TIMI score	**0%** 0	**73,33%** 11	**33,33%** 5	16
The CRUSADE score	**0%** 0	**25%** 1	**75%** 3	4
The ACUITY/HORIZONS derived score	**0%** 0	**50%** 2	**50%** 2	4
The CHADS2 score	**100%** 9	**0%** 0	**11,11%** 1	10
The CHA2DS2-VASc score	**100%** 36	**16,67%** 6	**5,56%** 2	44
The HAS-BLED score	**2,94%** 1	**0%** 0	**97,06%** 33	34
Other (please, state)	**0%** 0	**0%** 0	**0%** 0	0

Q15 What first-line pharmacological therapy do you preferably use in AF patients presenting with a NSTE-ACS who are already taking a VKA or a NOAC (please, tick all medications you use):

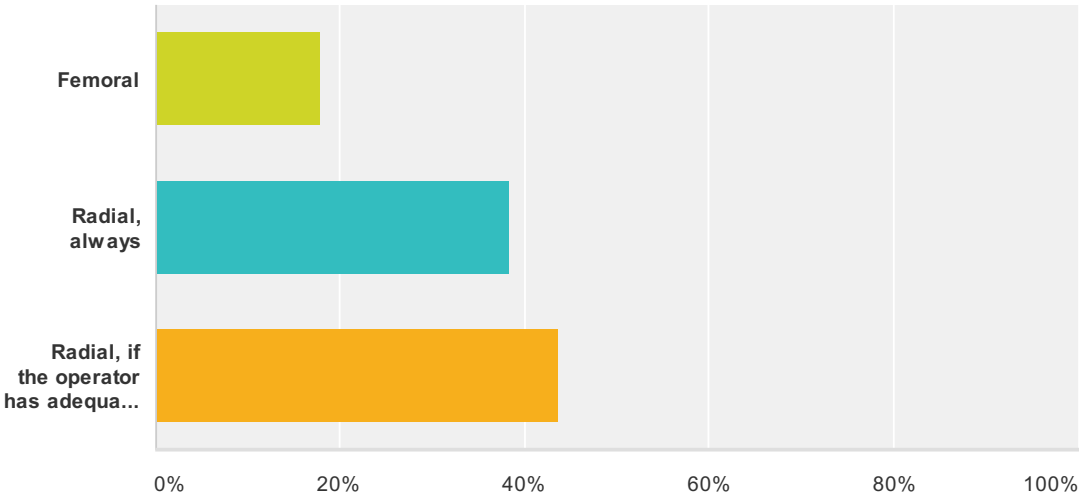
Répondues : 39 Ignorées : 8



Choix de réponses	Réponses	
No additional antithrombotic medication	**0%**	0
Aspirin	**76,92%**	30
Clopidogrel	**74,36%**	29
Prasugrel or Ticagrelor	**17,95%**	7
Heparin (unfractionated or LMWH)	**30,77%**	12
GP IIb/IIIa inhibitors	**0%**	0
Nombre total de répondants : 39		

Q16 Which access route (puncture site) is used at your centre in AF patients on a VKA/NOAC, undergoing coronary angiography or a PCI with stenting?

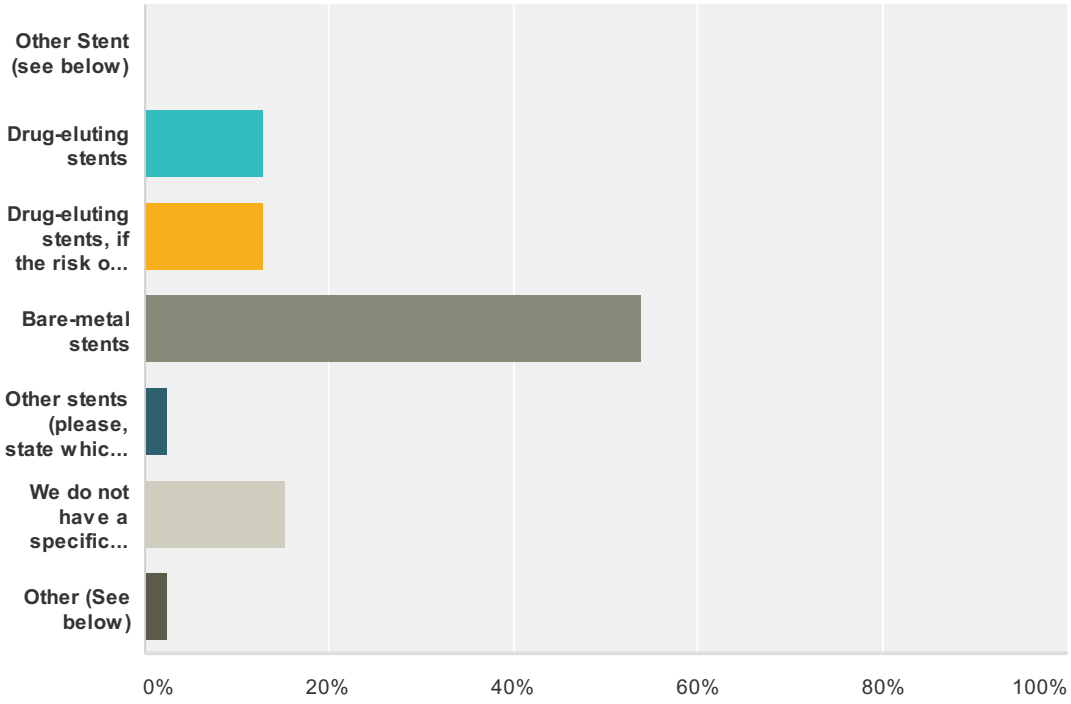
Répondues : 39 Ignorées : 8



Choix de réponses	Réponses	
Femoral	**17,95%**	7
Radial, always	**38,46%**	15
Radial, if the operator has adequate experience	**43,59%**	17
Total		**39**

Q17 Which stent type is preferably used at your centre for primary PCI in AF patients with STEMI, taking a VKA/NOAC?

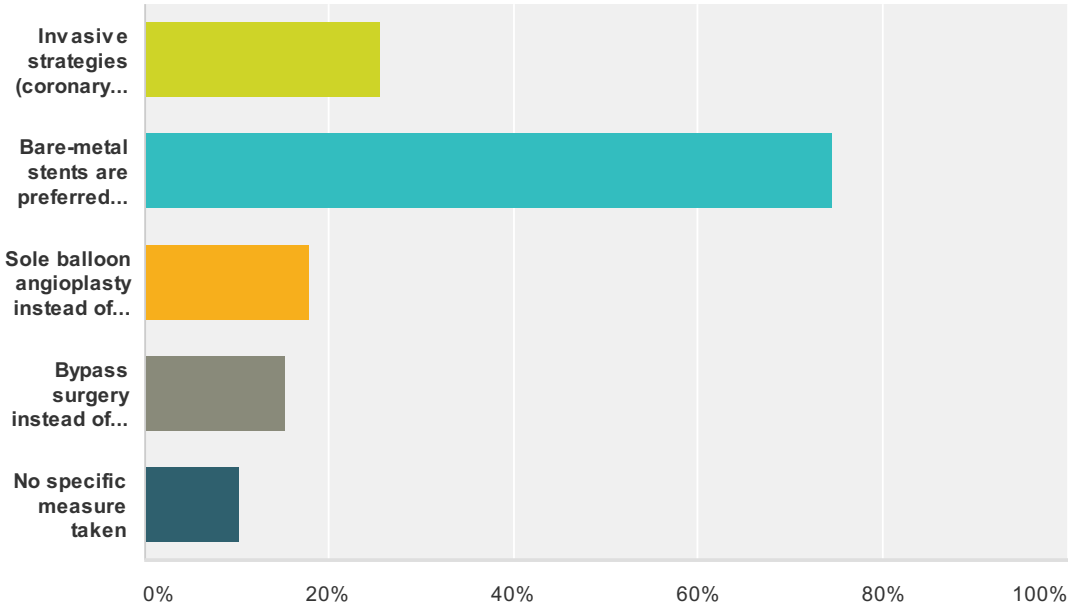
Répondues : 39 Ignorées : 8



Choix de réponses	Réponses	
Other Stent (see below)	**0%**	0
Drug-eluting stents	**12,82%**	5
Drug-eluting stents, if the risk of bleeding with subsequent triple therapy is not too high	**12,82%**	5
Bare-metal stents	**53,85%**	21
Other stents (please, state which one)	**2,56%**	1
We do not have a specific strategy for these patients	**15,38%**	6
Other (See below)	**2,56%**	1
Total		**39**

Q18 Which of the following treatment modalities do you use in your clinical practice regarding AF patients presenting with a NSTE-ACS, who are taking a VKA/NOAC?

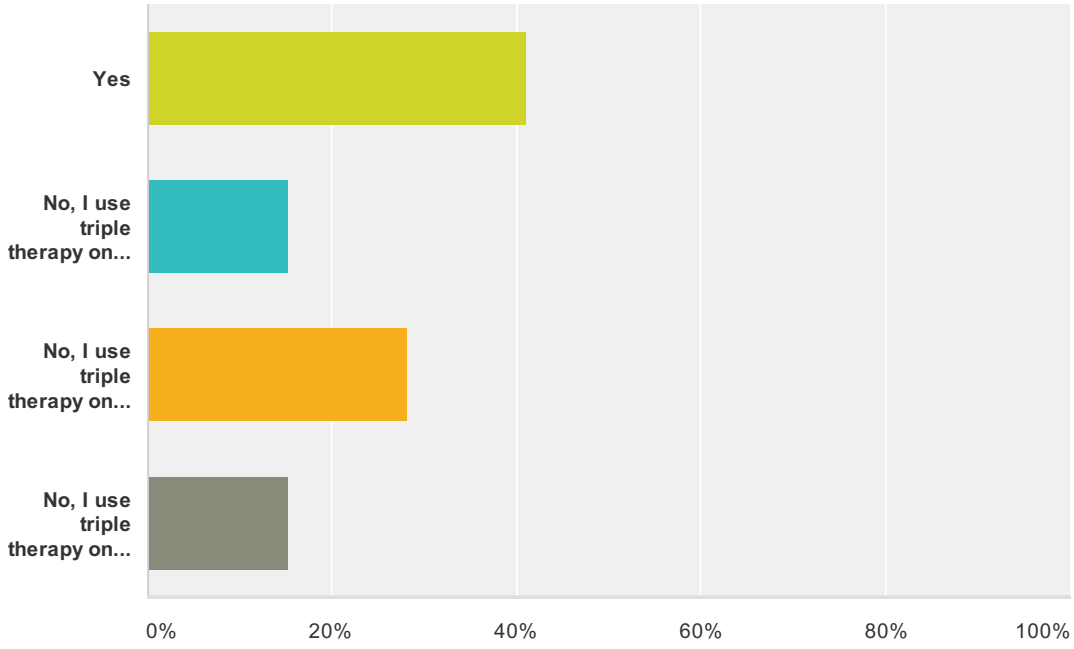
Répondues : 39 Ignorées : 8



Choix de réponses	Réponses
Invasive strategies (coronary angiography and revascularization) should be delayed as long as possible in such patients	**25,64%** 10
Bare-metal stents are preferred above drug-eluting stents to shorten exposure to dual or triple therapy	**74,36%** 29
Sole balloon angioplasty instead of stent implantation should be considered in AF patients at high bleeding risk requiring triple therapy	**17,95%** 7
Bypass surgery instead of PCI stenting should be considered in AF patients at high bleeding risk with triple therapy	**15,38%** 6
No specific measure taken	**10,26%** 4
Nombre total de répondants : 39	

Q19 Do you routinely continue with triple therapy (that is, an oral anticoagulant plus two antiplatelet drugs) in all patients with AF and STEMI who underwent PCI with stenting?

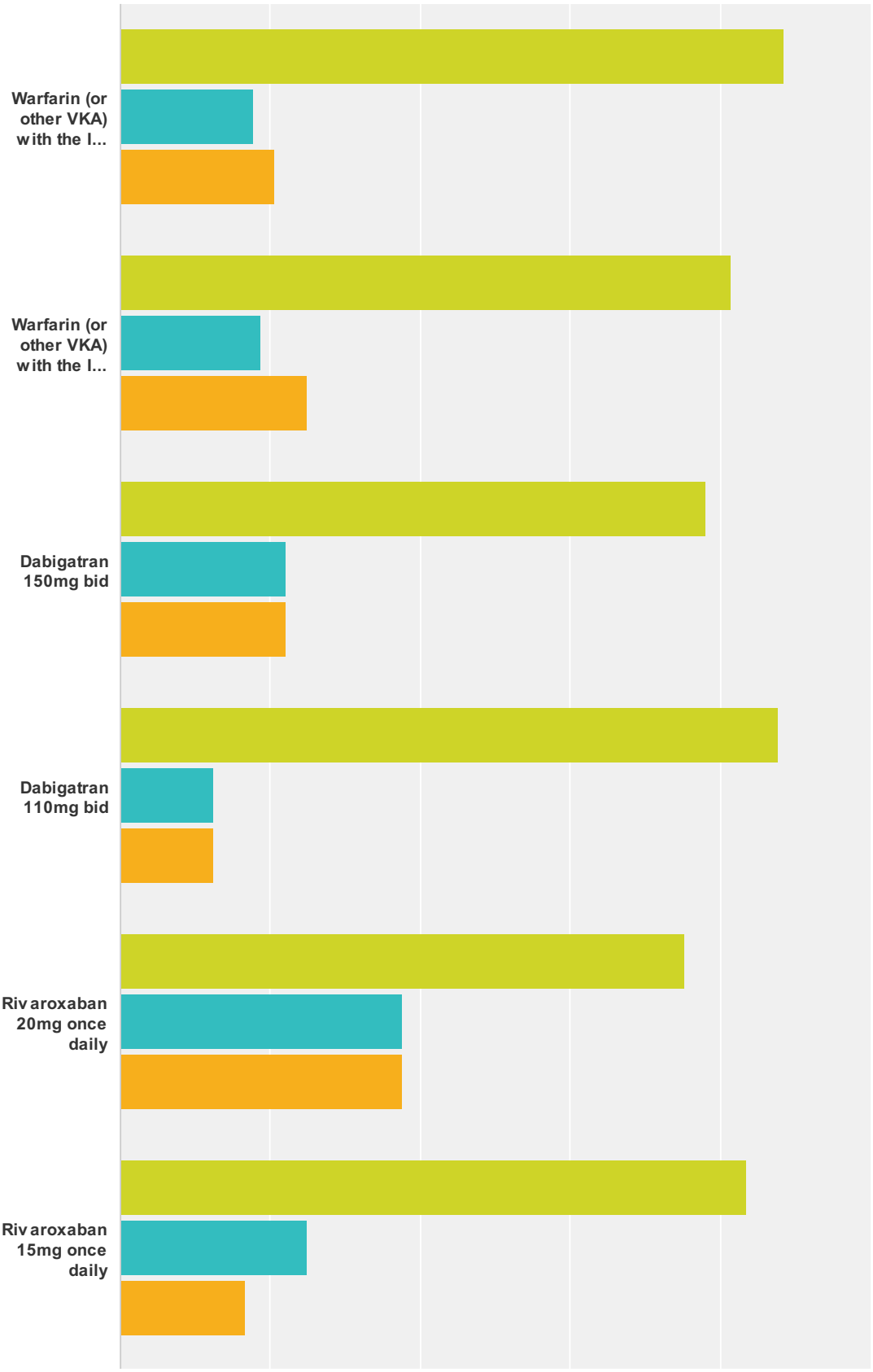
Répondues : 39 Ignorées : 8

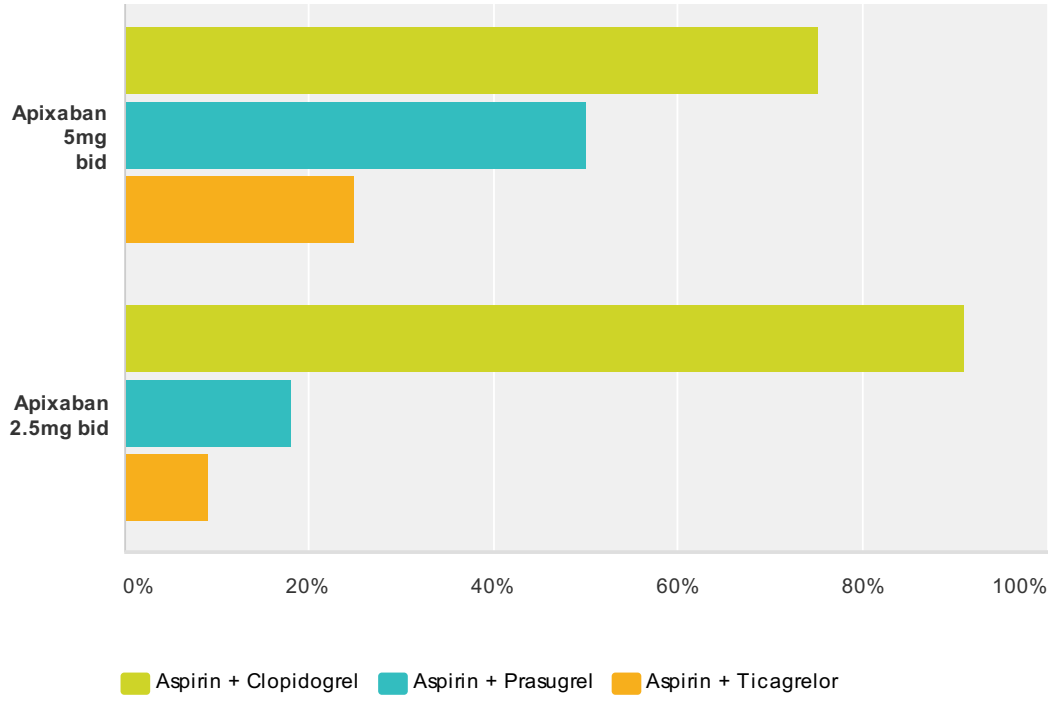


Choix de réponses	Réponses
Yes	**41,03%** 16
No, I use triple therapy only in AF patients at moderate-to-high risk of thromboembolic events regardless of the bleeding risk.	**15,38%** 6
No, I use triple therapy only in AF patients at moderate-to-high risk of thromboembolic events if the risk of bleeding is not too high	**28,21%** 11
No, I use triple therapy only in AF patients with drug-eluting stents at moderate-to-high risk of thromboembolic events if the risk of bleeding is not too high.	**15,38%** 6
Total	**39**

Q20 Which combination(s) of following drugs do you preferably use for triple therapy in your AF patients after an ACS? (please, tick all options you would choose)

Répondues : 39 Ignorées : 8

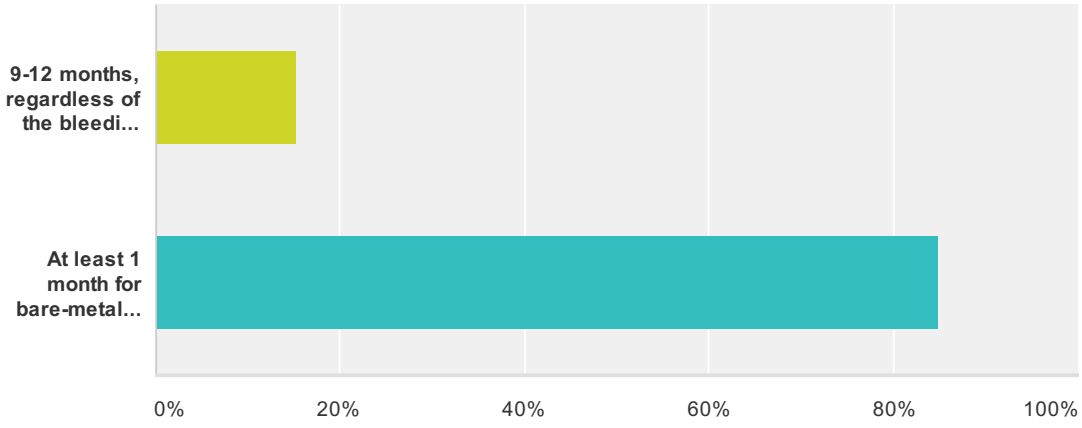




	Aspirin + Clopidogrel	Aspirin + Prasugrel	Aspirin + Ticagrelor	Nombre total de répondants
Warfarin (or other VKA) with the INR 2.0-2.5	**88,24%** 30	**17,65%** 6	**20,59%** 7	43
Warfarin (or other VKA) with the INR 2.0-3.0	**81,25%** 13	**18,75%** 3	**25%** 4	20
Dabigatran 150mg bid	**77,78%** 7	**22,22%** 2	**22,22%** 2	11
Dabigatran 110mg bid	**87,50%** 14	**12,50%** 2	**12,50%** 2	18
Rivaroxaban 20mg once daily	**75%** 6	**37,50%** 3	**37,50%** 3	12
Rivaroxaban 15mg once daily	**83,33%** 10	**25%** 3	**16,67%** 2	15
Apixaban 5mg bid	**75%** 3	**50%** 2	**25%** 1	6
Apixaban 2.5mg bid	**90,91%** 10	**18,18%** 2	**9,09%** 1	13

Q21 How long do you continue triple therapy in AF patients after primary PCI with stenting?

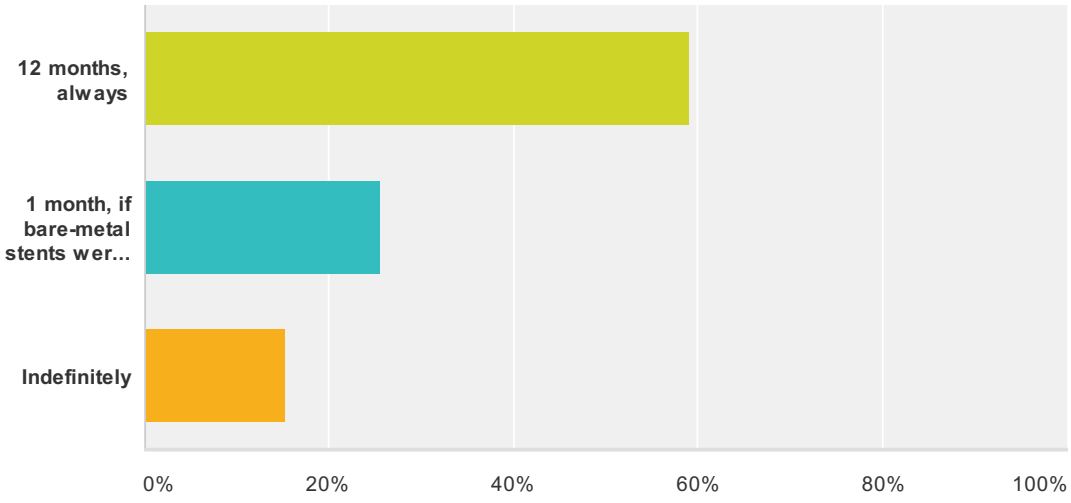
Répondues : 39 Ignorées : 8



Choix de réponses	Réponses
9-12 months, regardless of the bleeding risk	**15,38%** 6
At least 1 month for bare-metal stents and at least 3-6 months for drug-eluting stents (depending on the stent type), particularly if the risk of bleeding is high	**84,62%** 33
Total	**39**

Q22 How long do you continue dual therapy (i.e., an oral anticoagulant plus an antiplatelet drug) in AF patients after primary PCI with stenting for STEMI?

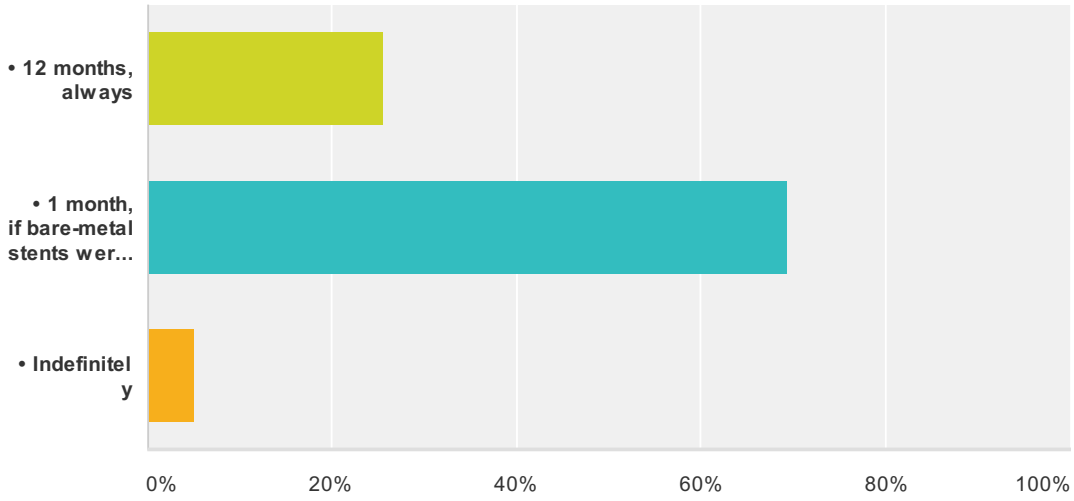
Répondues : 39 Ignorées : 8



Choix de réponses	Réponses	
12 months, always	**58,97%**	23
1 month, if bare-metal stents were used and 3-6 months, if drug-eluting stents were used	**25,64%**	10
Indefinitely	**15,38%**	6
Total		**39**

Q23 How long do you continue with triple treatment in your AF patient after a NSTE-ACS?

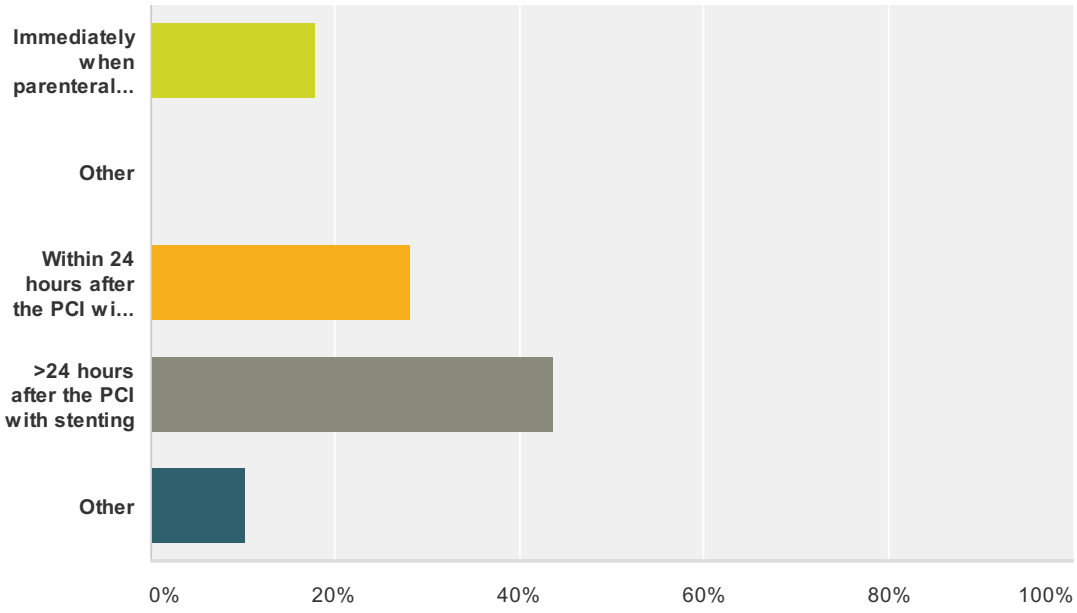
Répondues : 39 Ignorées : 8



Choix de réponses	Réponses	
• 12 months, always	**25,64%**	10
• 1 month, if bare-metal stents were used and 3-6 months, if drug-eluting stents were used	**69,23%**	27
• Indefinitely	**5,13%**	2
Total		**39**

Q24 When do you re-initiate previously discontinued NOAC therapy in AF patients presenting with an ACS who underwent PCI with stenting?

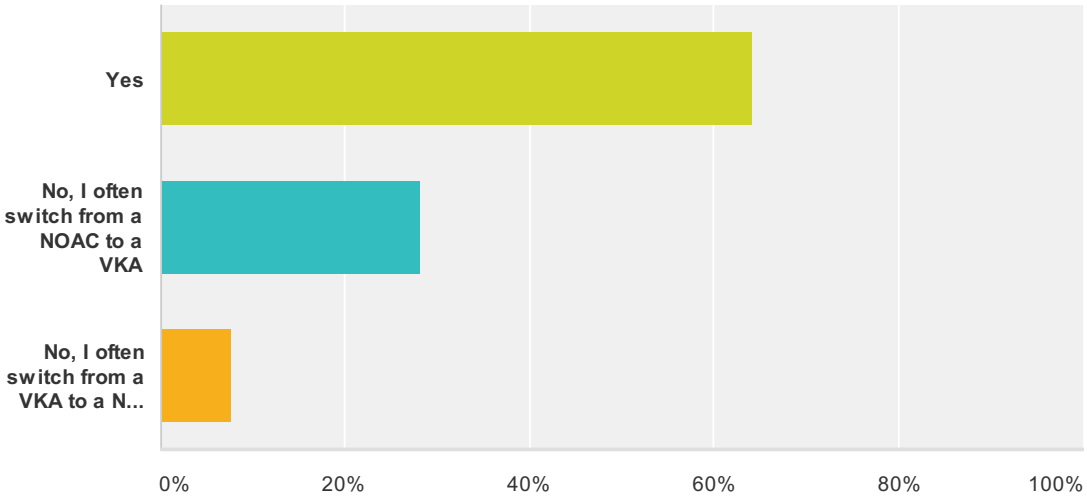
Répondues : 39 Ignorées : 8



Choix de réponses	Réponses	
Immediately when parenteral anticoagulation is stopped	**17,95%**	7
Other	**0%**	0
Within 24 hours after the PCI with stenting	**28,21%**	11
>24 hours after the PCI with stenting	**43,59%**	17
Other	**10,26%**	4
Total		**39**

Q25 Do you continue with the same oral anticoagulant drug that patient has been taking before ACS?

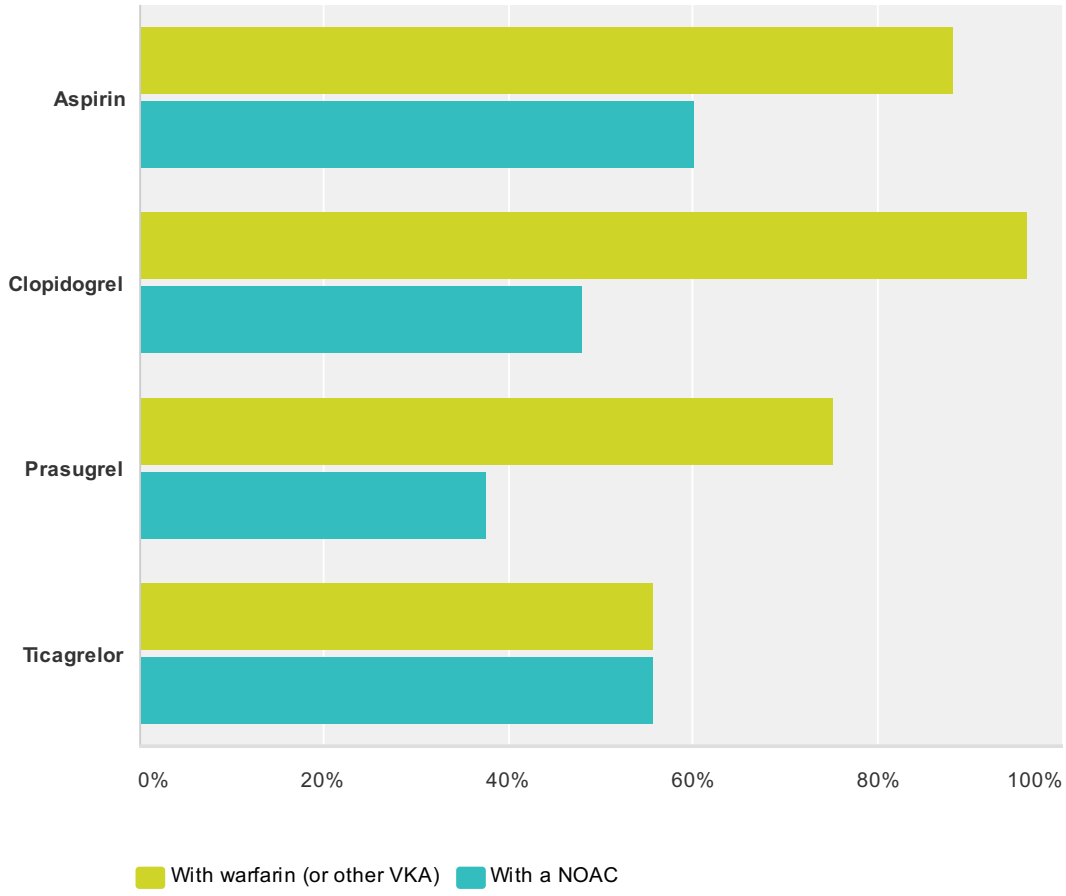
Répondues : 39 Ignorées : 8



Choix de réponses	Réponses	
Yes	**64,10%**	25
No, I often switch from a NOAC to a VKA	**28,21%**	11
No, I often switch from a VKA to a NOAC (please, tick the preferred NOAC)	**7,69%**	3
Nombre total de répondants : 39		

Q26 When it comes to dual treatment post ACS, which antiplatelet drug do you preferably combine with warfarin (or other VKA) or a NOAC in your AF patient?

Répondues : 39 Ignorées : 8



	With warfarin (or other VKA)	With a NOAC	Nombre total de répondants
Aspirin	**88%** 22	**60%** 15	37
Clopidogrel	**96%** 24	**48%** 12	36
Prasugrel	**75%** 6	**37,50%** 3	9
Ticagrelor	**55,56%** 5	**55,56%** 5	10