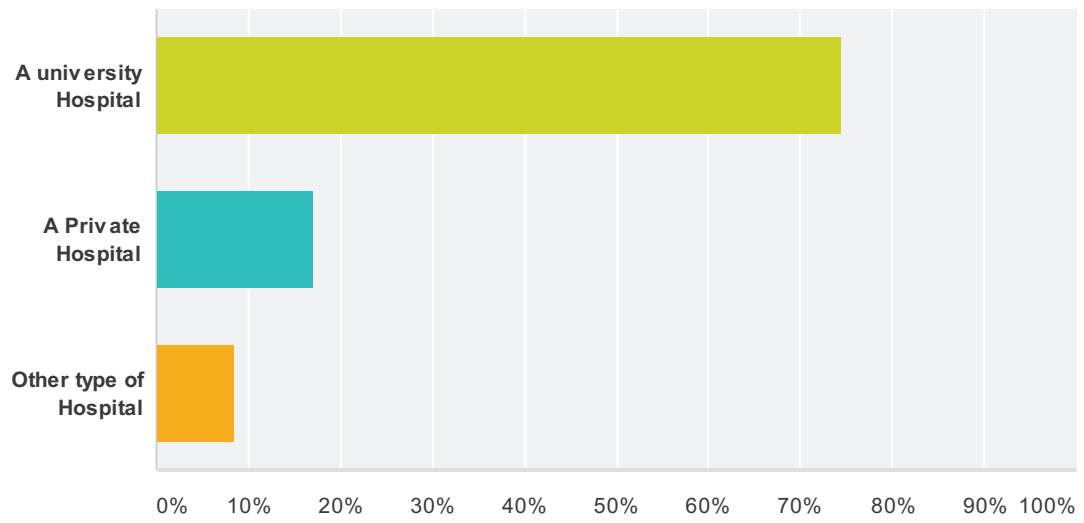


EP Wire survey on Stroke and Bleeding risk evaluation in Atrial Fibrillation

Q1 Is your Institution

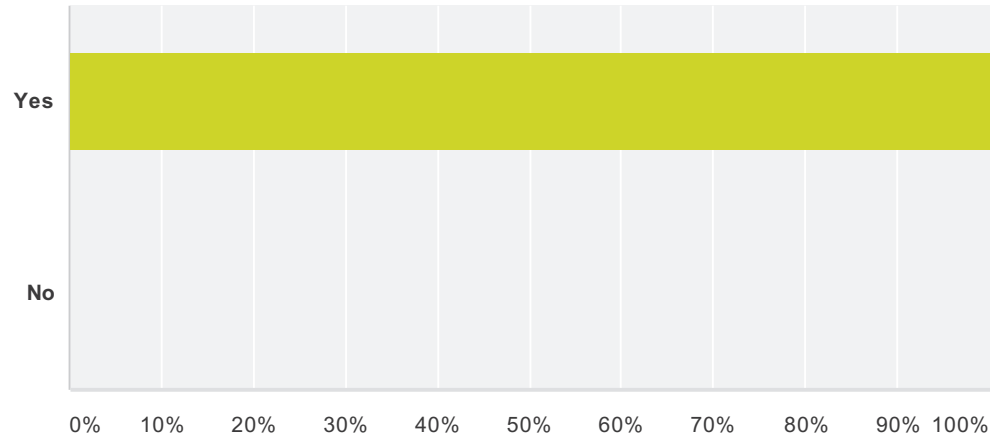
Répondues : 47 Ignorées : 2



Choix de réponses	Réponses
A university Hospital	74,47% 35
A Private Hospital	17,02% 8
Other type of Hospital	8,51% 4
Total	47

Q4 Would you be comfortable if we acknowledge your centre in the Europace Journal and on the Website?

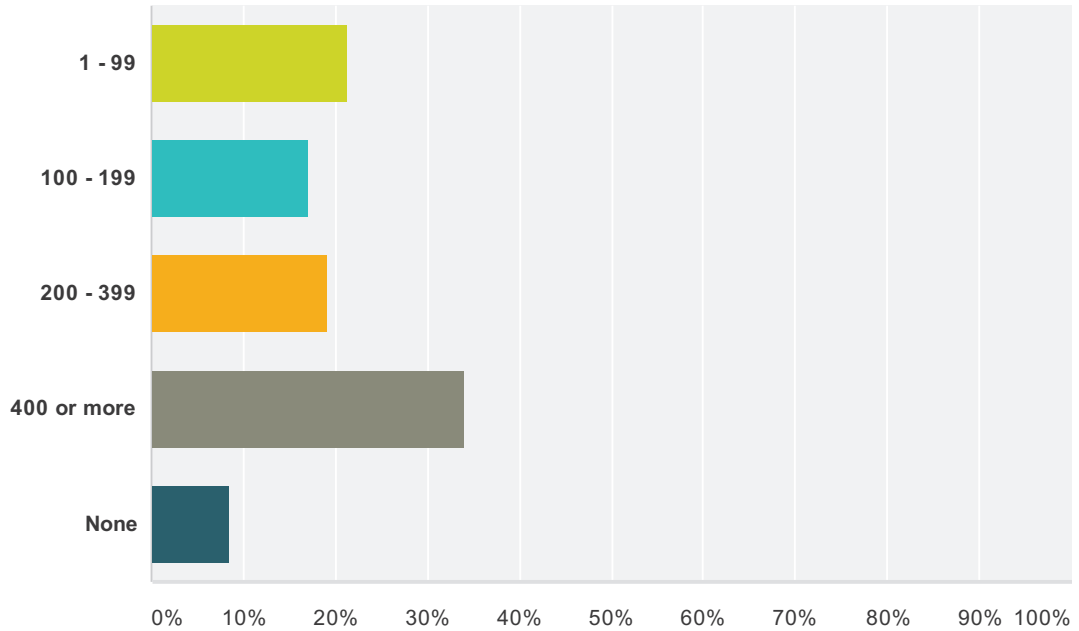
Répondues : 47 Ignorées : 2



Choix de réponses	Réponses
Yes	100,00% 47
No	0,00% 0
Total	47

Q5 Number of Catheter ablations (all type of arrhythmia) at your institution last calendar year :

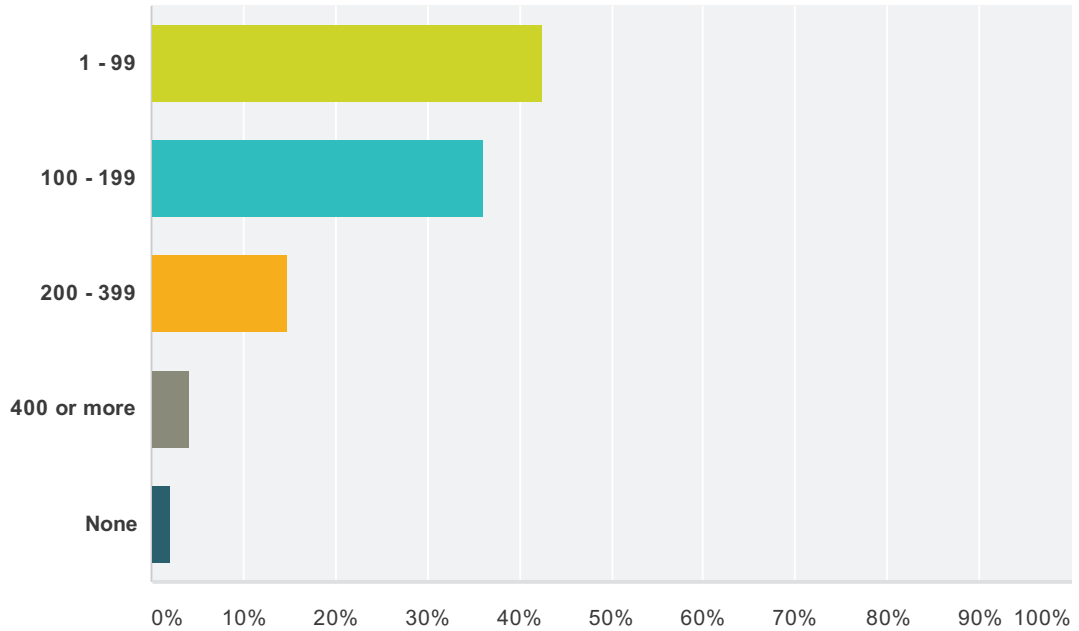
Répondues : 47 Ignorées : 2



Choix de réponses	Réponses
1 - 99	21,28% 10
100 - 199	17,02% 8
200 - 399	19,15% 9
400 or more	34,04% 16
None	8,51% 4
Total	47

Q6 Number of ICD Implantations (Sum of new implants and replacements) at your institution last calendar year :

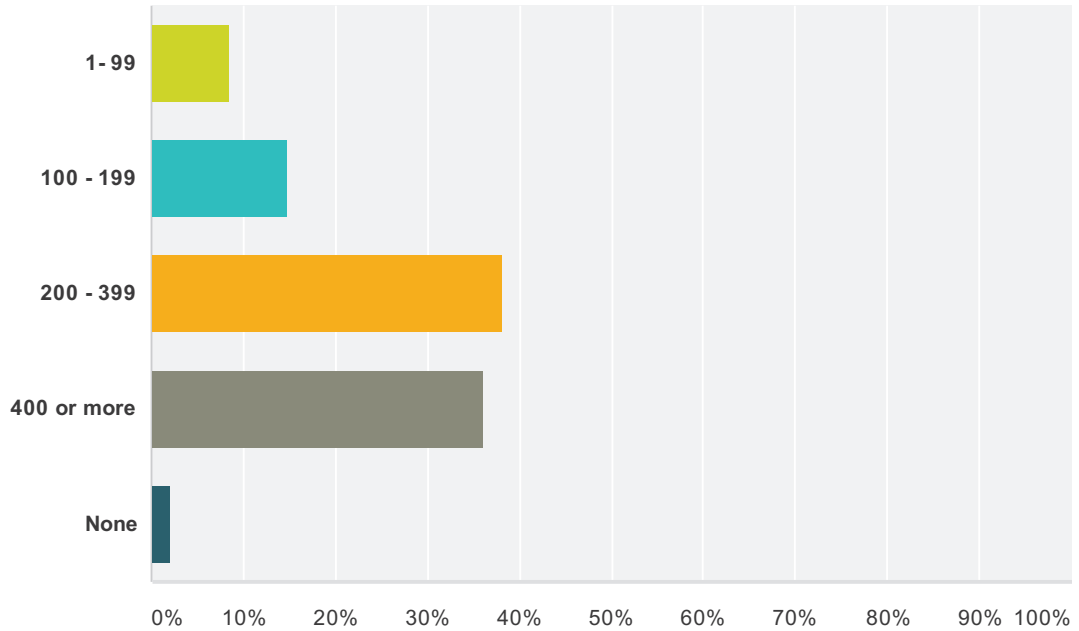
Répondues : 47 Ignorées : 2



Choix de réponses	Réponses
1 - 99	42,55% 20
100 - 199	36,17% 17
200 - 399	14,89% 7
400 or more	4,26% 2
None	2,13% 1
Total	47

**Q7 Number of pacemaker implantations
(sum of new implants and replacements) at
your institution last calendar year :**

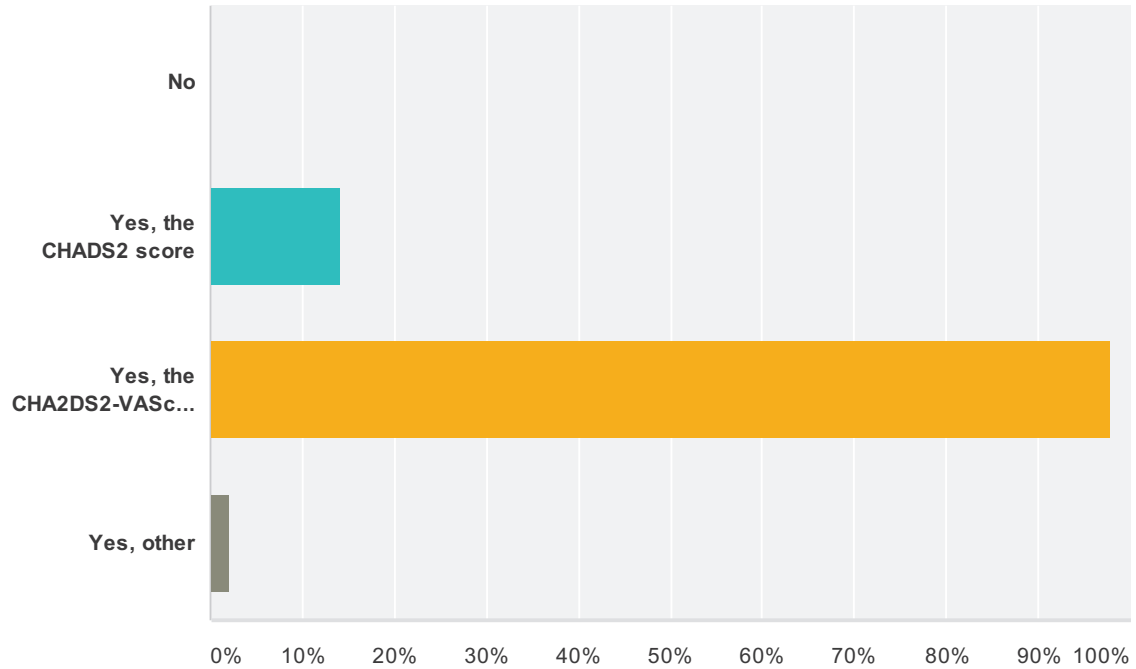
Répondues : 47 Ignorées : 2



Choix de réponses	Réponses
1-99	8,51% 4
100 - 199	14,89% 7
200 - 399	38,30% 18
400 or more	36,17% 17
None	2,13% 1
Total	47

Q8 Do you routinely use any of the formulated scores for stroke risk evaluation in your AF patients ?

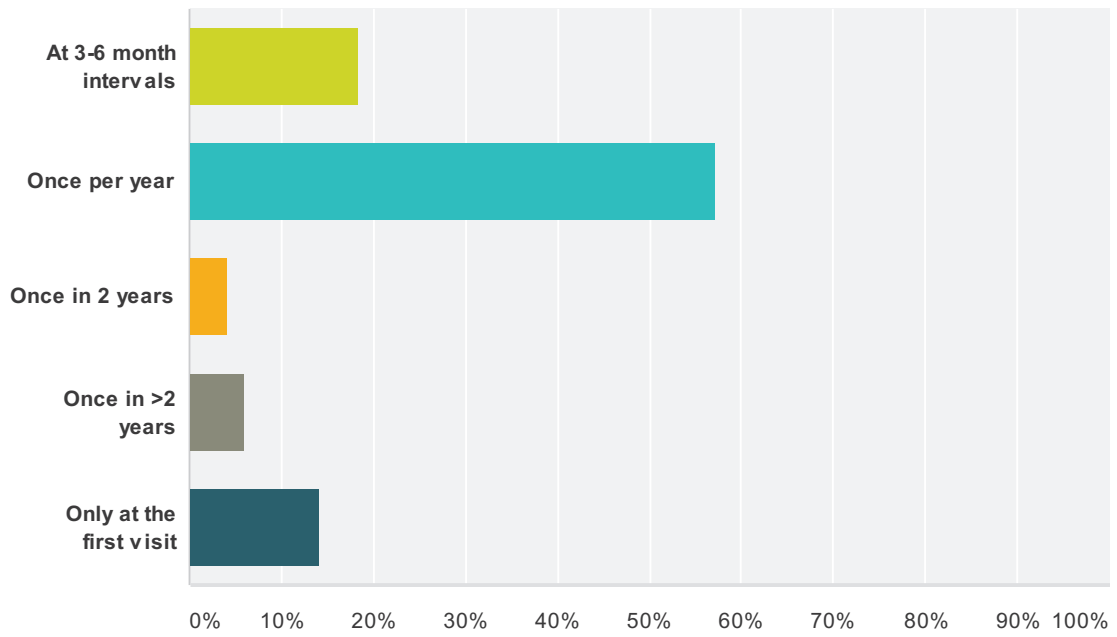
Répondues : 49 Ignorées : 0



Choix de réponses	Réponses
No	0,00% 0
Yes, the CHADS2 score	14,29% 7
Yes, the CHA2DS2-VASc score	97,96% 48
Yes, other	2,04% 1
Nombre total de répondants : 49	

Q9 How often do you re-assess the stroke risk in your AF patients (approximately)?

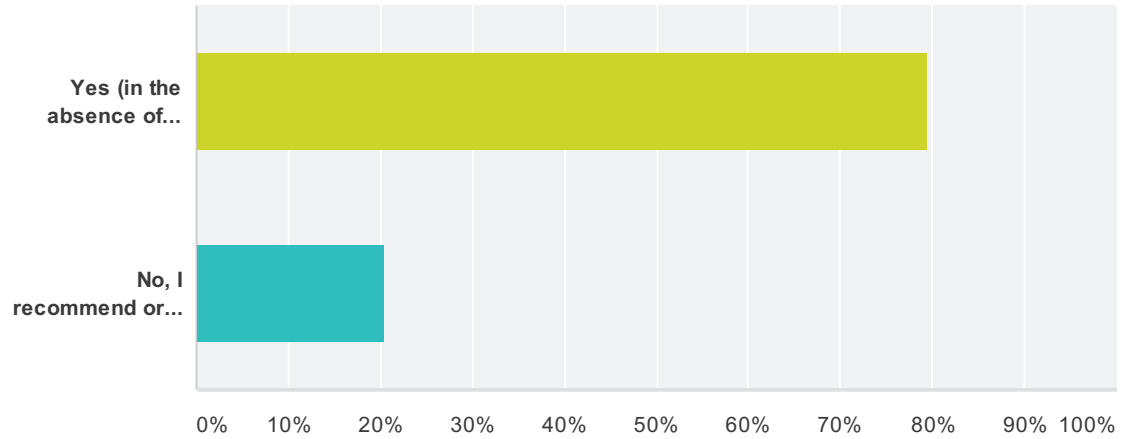
Répondues : 49 Ignorées : 0



Choix de réponses	Réponses
At 3-6 month intervals	18,37% 9
Once per year	57,14% 28
Once in 2 years	4,08% 2
Once in >2 years	6,12% 3
Only at the first visit	14,29% 7
Total	49

Q10 Do you routinely recommend oral anticoagulation if your patient has only one stroke risk factor?

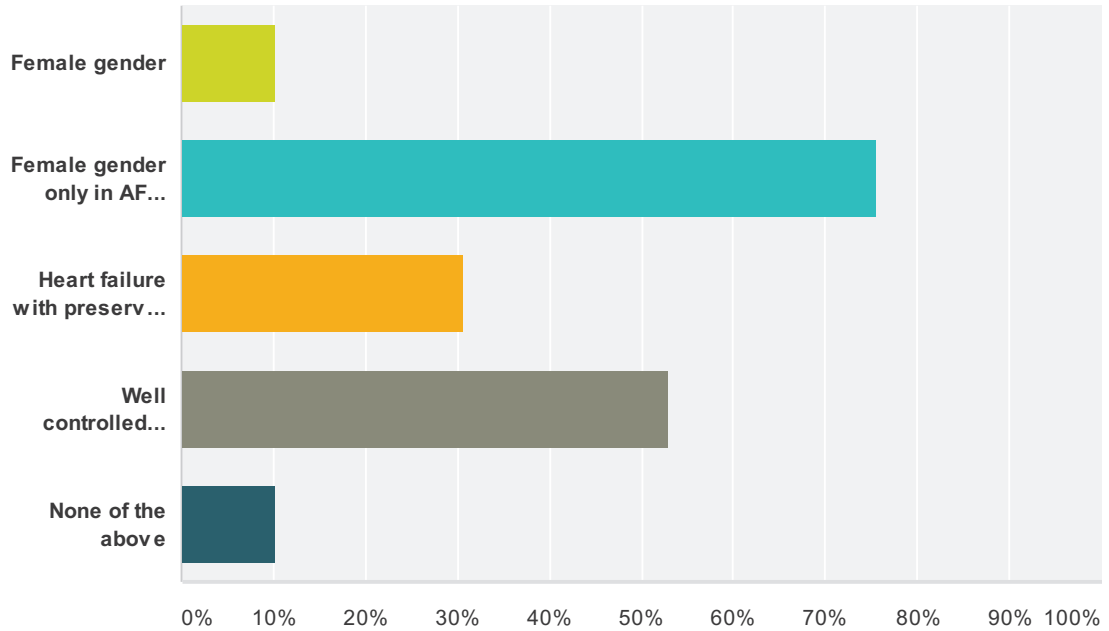
Répondues : 49 Ignorées : 0



Choix de réponses	Réponses
Yes (in the absence of contraindications such as recent cerebral bleeding, etc., or if female gender is the only stroke risk factor)	79,59% 39
No, I recommend oral anticoagulation only in the presence of 2 or more stroke risk factors	20,41% 10
Total	49

Q11 Which of the following do you consider as an independent stroke risk factor in patients with AF ?

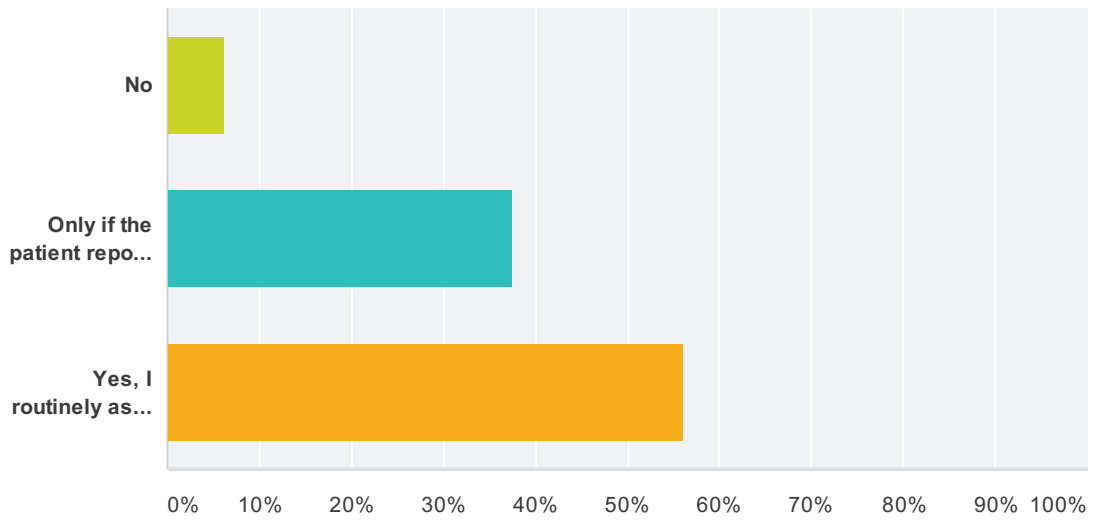
Répondues : 49 Ignorées : 0



Choix de réponses	Réponses
Female gender	10,20% 5
Female gender only in AF patients ≥65 years old	75,51% 37
Heart failure with preserved left ventricular ejection fraction (HFPEF)	30,61% 15
Well controlled blood pressure (i.e. not above 140/90mmHg) in a patient diagnosed with hypertension, who is under treatment	53,06% 26
None of the above	10,20% 5
Nombre total de répondants : 49	

Q12 Do you routinely check for the presence of peripheral artery disease (PAD), apart from the coronary artery disease (i.e., carotid arteries, aorta, or lower limb arteries) in your AF patients?

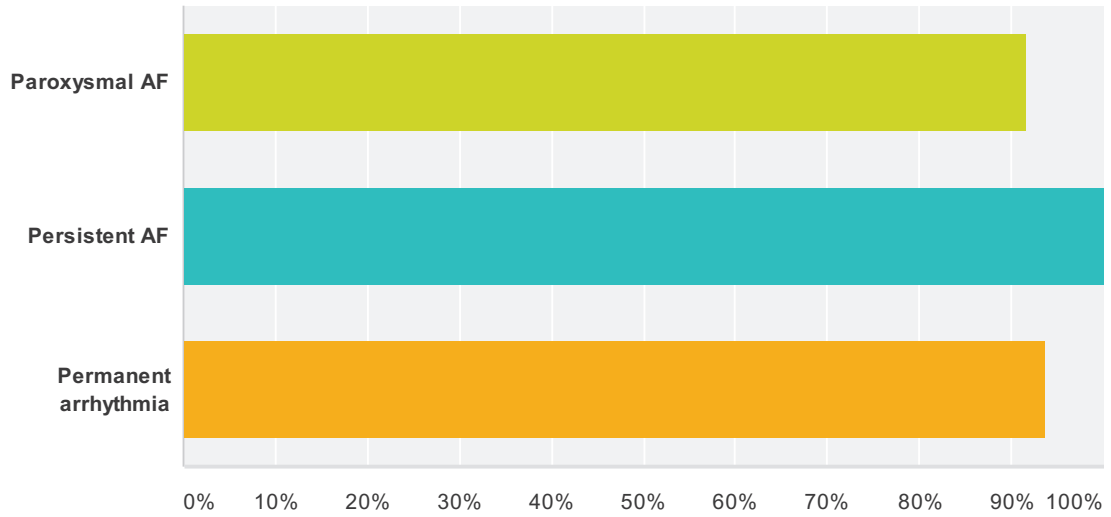
Répondues : 48 Ignorées : 1



Choix de réponses	Réponses
No	6,25% 3
Only if the patient reports symptoms of PAD	37,50% 18
Yes, I routinely ask about symptoms which could indicate the presence of PAD	56,25% 27
Total	48

Q13 Which clinical type of AF do you consider could indicate anticoagulation therapy (multiple responses allowed):

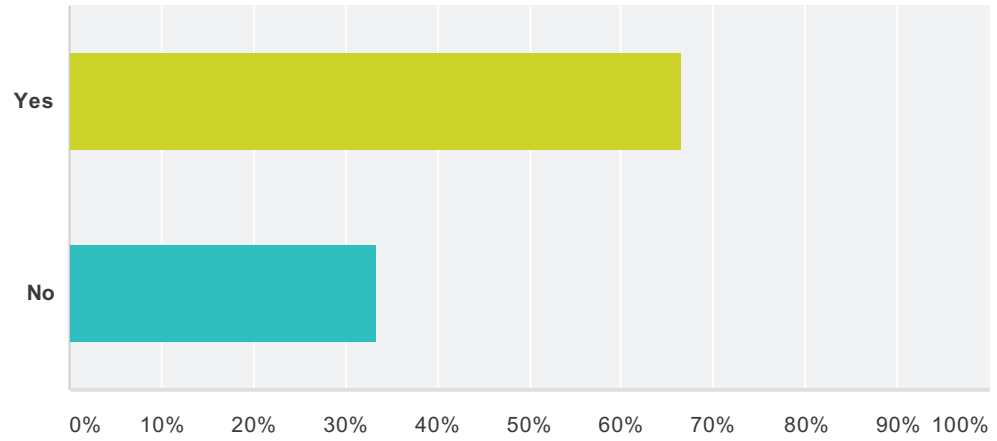
Répondues : 48 Ignorées : 1



Choix de réponses	Réponses	
Paroxysmal AF	91,67%	44
Persistent AF	100,00%	48
Permanent arrhythmia	93,75%	45
Nombre total de répondants : 48		

Q14 Do you believe that postoperative AF is a risk for stroke and could indicate anticoagulation?

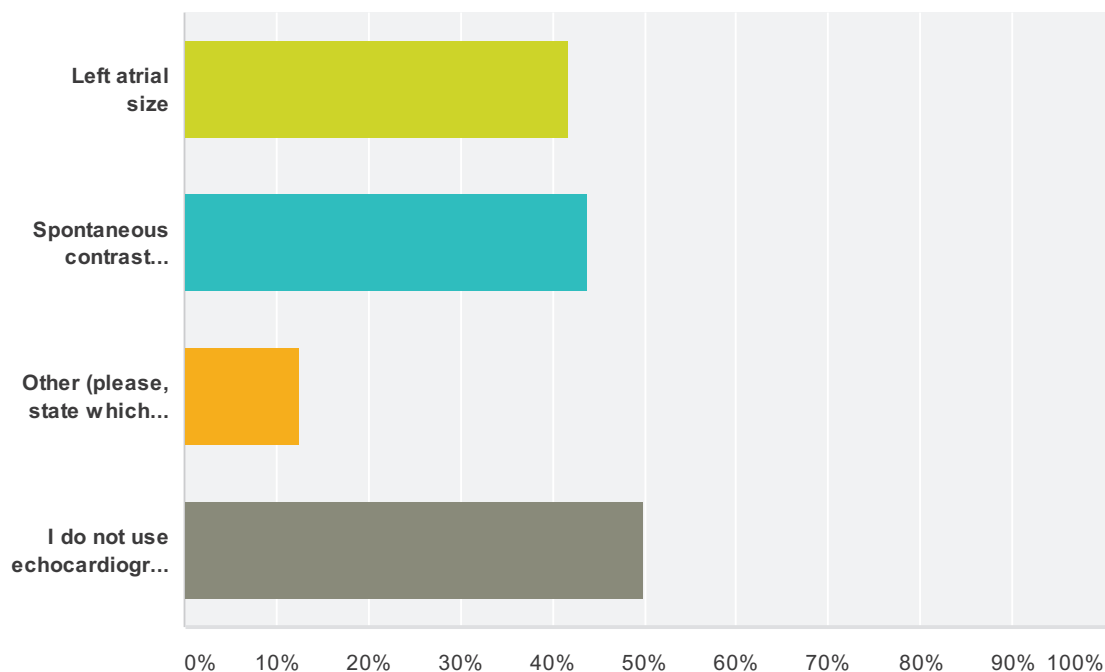
Répondues : 48 Ignorées : 1



Choix de réponses	Réponses	
Yes	66,67%	32
No	33,33%	16
Total		48

Q15 When considering the initiation of oral anticoagulant therapy, which echocardiographic parameters do you take into account ?

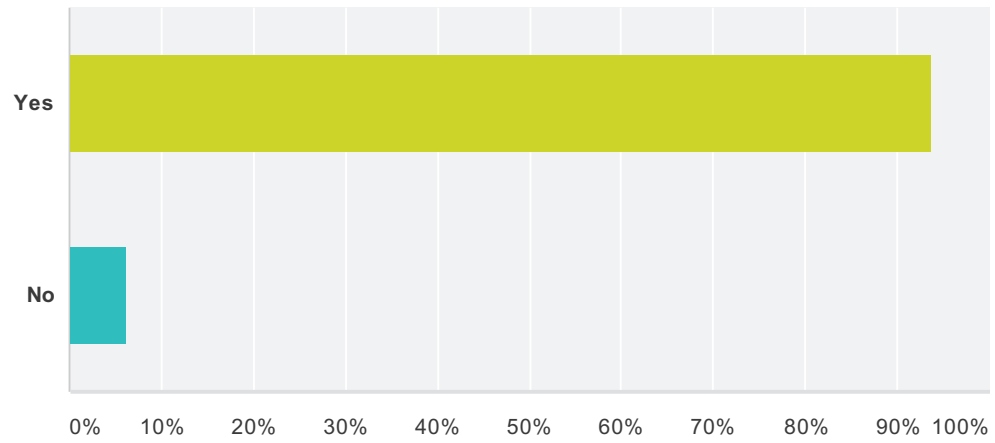
Répondues : 48 Ignorées : 1



Choix de réponses	Réponses
Left atrial size	41,67% 20
Spontaneous contrast ('smoke') in the left atrium	43,75% 21
Other (please, state which ones)	12,50% 6
I do not use echocardiographic parameters for this purpose	50,00% 24
Nombre total de répondants : 48	

Q16 When considering the initiation of oral anticoagulant therapy, do you take into account the renal function?

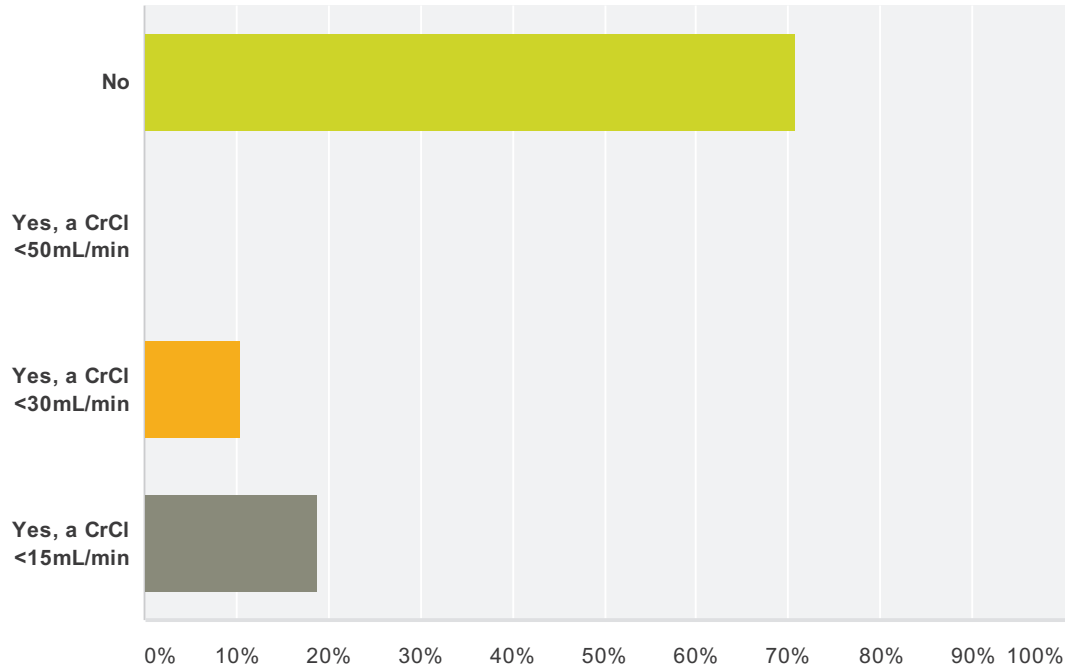
Répondues : 48 Ignorées : 1



Choix de réponses	Réponses
Yes	93,75% 45
No	6,25% 3
Total	48

Q17 Is any creatinine clearance value prohibitive for you to initiate/continue oral anticoagulant therapy in your AF patient at increased risk of stroke ?

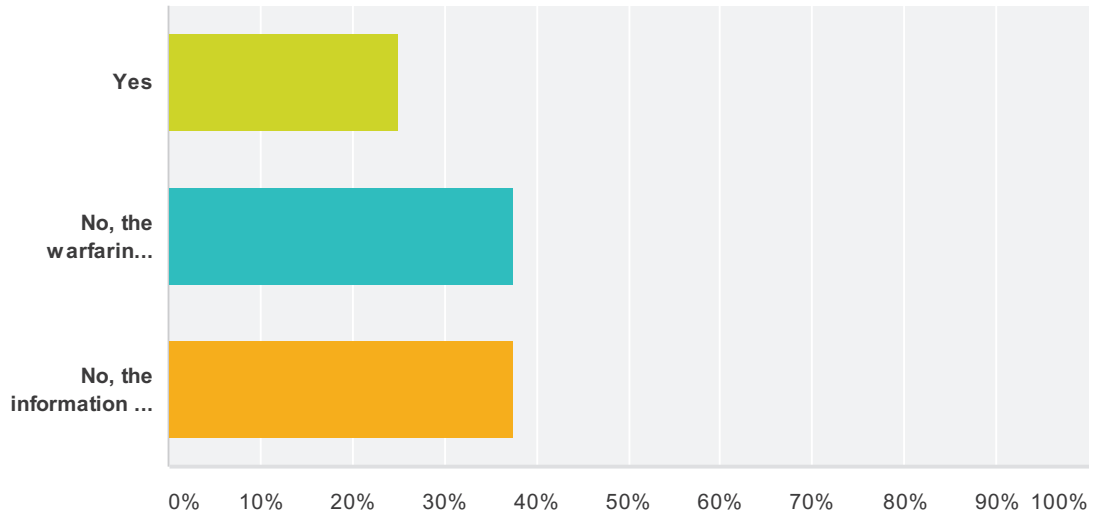
Répondues : 48 Ignorées : 1



Choix de réponses	Réponses	
No	70,83%	34
Yes, a CrCl <50mL/min	0,00%	0
Yes, a CrCl <30mL/min	10,42%	5
Yes, a CrCl <15mL/min	18,75%	9
Nombre total de répondants : 48		

Q18 Do you routinely calculate the time in therapeutic range (TTR) in your AF patients taking a vitamin K antagonist?

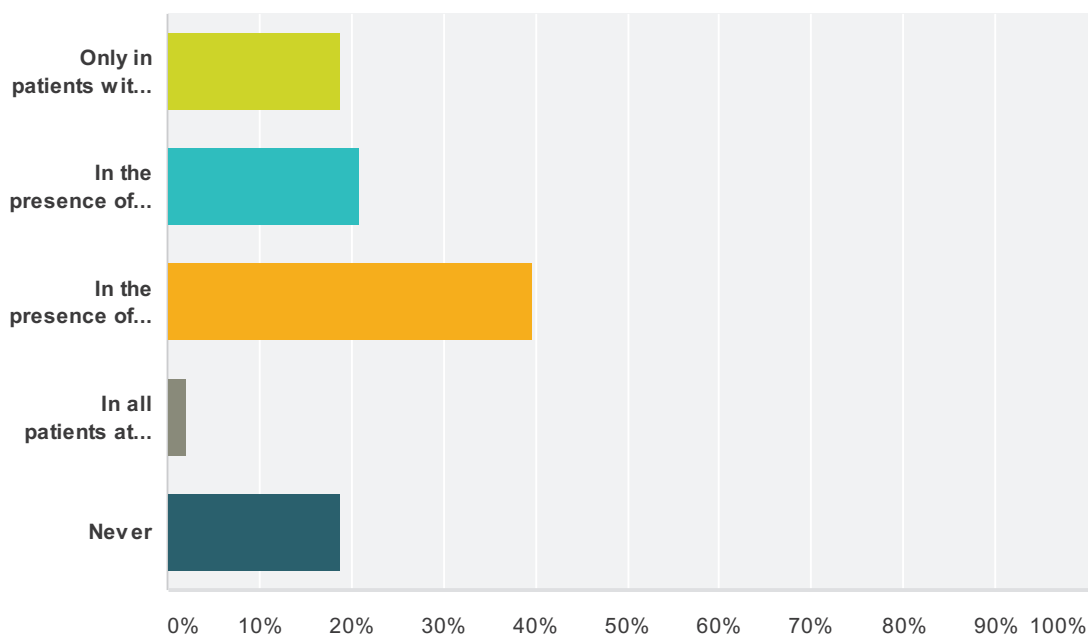
Répondues : 48 Ignorées : 1



Choix de réponses	Réponses
Yes	25,00% 12
No, the warfarin clinic/haematology lab provides it	37,50% 18
No, the information is not obtained or used at all	37,50% 18
Total	48

Q19 When do you consider consulting a neurologist ?

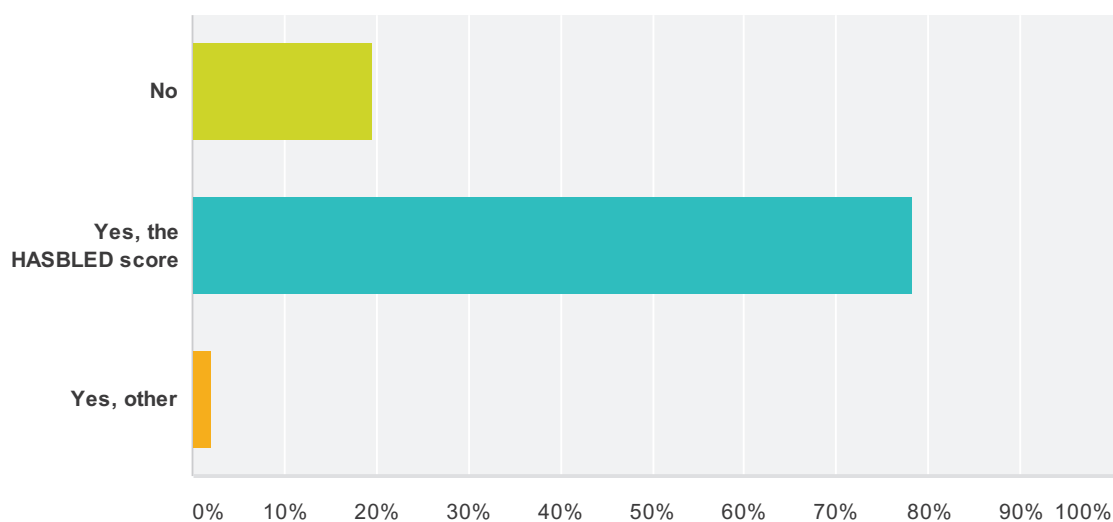
Répondues : 48 Ignorées : 1



Choix de réponses	Réponses
Only in patients with a history of prior stroke or TIA	18,75% 9
In the presence of overt neurological deficit, regardless of the patient's history	20,83% 10
In the presence of discrete neurological finding	39,58% 19
In all patients at increased risk of stroke	2,08% 1
Never	18,75% 9
Total	48

Q20 Do you routinely assess the risk of bleeding using any of the formulated bleeding risk scores in your AF patients who are candidates for oral anticoagulant therapy or are already taking an oral anticoagulant?

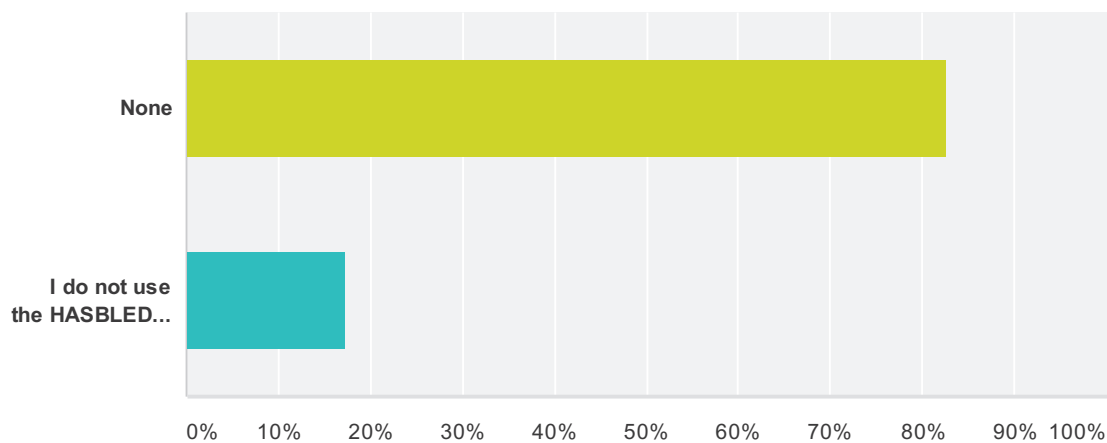
Répondues : 46 Ignorées : 3



Choix de réponses	Réponses
No	19,57% 9
Yes, the HASBLED score	78,26% 36
Yes, other	2,17% 1
Total	46

Q21 What score HSASBLED value is prohibitive for you to initiate/continue with oral anticoagulant therapy in your AF patient?

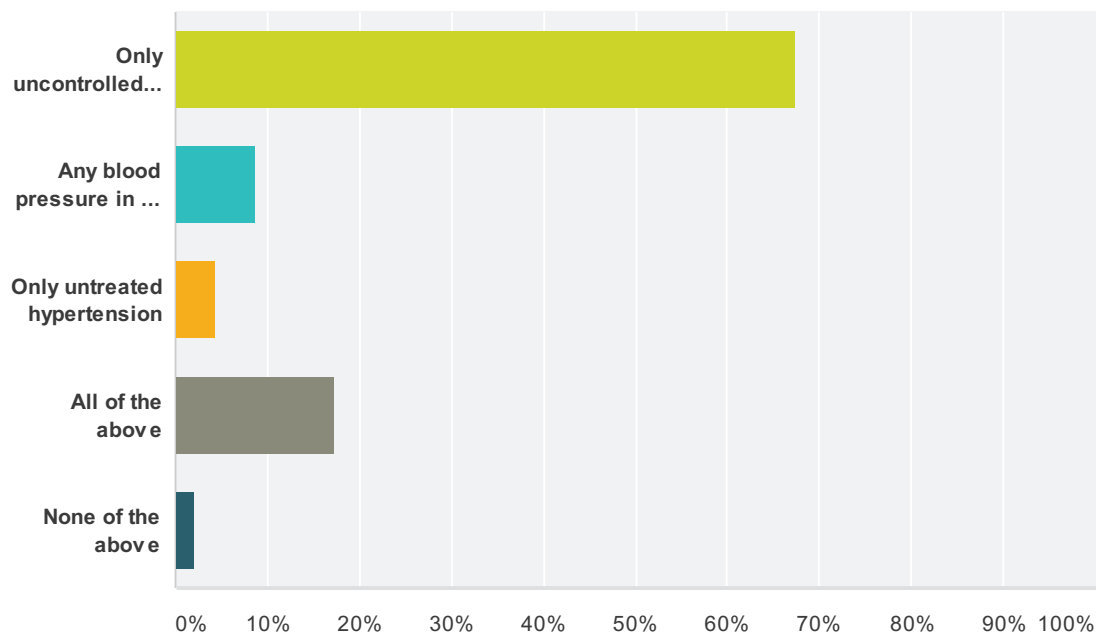
Répondues : 46 Ignorées : 3



Choix de réponses	Réponses
None	82,61% 38
I do not use the HASBLED score	17,39% 8
Total	46

Q22 Regarding hypertension, what do you consider a bleeding risk factor:

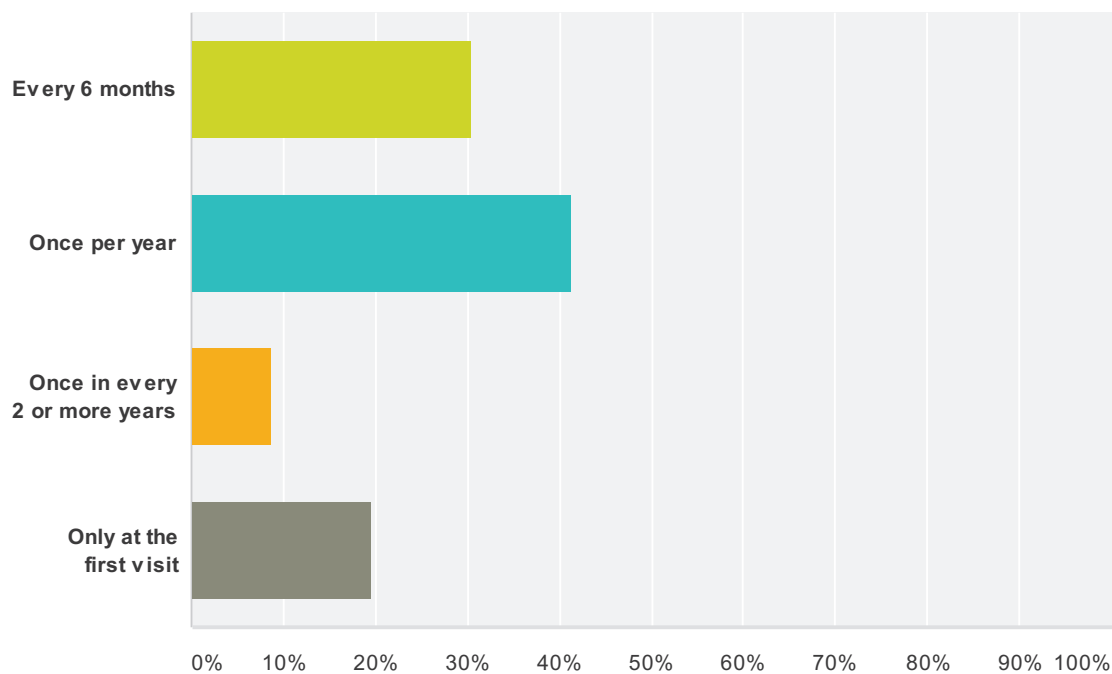
Répondues : 46 Ignorées : 3



Choix de réponses	Réponses	
Only uncontrolled hypertension, with systolic blood pressure values above 160mmHg	67,39%	31
Any blood pressure in a patient diagnosed with hypertension, who is on treatment	8,70%	4
Only untreated hypertension	4,35%	2
All of the above	17,39%	8
None of the above	2,17%	1
Total		46

Q23 How often do you re-assess the risk of bleeding in your AF patients taking an oral anticoagulant drug?

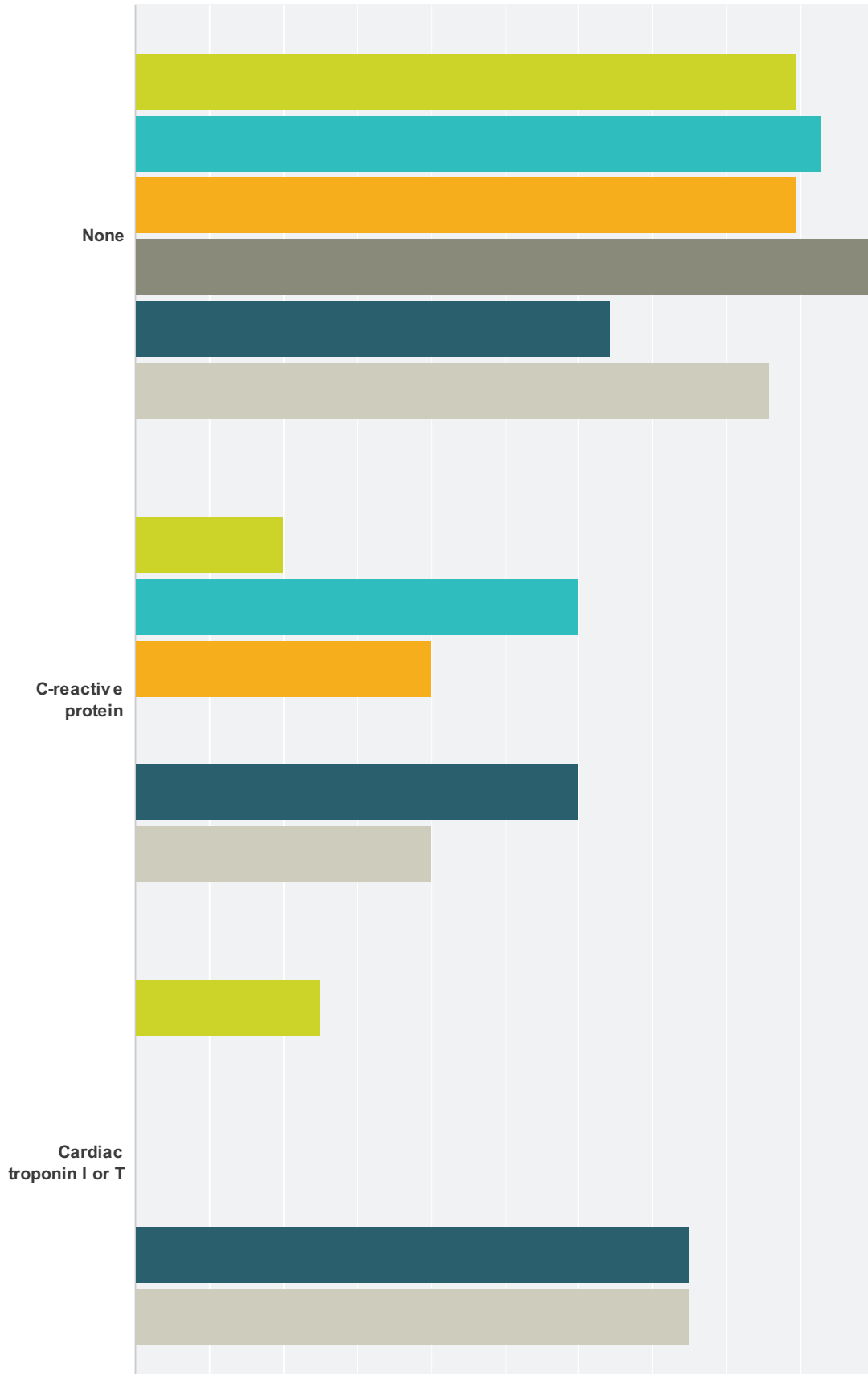
Répondues : 46 Ignorées : 3



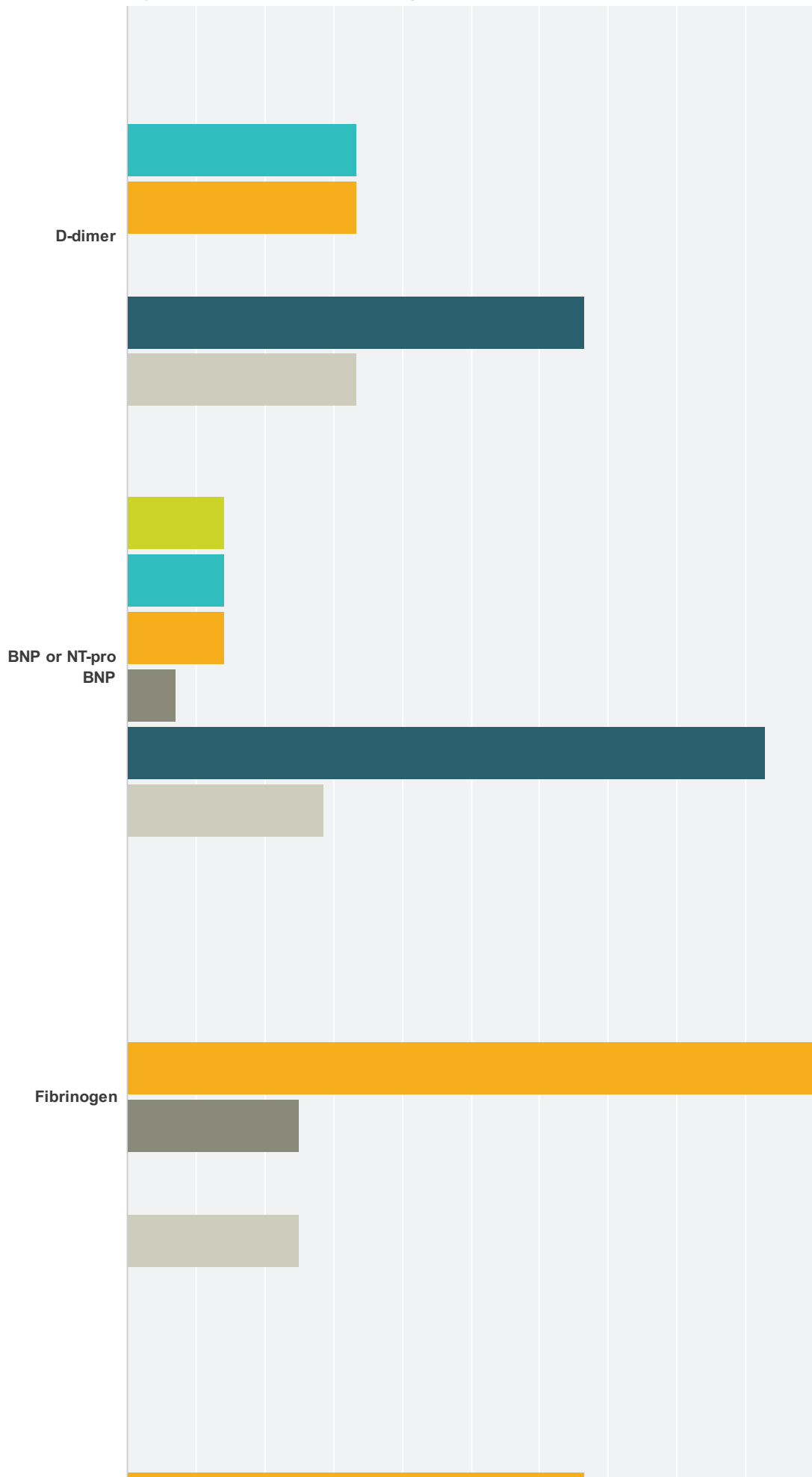
Choix de réponses	Réponses
Every 6 months	30,43% 14
Once per year	41,30% 19
Once in every 2 or more years	8,70% 4
Only at the first visit	19,57% 9
Total	46

Q24 Do you routinely use any blood biomarker for risk assessment in your AF patients and if you do, which one(s)?

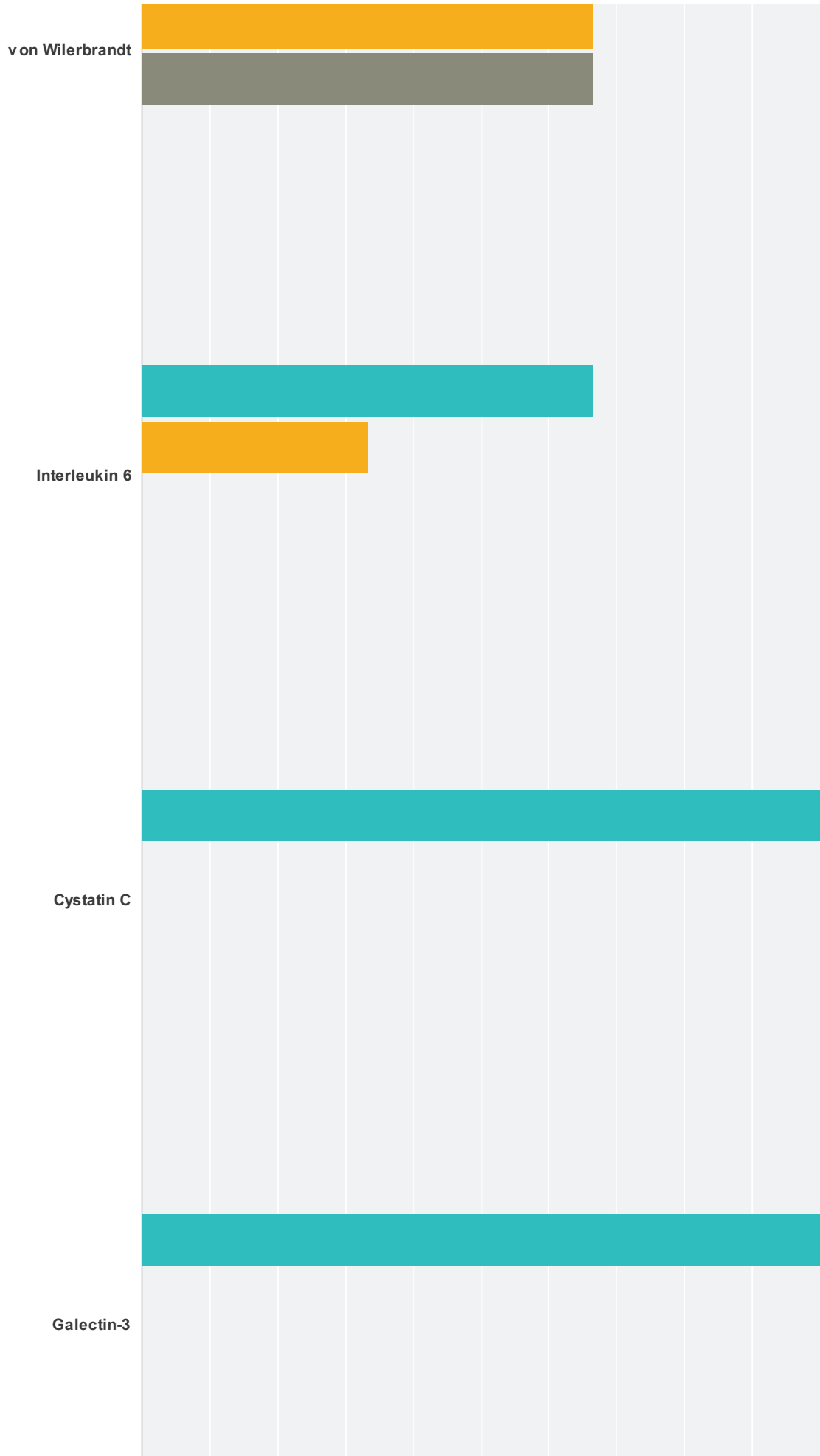
Répondues : 45 Ignorées : 4



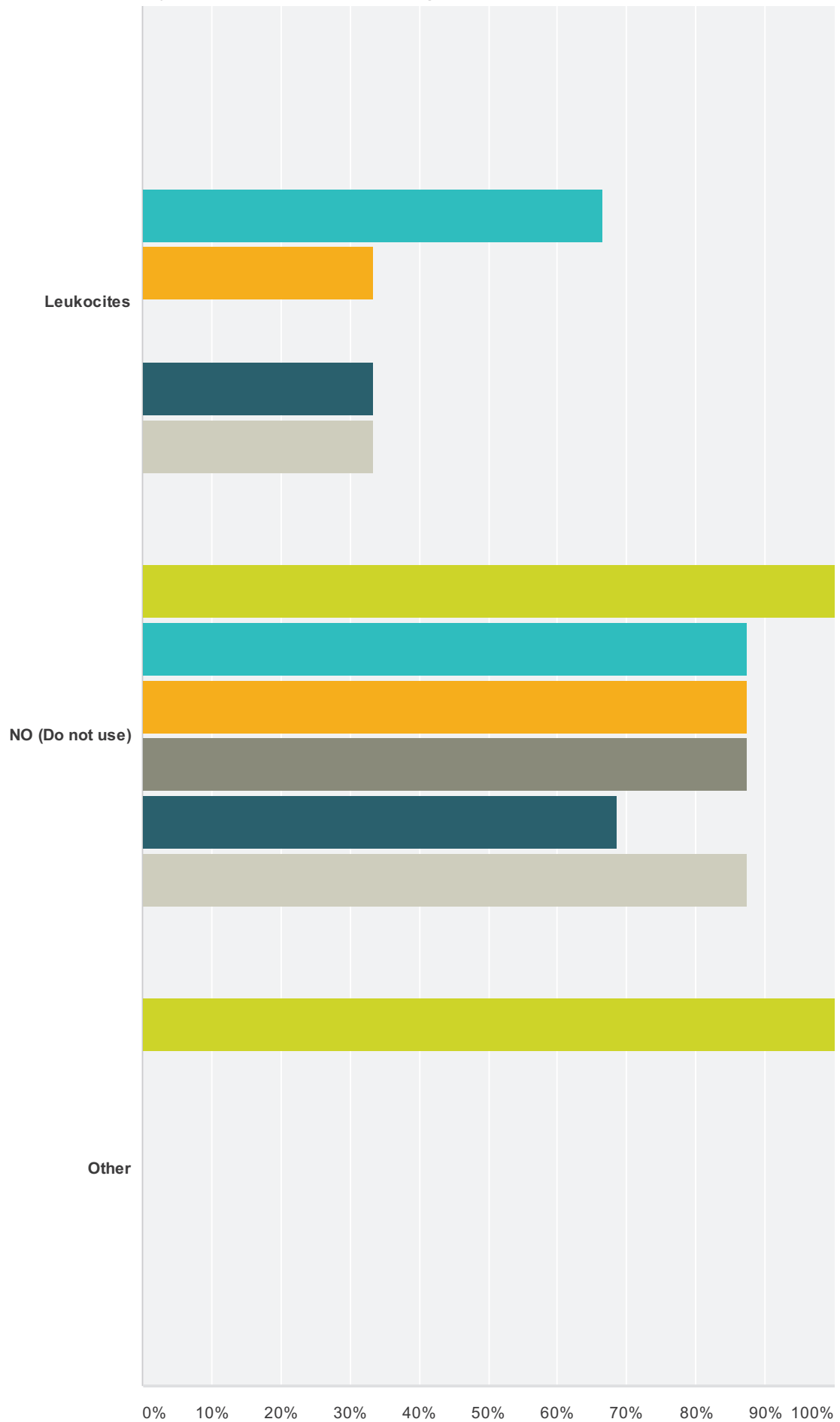
EP Wire survey on Stroke and Bleeding risk evaluation in Atrial Fibrillation



EP Wire survey on Stroke and Bleeding risk evaluation in Atrial Fibrillation



EP Wire survey on Stroke and Bleeding risk evaluation in Atrial Fibrillation



EP Wire survey on Stroke and Bleeding risk evaluation in Atrial Fibrillation

- The risk of cardioversion/AF ablation failure
- The risk of AF recurrence / progression
- The risk of stroke
- The risk of bleeding
- The risk of heart failure
- The risk of mortality

	The risk of cardioversion/AF ablation failure	The risk of AF recurrence / progression	The risk of stroke	The risk of bleeding	The risk of heart failure	The risk of mortality	Nombre total de répondants
None	89,29% 25	92,86% 26	89,29% 25	100,00% 28	64,29% 18	85,71% 24	28
C-reactive protein	20,00% 1	60,00% 3	40,00% 2	0,00% 0	60,00% 3	40,00% 2	5
Cardiac troponin I or T	25,00% 1	0,00% 0	0,00% 0	0,00% 0	75,00% 3	75,00% 3	4
D-dimer	0,00% 0	33,33% 1	33,33% 1	0,00% 0	66,67% 2	33,33% 1	3
BNP or NT-pro BNP	14,29% 2	14,29% 2	14,29% 2	7,14% 1	92,86% 13	28,57% 4	14
Fibrinogen	0,00% 0	0,00% 0	100,00% 4	25,00% 1	0,00% 0	25,00% 1	4
von Wilerbrandt	0,00% 0	0,00% 0	66,67% 2	66,67% 2	0,00% 0	0,00% 0	3
Interleukin 6	0,00% 0	66,67% 2	33,33% 1	0,00% 0	0,00% 0	0,00% 0	3
Cystatin C	0,00% 0	100,00% 2	0,00% 0	0,00% 0	0,00% 0	0,00% 0	2
Galectin-3	0,00% 0	100,00% 2	0,00% 0	0,00% 0	0,00% 0	0,00% 0	2
Leukocytes	0,00% 0	66,67% 2	33,33% 1	0,00% 0	33,33% 1	33,33% 1	3
NO (Do not use)	100,00% 16	87,50% 14	87,50% 14	87,50% 14	68,75% 11	87,50% 14	16
Other	100,00% 1	0,00% 0	0,00% 0	0,00% 0	0,00% 0	0,00% 0	1