APACHE-AF newsletter #13

Nieuwsbrief #13
July 2019

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Executive committee

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Participating centers

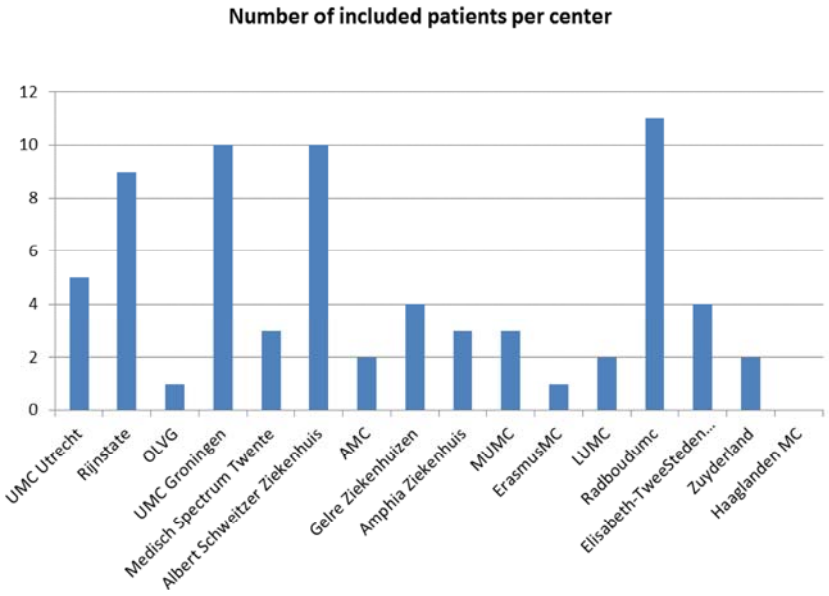
UMC Utrecht
Radboudumc
Rijnstate
OLVG West
Universitair Medisch Centrum Groningen
Medisch Spectrum Twente
Albert Schwe tzer Ziekenhuis
Amsterdam UMC, locatie AMC
Gelre Ziekenhuizen
Amphia Ziekenhuis
Maastricht Universitair Medisch Centrum
Erasmus MC
Leids Universitair Medisch Centrum
Elisabeth
Tweesteden Ziekenhuis
Zuyderland
Haaglanden Medisch Centrum

Beste

You are reading the 13th APACHE-AF newsletter. Starting with this ed tion, our newsletters will appear in English!

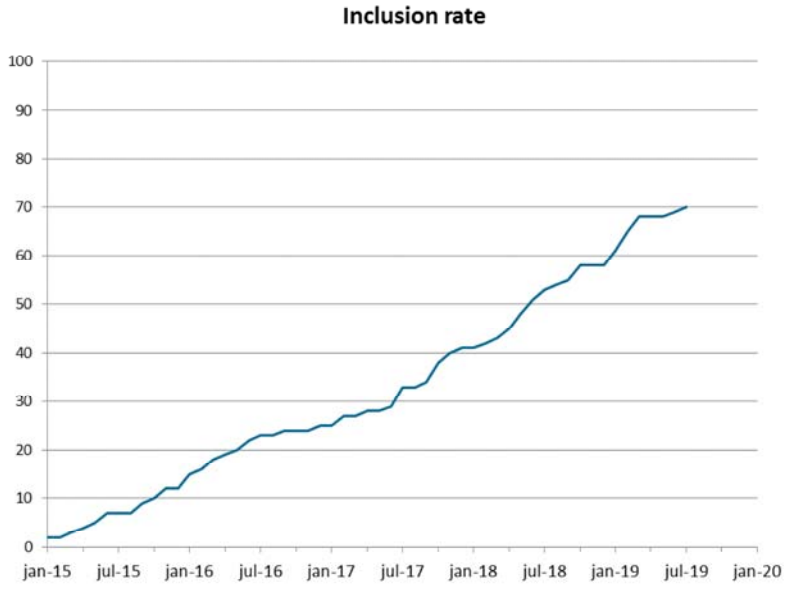
Trial update

Since our last newsletter (February 2019) we have included **eight new patients**! We would like to thank the teams from Jeannette Hofmeijer (Rijnstate hospital, 4 patients), Julia van Tuijl (Elisabeth-TweeSteden hospital, 1 patient), Bart van der Worp (UMC Utrecht, 1 patient), Henk Kerkhoff (Albert Schweitzer hospital, 1 patient) and Karin Klijn / Floris Schreuder (Radboudumc, 1 patient) for their effort!



Baseline data

We have now included **70 out of 100 patients**. The average age of the part cipants is 77 years and 43% is female. A total of 36 patients (51%) are randomized for apixaban treatment. A lobar hematoma was present in 26 patients (37%). Please remember that cerebral amyloid ang opathy is not an exclusion cr terium for participation in the trial.



Each patient is important!

We aim to include 100 patients before December 31st 2019. This challenging goal can be achieved if each part cipating center will include 2 patients by the end of this year.

To help you reach this goal:

- The webs te now also includes a page w th information for possible participants (http://apache-af.nl/voor-patienten/), where the trial is explained in Dutch.
- The trial website from one of our close collaborators, the SoStart trial, contains several videos which can be of interest and can help you with patient recruitment. This includes a 9-minute v deo of the Chief Investigator professor Al-Shahi Salman on **how to explain the dilemma** about ant coagulants for atrial fibrillation in patients who survive an ICH, as well as a 14-minute v deo of **patient experience** in the SoStart trial. The link to these videos can be found here.
- Do not hesitate to contact us to discuss possibly eligible patients (by mail on apache-af@umcutrecht.nl or by telephone 024-3610245).
- Discuss the referral of eligible patients with hosp tals in your region
- Our tasty thank-you gift for including a patient!

English newsletters

We have decided to publish our newsletters in English, so they are also available to our close collaborators from the different ongoing trials as well as to the scientific community.

Collaboration

Several trials regarding the subject of anticoagulation resumption after ICH are ongoing or being scheduled. You can find the updated progress of these trial below. Click on the individual trial names to visit the available trial websites (if available).

Trial	Principal investigator(s)	Country	Trial progress
APACHE-AF	Karin Klijn / Bart van der Worp	Nederland	Active inclusion: 70/100
NASPAF-ICH	Ashkan Shoamanesh / Bob Hart	Canada	Inclusion closed: 30/150
SoSTART	Rustam Al-Shahi Salman	United Kingdom	Active inclusion: 113/190
STATICH	Eivind Berge	Denmark, Norway, Sweden	Active inclusion: 12/250
A3-ICH	Charlotte Cordonnier	France	Active inclusion: 12/300
PRESTIGE-AF	Roland Veltkamp	Europa	Inclus on first patients
ASPIRE	Kevin Sheth / Hooman Kamel	USA	Preparat on phase
ENRICH-AF	Ashkan Shoamanesh / Bob Hart	Canada, Europe	Preparat on phase

News from the ESOC 2019

- The results of the RESTART trial were discussed and simultaneously published in the Lancet. This trial randomized 537 patients with an intracerebral hemorrhage who used antiplatelet or ant coagulant therapy for occlusive vascular disease to restart or

discontinue antithrombotic drugs. Primary outcome was recurrent symptomat c intracerebral hemorrhage). Secondary outcomes were major hemorrhag c compl cations and major ischem c compl cations, as well as the combination of these complicat ons. Median time between hemorrhage and restarting antiplatelets was 76 days. Median follow-up duration was 2 years. In the group randomized to restart antiplatelet therapy, 12 (4%) of the 268 patients had a recurrent intracerebral hemorrhage compared to 23 (9%) of 269 patients randomized to avo d antiplatelet therapy (adjusted HR [aHR] 0.51, 95%-CI 0.25-1.03). The aHR for the combined endpoint was 0.86 (95%-CI 0.60-1.24). The authors conclude that the risk of recurrent intracerebral hemorrhage is probably too small to exceed the established benef ts of restarting antiplatelet therapy.

- In a MRI substudy of the RESTART trial (published in the Lancet Neurology), restarting antiplatelet therapy did not demonstrate clinically or statistically significant hazards on MRI markers of small vessel disease, most importantly microbleeds.

Two ongoing trials need to confirm these findings (RESTART-Fr and STATICH). It will be interesting whether APACHE-AF will have similar results when it comes to restarting oral anticoagulation in patients with atrial fibrillat on. We really need to push our efforts to finish inclus on by the end of this year!

Remember, it takes "just" two patients per center and we will reach our target of a 100 patients!

Please remember to report SAEs within 24 hours after you became aware of an event in OpenClinica and e-mail the SAE to apache-af@umcutrecht.nl.

Regards,

Karin Klijn

Koen van Nieuwenhuizen

Floris Schreuder

Bart van der Worp

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