LBS 6 and LBS 7 EMBARGOED Media Briefing 7:30-8:30 am CT, Monday, Nov. 16, 2020.

[LBS 6 and 7 Briefing Speakers](https://newsroom.heart.org/_gallery/get_file/?file_id=5facb9822cfac2153eacf47d&file_ext=.docx&page_id=) (doc)

SUBODH VERMA – SEARCH-AF

I am delighted all behalf of the steering Committee to present to you a snapshot of the search AF results that are shown here and will be presented later on this morning. Showing this slide are my disclosures. Early post-operative atrial fibrillation is exceedingly common. It occurs in about 30% to 50% of patients peaking at about three days to five days after index cardiac surgery, and then supposedly declining afterwards. The natural history of post- operative atrial fibrillation after discharge from cardiac surgery, however, is a not well- defined because of the observation period in most studies have been limited to the hospitalization phase, per se. Our study hypotheses was that a strategy of an enhanced cardiac rhythm monitoring would result in an increase in that Feb [Indiscernible] detection when compared to Usual care within 30 days after randomization among post cardiac surgical patients without a previous history of a fib or letter and those that are high-risk of stroke. We enrolled patients into two groups shown here are the groups. On the left the enhanced cardiac rhythm monitoring group and on the right to Usual care group, the enhanced cardiac rhythm monitoring group received continuous 30-day rhythm monitoring with either the seek device or the cardio stat device which are patch based cardiac rhythm monitors that we're applied continuously following discharge to evaluate so-called quote-unquote unrecognized atrial fibrillation. And on the right was Usual care with there was no real protocol mandated for continuous cardiac rhythm monitoring but ECG and or alter monitoring could be done at the discretion of the treating physicians. Our study was a multicentered parallel group open labeled randomized study with blinded adjudication of outcome [Indiscernible] design. We enrolled post cardiac surgery patients without a preoperative or significant intraoperative history of a fib or AL with risk factors for stroke randomized to either enhanced cardiac rhythm monitoring with the patch based on devised versus usual care. Primary outcome was cumulative a fib a flutter duration of greater than or equal to six minutes or documentation of a fib a flutter by 12 ECG. In addition we did repeat monitoring at six months and telephone follow-up at nine months. Shown here in this slide our primary outcome results. These demonstrate that detection of a cumulative did a fib a father or greater than or equal to six months was markedly enhanced by continuous rhythm monitoring. Specifically, on the right when you look at the primary outcome it occurred in 19.6% of patients compared to 1.7% of patients in the Usual care arm. This in turn translated into an absolute rate difference of 17.9%, which was highly statistically significant in a number of treated of six. To summarize in patients who have undergone cardiac surgery either isolated bypass surgery or [Indiscernible] surgery or [Indiscernible] procedures who have an elevated risk of stroke by virtue of having a high Chad score which was around four in this study with no previous history either preoperatively or pay discharge of atrial fibrillation, a strategy of continuous rhythm monitoring unveiled a significant persistent burden of unrecognized and potentially actionable atrial fibrillation. And therefore, we can conclude that post-operative atrial fibrillation after cardiac surgery is not confined to the hospitalization phase, per se, and we believe that these data that are one of the first attempts to provide cogent, high-quality randomized data in this space should help inform clinical practice guidelines on monitoring of post-operative atrial fibrillation in such patients. Thank you very much for your attention.