

4.0.03 DOC Cmte minutes

Atrial fibrillation (update) Committee meeting 5

Date: 01/04/2019

Location: Boardroom, Royal College of Physicians, London

Minutes: Confirmed

NICE National Institute for
Health and Care Excellence

Committee members present:		
Simon Mackenzie (SM) [Chair]		(Present for notes 1 – 6)
Neil Andrews (NA) [Topic advisor]		(Present for notes 1 – 6)
Matthew Bates (MB)		(Present for notes 1 – 6)
Antony Chuter (AC)		(Present for notes 1 – 6)
Nazish Khan (NK)		(Present for notes 1 – 6)
Paulus Kirchhof (PK)		(Present for notes 1 – 6)
Gerry Lee (GL)		(Present for notes 1 – 6)
Thomas McAnea (TM)		(Present for notes 1 – 6)
Irene McGill (IM)		(Present for notes 1 – 6)
Chakravarthi Rajkumar (CR)		(Present for notes 1 – 6)
Yohan Samarasinghe (YS)		(Present for notes 1 – 6)
Jaspal Taggar (JT)		(Present for notes 1 – 6)
Keith Tyndall (KT)		(Present for notes 1 – 6)

In attendance:		
Catrina Charlton (CC)	NICE Guideline Commissioning Manager	(Present for notes 1 – 6)
Sharon Swain (SS)	Guideline Lead	(Present for notes 1 – 6)
Mark Perry (MP)	Senior Research Fellow	(Present for notes 1 – 6)
Nicole Downes (ND)	Research Fellow	(Present for notes 1 – 6)
Sophia Kemmis Betty (SKB)	Senior Health Economist	(Present for notes 1 – 6)
Lina Gulhane (LG)	Information Specialist	(Present for note 5)
Giulia Zuodar (GZ)	Project Manager	(Present for notes 1 – 6)

Apologies:	
Liz Pearton	Information specialist, NGC

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1. Welcome and objectives for the meeting

The Chair welcomed the Committee members and attendees to the fifth meeting on Atrial fibrillation (update). The Chair introduced PK. The Committee members and attendees introduced themselves.

The Chair informed the Committee that no apologies were received.

The Chair outlined the objectives of the meeting, which included presenting the evidence for anticoagulant therapy for stroke prevention and for stopping anticoagulation, and discussing the protocols on detection of AF.

2. Confirmation of matter under discussion, and declarations of interest

The Chair confirmed that, for the purpose of managing conflicts of interest, the matter under discussion was anticoagulant therapy for stroke prevention, stopping anticoagulation, and detection of AF.

The following declarations were received:

Name	Job title, organisation	Declarations of Interest, date declared	Type of interest	Decision taken
GL	GC member	Member of Specialised Cardiac Improvement Programme: CRM Clinical Pathways Workgroup (examining pathways for ablation in AF patients)	Direct, non-financial, non-specific	Declare and participate
PK	GC member	I am the Director of the University of Birmingham's Institute of Cardiovascular Sciences Part of my academic role is fulfilled through honorary contracts with the two major NHS trusts in the region. I coordinate a large atrial fibrillation clinic at SWBH NHS Trust and coordinate the inherited cardiac conditions service at UHB NHS Trust.	Direct, non-financial, professional and personal	Declare and participate
		Part of my academic role is fulfilled through	Direct, non-financial,	Declare and

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		honorary contracts with the two major NHS trusts in the region. I coordinate a large atrial fibrillation clinic at SWBH NHS Trust and coordinate the inherited cardiac conditions service at UHB NHS Trust.	professional and personal	participate
PK	GC member	I am the chairperson of AFNET, an academic research organisation based in Germany that coordinates research projects to improve outcomes in patients with atrial fibrillation.	Direct, non-financial, professional and personal	Declare and participate
PK	GC member	I chair the education committee of the European Society of Cardiology overseeing the educational activities of the ESC such as the European Exam in General Cardiology, its online courses, webinars, etc.	Direct, non-financial, professional and personal	Declare and participate
PK	GC member	Funding for research projects from public funders (e.g. NIHR, German Ministry of Education and Research, British Heart Foundation, Medical Research Council) and from industry partners for investigator-initiated controlled clinical trials. Funding is received by University of Birmingham and by AFNET. The majority of the currently active research projects are in the field of atrial fibrillation. List of relevant publications: -Grond M, Jauss M, Hamann G, Stark E,	Indirect, financial	Declare and withdraw from recommendations for the following questions: What is the most clinically and cost-effective anticoagulant therapy for stroke prevention in people with atrial fibrillation? What is the clinical and cost effectiveness of discontinuing anticoagulation in people whose atrial fibrillation has resolved?

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		<p>Veltkamp R, Nabavi D, Horn M, Weimar C, Kohrmann M, Wachter R, Rosin L, Kirchhof P. Improved detection of silent atrial fibrillation using 72 hours Holter ECG in patients with ischemic stroke. Stroke 2013; 44: 3357-3364.</p> <p>-Freedman B, Boriani G, Glotzer TV, Healey JS, Kirchhof P, Potpara TS. Management of atrial high-rate episodes detected by cardiac implanted electronic devices. Nat Rev Cardiol. 2017.</p> <p>-Kirchhof P, Radaideh G, Kim Y, Lanan F, Haas S, Amarencu S, Turpie A, Bach M, Lambelet M, Hess S, Camm A. Global Safety Analysis of Rivaroxaban: A Pooled Analysis of the Global Prospective, Observational XANTUS Program. J Am Coll Cardiol. 2018; published on line June 2018</p> <p>- Romero J, Cerrud-Rodriguez RC, Diaz JC, Michaud GF, Taveras J, Alviz I, Grupposo V, Cerna L, Avendano R, Kumar S, Kirchhof P, Natale A, Di Biase L. Uninterrupted direct oral anticoagulants vs. uninterrupted vitamin K antagonists during catheter ablation of non-</p>		
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		<p>valvular atrial fibrillation: a systematic review and meta-analysis of randomized controlled trials. Europace. 2018.</p> <p>- Kirchhof P, Haeusler KG, Blank B, De Bono J, Callans D, Elvan A, Fetsch T, Van Gelder IC, Gentlesk P, Grimaldi M, Hansen J, Hindricks G, Al-Khalidi HR, Massaro T, Mont L, Nielsen JC, Nolker G, Piccini JP, De Potter T, Scherr D, Schotten U, Themistoclakis S, Todd D, Vijgen J, Di Biase L. Apixaban in patients at risk of stroke undergoing atrial fibrillation ablation. Eur Heart J. 2018; published on line 20 March.</p> <p>- De Caterina R, Bruggenjurgan B, Darius H, Kohler S, Lucerna M, Pecan L, Renda G, Schilling RJ, Schliephacke T, Zamorano JL, Le Heuzey JY, Kirchhof P.</p> <p>Quality of life and patient satisfaction in patients with atrial fibrillation on stable vitamin K antagonist treatment or switched to a non-vitamin K antagonist oral anticoagulant during a 1-year follow-up: A PREFER in AF Registry substudy.</p> <p>Arch Cardiovasc Dis. 2018;111(2):74-84.</p>		
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		<p>- De Caterina R, Bruggenjurgan B, Darius H, Kohler S, Lucerna M, Pecen L, Renda G, Schilling RJ, Schliephacke T, Zamorano JL, Le Heuzey JY, Kirchhof P.</p> <p>Quality of life and patient satisfaction in patients with atrial fibrillation on stable vitamin K antagonist treatment or switched to a non-vitamin K antagonist oral anticoagulant during a 1-year follow-up: A PREFER in AF Registry substudy.</p> <p>Arch Cardiovasc Dis. 2017.</p> <p>- Hanon O, Vidal JS, Le Heuzey JY, Kirchhof P, De Caterina R, Schmitt J, Laeis P, Mannucci PM, Marcucci M. Oral anticoagulant use in octogenarian European patients with atrial fibrillation: A subanalysis of PREFER in AF. Int J Cardiol.2017, published on line January 2017</p> <p>-Kirchhof P for the XANTUS investigators. Outcomes after catheter ablation and cardioversion in patients with non-valvular atrial fibrillation: results from the prospective, observational XANTUS study. Europace. 2017.</p>		
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		<p>-Kotecha D, Calvert M, Deeks JJ, Griffith M, Kirchhof P, Lip GY, Mehta S, Slinn G, Stanbury M, Steeds RP, Townend JN. A review of rate control in atrial fibrillation, and the rationale and protocol for the RATE-AF trial. BMJ Open. 2017;7:e015099.</p> <p>-Piccini JP, Kirchhof P. Improving outcomes after catheter ablation of atrial fibrillation: better patient selection, better procedure, or both? Eur Heart J 2018;39:450-2.</p> <p>-2016-2019. The RATE-AF trial (Career Development Fellowship). National Institute of Health Research (NIHR)</p> <p>-Verma A, Ha ACT, Kirchhof P, Hindricks G, Healey JS, Hill MD, Sharma M, Wyse DG, Champagne J, Essebag V, Wells G, Gupta D, Heidbuchel H, Sanders P, Birnie DH. The Optimal Anti-Coagulation for Enhanced-Risk Patients Post-Catheter Ablation for Atrial Fibrillation (OCEAN) trial. Am Heart J.</p>		
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		<p>2018;197:124-32.</p> <p>-Di Biase L, Callans D, Georg Haeusler K, Hindricks G, Al-Khalidi H, Mont L, Cosedis Nielsen J, Piccini JP, Schotten U, Kirchhof P. Rationale and design of AXAFA-AFNET 5: an investigator-initiated, randomized, open, blinded outcome assessment, multi-centre trial to comparing continuous apixaban to vitamin K antagonists in patients undergoing atrial fibrillation catheter ablation. <i>Europace</i>. 2017;19:132-8. doi: 10.1093/europace/euw368</p>		
PK	GC member	<p>My institution receives honoraria for my work for medical and device companies active in atrial fibrillation, e.g. as steering committee member in industry-sponsored clinical trials, or for invited lectures delivered during industry-organised symposia at major cardiology meetings. Some of this work is related to atrial fibrillation.</p>	Indirect financial	Declare and participate
PK	GC member	<p>I receive payments for strategic advice, lectures, and grant reviews from academic institutions and from public funding bodies in the UK and in Europe. While some advice may be related to my knowledge in atrial fibrillation, it is more often</p>	Direct, financial	Declare and participate

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		based on my general standing in academia.		
PK	GC member	I am listed on two patents filed by University of Birmingham (Atrial Fibrillation Therapy, WO 2015140571; Markers for AF, WO 2016012783)	Direct, financial	Declare and participate
PK	GC member	I have coordinated (older) review articles related to AF detection depending on monitoring intensity: Early and comprehensive management of atrial fibrillation: Proceedings from the 2nd AFNET/ EHRA consensus conference on atrial fibrillation entitled 'research perspectives in atrial fibrillation'	Direct, non-financial, professional and personal, specific	Withdraw from the recommendations for the questions: What are the most accurate methods for detecting atrial fibrillation in people with cardiovascular risk factors and/or symptoms suggestive of AF What is the most clinically and cost-effective method for detecting atrial fibrillation in people with cardiovascular risk factors and/or symptoms suggestive of AF?
PK	GC member	I am the CI of one of the ongoing controlled trials comparing NOAC therapy to no anticoagulation in patients with pacemaker-detected "atrial high rate episodes": Rationale and design of the Non-vitamin K antagonist Oral anticoagulants in patients with Atrial High rate episodes (NOAH-AFNET 6) trial	Direct, non-financial, professional and personal, specific	Withdraw from the recommendations for the question: What is the most clinically and cost-effective anticoagulant therapy for stroke prevention in people with atrial fibrillation?

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PK	GC member	Investigator on The Optimal Anti-Coagulation for Enhanced-Risk Patients Post-Catheter Ablation for Atrial Fibrillation (OCEAN) trial	Direct, non-financial, professional and personal, specific	Withdraw from the recommendations for the question: What is the clinical and cost-effectiveness of discontinuing anticoagulation in people whose atrial fibrillation has resolved?
<p>The Chair and a senior member of the Developer’s team noted that the interests previously declared did not prevent the attendees from fully participating in the meeting. It was noted that PK would be conflicted for the discussion on anticoagulant therapy for stroke prevention and stopping anticoagulation. However, the committee did not make recommendations on the day and therefore PK was allowed to participate in the discussion.</p>				
<p>3. Evidence review: anticoagulant therapy for stroke prevention</p>				
<p>MP and SKB presented the evidence for anticoagulant therapy for stroke prevention. The Committee discussed the evidence.</p>				
<p>4. Evidence review: stopping anticoagulant therapy</p>				
<p>ND and SKB presented the evidence for stopping anticoagulation. The Committee discussed the evidence.</p>				
<p>5. Protocols</p> <p>MP gave a presentation on the protocols for detection of AF. The Committee discussed the protocol and were given an opportunity to ask questions.</p>				
<p>6. Any other business</p>				
<p>None.</p>				

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Date of next meeting: 13/05/2019

Location of next meeting: Boardroom, Royal College of Physicians, London