Oral Anticoagulation Pending Investigation of Suspected Cardioembolism

Ms. Smith is a 75 year old woman referred to your clinic for next-day assessment of TIA, and she provides a convincing description of transient aphasia lasting sixty minutes. She has no prior history of stroke, myocardial infarction, peripheral vascular disease, or major bleeding. Vascular risk factors include hypertension (treated) and dyslipidemia (also treated). ASA 81 mg OD was started by the Emergency physician. She reports that her language is now at baseline, and her neurological and cardiovascular examinations are normal. The following investigations have been completed:

Unenhanced CT: normal; no ischemic changes or evidence of prior infarct.

CT Angiogram (head and neck): non-stenosing atherosclerotic changes involving bilateral carotid bifurcations, normal aortic arch; left M3 cut-off.

ECG: normal rhythm, no ischemic changes.

Bloodwork: LDL 1.9, A1C 5.8, Hgb 145, Plt 250, eGFR 65

* 1. What investigations would you request in order to complete the investigation of this TIA (choose as many as you think are indicated, assuming that all investigations are available at your site)?

Extended rhythm recorder (≥ 2 weeks, auto AFib detection)

48-hour Holter monitor

Transthoracic or transesophageal echocardiogram

MRI with MRA

Other (please specify)

[   ]

* 2. Based on your experience, how long do you expect it would it take for the investigations you have requested to be reported?

Less than 1 week

1-2 weeks

2-4 weeks

1-3 months

More than 3 months

* 3. What antithrombotic would you typically prescribe in this situation, while waiting

for investigations to be completed?

ASA

Clopidogrel

ASA & clopidogrel

Warfarin

Novel oral anticoagulant (dabigatran, rivaroxaban, apixaban)

None

Other (please specify)

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Randomized controlled trials of novel oral anticoagulants (NOACs - apixaban, dabigatran, rivaroxaban) against warfarin show that NOACs are of similar benefit in stroke prevention for atrial fibrillation, with less risk of intracranial hemorrhage. Apixaban is the only agent that has also been compared against ASA for this indication; rates of major bleeding were similar between the two arms despite significantly better efficacy of apixaban for stroke prevention (AVERROES NEJM 364 (9): 806-817; figures for apixaban vs. aspirin - stroke 1.6 vs 3.4% (p<0.001); major bleeding 1.4 vs 1.2% (p=0.57)).

* 4. Based on the evidence from AVERROES and other clinical trials, how do you think ASA would compare to the novel oral anticoagulant apixaban in our clinical scenario?

	ASA much better	ASA somewhat better	Balanced	Apixaban somewhat better	Apixaban much better
Stroke prevention					
Intracranial hemorrhage					
Major extracranial hemorrhage					
Overall balance of harm and benefit					

* 5. Based on the currently available evidence from AVERROES and other clinical trials, how would you feel about using apixaban instead of ASA in our clinical scenario?

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
My medicolegal liability would be higher if I used apixaban in this scenario					
My colleagues would question or disagree with my use of apixaban in this scenario					
There is currently too little evidence to					

support the use of
apixaban in this
scenario

Do you see any other barrier to the use of apixaban in this scenario?

[   ]

* 6. If we assume that for clinical cases similar to our scenario, apixaban prevents 6 additional strokes over ASA for every 100 patients treated, how many additional major bleeding events over ASA (for every 100 patients treated) would you be willing to accept in order to use apixaban? In other words, at what point would the additional bleeding complications cancel out the benefit of stroke prevention?

	0	1	2	3	4	5	6	7	8	9	10+
Intracranial hemorrhage											
Major extracranial hemorrhage											
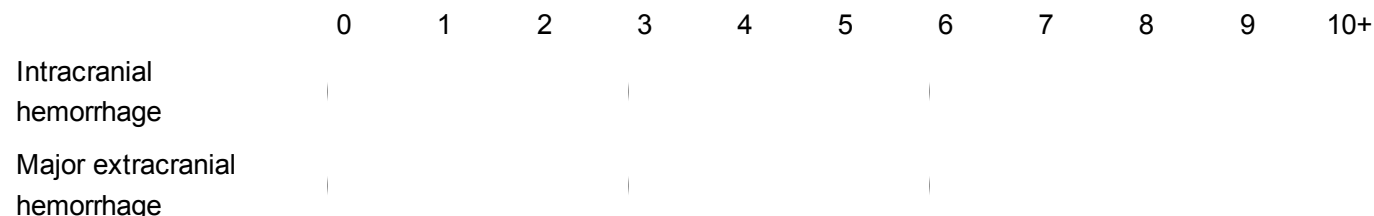
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Please help us by providing some demographic information.

7. Level of training

Staff physician

Fellow

Resident (level of training)

[   ]

8. What best describes your practice specialization?

General internal medicine

Thrombosis

General neurology

Vascular neurology

Other neurology sub-speciality

9. How many patients with stroke do you see in an average month?

0-5

6-10

11-20

20+

10. What best describes your practice location?

Community office practice

Community hospital

Academic office practice

Academic hospital

11. Would you be interested in participating in a clinical trial to test the use of ASA versus a novel oral anticoagulant while awaiting workup for stroke with suspected atrial fibrillation?

Yes

Maybe

No

12. Affiliation

Memorial University of Newfoundland

Dalhousie University

Université Laval

Université de Sherbrooke

Université de Montréal

McGill University

University of Ottawa

Queen's University

University of Toronto

McMaster University

Western University

University of Manitoba

University of Saskatchewan

University of Alberta

University of Calgary

University of British Columbia

None

Other (please specify)

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