swissaf newsletter
Swiss Atrial Fibrillation Cohort

March 2015
Edition No.3

Welcome to the third SWISS-AF newsletter!

This month, the first Swiss-AF year comes to an end and first follow-up visits are about to start! Currently, data quality in the database is excellent, eCRF completeness is high and sample shipments for the Biobank are working well. Core labs have received a substantial amount of data (MRI scans confirmed: **396** of 435 files due / ECG files received: **541)**.

The only big challenge remains the recruitment speed. Only about 50% of the first year recruitment goal (N = 1200 patients) could be reached (N = **555**). While we will soon open a new site (Solothurn), a major effort is needed from all sites to speed up recruitment and approach our recruitment goal of 100 patients per month. Otherwise we risk that the SNSF restricts the continuation of our funding, something we do not want to happen!

The study team in Basel would like to thank all of you for your continuing efforts and collaboration and wishes you a Happy Easter!

Patients included per site (April 2014 – March 2015)

	Participating Center (with Site No.)	Patients enrolled (n)
1.	**Basel** – Universitätsspital (**01**)	262
2.	**Bern** – Inselspital, Universitätskliniken für Allgemeine Medizin, Neurologie, Kardiologie (**11**)	100
3.	**Zürich** – Triemli Spital (**15**)	41
4.	**Baden** – Kantonsspital (**10**)	35
5.	**Fribourg** – Hôpital Cantonal Fribourg (**13**)	24
6.	**St. Gallen** – Kantonsspital (**02**)	18
7.	**Lugano** – Cardiocentro Ticino (**12**)	16
8.	**Luzern** – Kantonsspital (**08**)	13
9.	**Genève** – Hôpitaux Universitaires Genève (**09**)	12
10.	**Lugano** – Ospedale Regionale di Lugano (**04**)	11
11.	**Luzern** – St. Anna Spital (**14**)	10
12.	**Bellinzona** – Ospedale Regionale di Bellinzona e Valli (**03**)	7
13.	**Lausanne** – Centre Hospitalier Universitaire Vaudois (**07**)	6
	all centres	555

Health economics:

The first **transfer of health economics data** has been successfully completed in March (test run). We thank the local study teams for their efforts to making this possible. Future transmissions will constantly include all patients (even those who were already submitted), so **the already transmitted files (containing patient IDs)** can be reused for future transmissions.

The health economics data will provide first insights into the cost-benefit-ratio of conventional AF therapy in Switzerland, which should help to optimize medical interventions and health-care for AF patients in the future.

Next stage: 1st Follow-Up

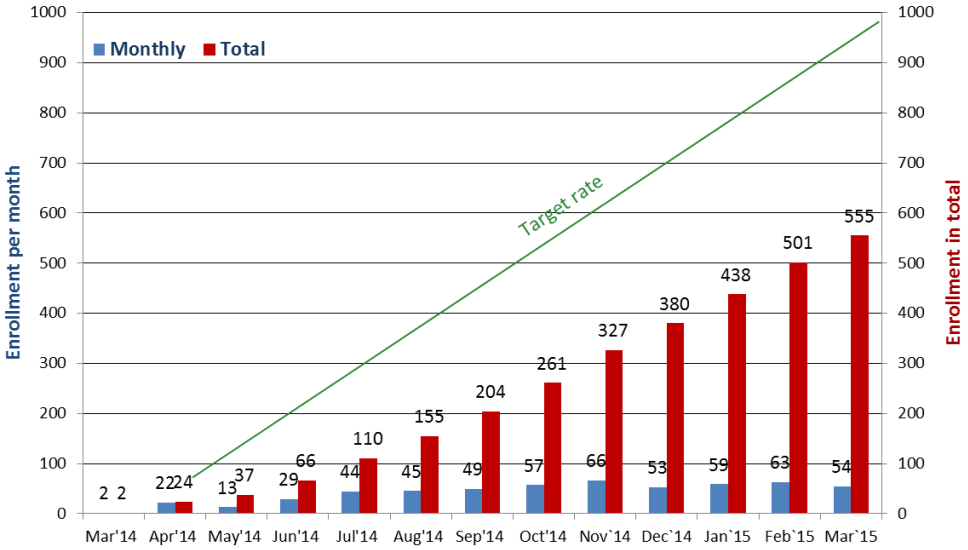
Follow-Up 1 visits must be completed after 1 year +/- 2 weeks. The following exams are needed:

- Study CRF
- Measurement of weight, heart rate, and blood pressure
- Resting ECG
- Cognitive assessments
- QoL and disability
- AF-related resource use and costs
- Detailed collection of clinical outcomes (including ICD-10 codes)

MRI and blood sampling are not required. Event documentation is of crucial importance for the study. Please take special care when asking patients about clinical complications. Additional documentation is required for some of the endpoints: Stroke/systemic embolism, myocardial infarction, death, hospitalization for heart failure, bleeding.

Covering a period of at least 4 years, SWISS-AF can strongly advance our understanding of how AF changes over time. This requires that the **completeness of Follow-Up data** is as high as possible**.** High compliance will strongly foster our study`s contribution to AF research and optimized treatment of AF patients.

Enrollment SWISS-AF (across all sites)



Investigator Fee Payments:

Next payment deadline:
31 March, 2015

All **Baseline and Follow-Up visits** entered in the secuTrial database at the deadline will be compensated (quarterly payments).

Swiss-AF Team Profile

In each newsletter we introduce a team of one of our actively participating sites. Here, we are pleased to present to you the team of the **HFR, Hôpital Cantonal Fribourg**:

"Participer au recrutement de patients pour la réalisation d'une cohorte est essentiel pour mettre à disposition de la communauté scientifique les données nécessaires à la compréhension d'une pathologie. Comme la fibrillation auriculaire touchera de plus en plus de patients avec le vieillissement de la population, la cohorte Swiss-AF pourra amener de nombreuses informations pour mieux comprendre et traiter cette pathologie fascinante".

(Study Team HFR, Hôpital Cantonal, Fribourg, March 15)

From left to right: **Prof. Dr. med. Daniel Hayoz** (PI), **Sandrine Foucras** (Study Nurse), **Dr. Mathieu Firmann** (Co-investigator), **Eric Dafflon** (responsible MRI technician)

Hints & Facts:

- 80 patients (goal: 200) received the **patient`s diary** assessing medical resource use (available in German and French). Patients should return the journal at the follow-up visit where they will receive a **new diary**.
  The original document will be kept in the respective study center; a copy (without page three containing personnel data) will be sent to Basel.
- 87 patients <65 years received the **absenteeism questionnaire** (goal: 150 patients).
  A **Follow-Up version** will be completed together with the patient even if he/she has exceeded the age limit of 65. Please keep the baseline version at hand as a reference point (see Study Manual for further details).
- Please note that **after electrical cardioversion,** a patient can be enrolled with a delay of 3-4 days**.** After any acute illness, including PVI, delayed enrolment of at least 4 weeks is required.
- **Patients who refuse central elements** of the study (like MRI scan or blood sampling) are not eligible (except device patients).
  We do not advise brain scanning even if the device is MRI compatible.
- During patient visits, a substantial amount of **time can be saved**, if you send the patient a copy of the first CRF part by mail, such that the participant can complete this part **prior to the study visit** (please see Study Manual, p. 8-10, for more details).

Swiss-AF is funded by:
FNSNF
Fonds National Suisse
Schweizerischer Nationalfonds
Fondo Nazionale Svizzero
Swiss National Science Foundation

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