



NEWS RELEASE
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Canadian Cardiovascular Society Sets New Guidelines for the Management and Treatment of Atrial Fibrillation

New evidence-based recommendations to improve patient outcomes published in the *Canadian Journal of Cardiology*

Philadelphia, PA, September 6, 2016 – The *Canadian Journal of Cardiology* has just released the 2016 Focused Update to the Canadian Cardiovascular Society's (CCS) atrial fibrillation (AF) guidelines. This update provides evidence-based guidelines for Canadian practitioners and will impact how they, and the global community of cardiologists, manage and treat this serious condition.

AF is an irregular and often rapid heart rate that can increase the risk of stroke, heart failure, and other heart-related complications. It is the most common cardiac arrhythmia and the leading cause of stroke in the elderly.

“The development of guidelines has been a key activity of the CCS for over a decade,” explained co-chairs Laurent Macle, MD, of the Montreal Heart Institute, Université de Montréal, Montreal, Quebec, and Atul Verma, MD, of the Southlake Regional Health Centre, Newmarket, Ontario, Canada. “Well-developed guidelines have the potential to improve the quality of cardiovascular care, lead to better patient outcomes, improve cost-effectiveness, and highlight areas for further research.”

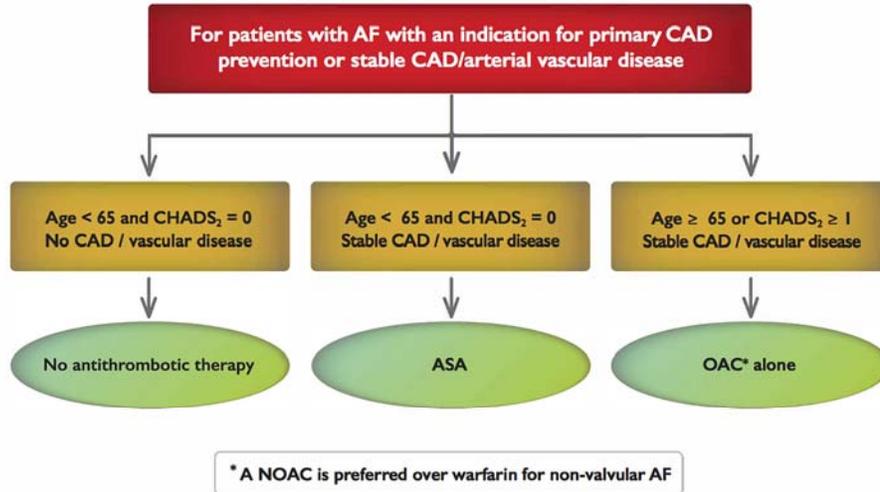
This update represents the consensus of a multidisciplinary panel of topic experts with a mandate to formulate disease-specific recommendations. The original guidelines were developed in 2010 by the Canadian Cardiovascular Society (CCS) AF Guidelines committee and are reviewed every two years. This is the third Focused Update.

This 2016 Focused Update makes important evidence-based recommendations on:

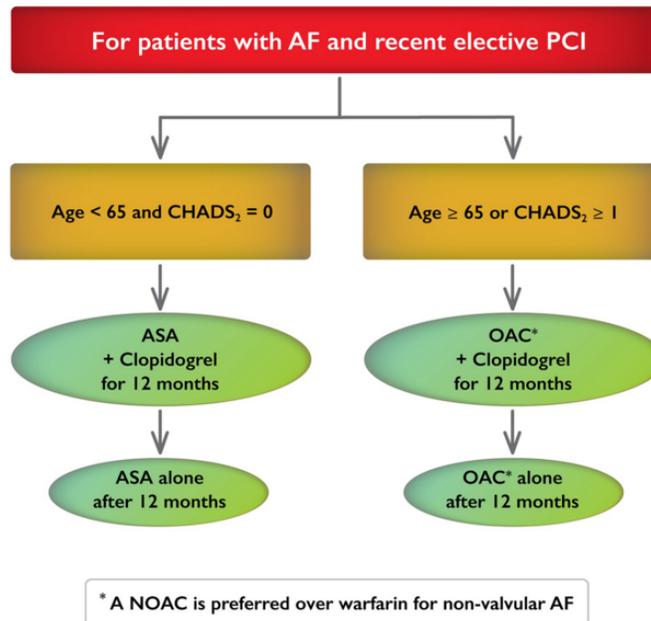
- Management of antithrombotic therapy for AF patients with various clinical presentations of coronary artery disease (CAD)
- Real-life data with non-vitamin K antagonist oral anticoagulants (NOACs)
- Use of antidotes for the reversal of NOACs
- Digoxin as a rate-control agent
- Perioperative anticoagulation management
- AF surgical therapy including the prevention and treatment of AF following cardiac surgery

An important change in this update is that for patients with AF in association with CAD who are indicated for anticoagulation therapy, a NOAC is preferred over warfarin.

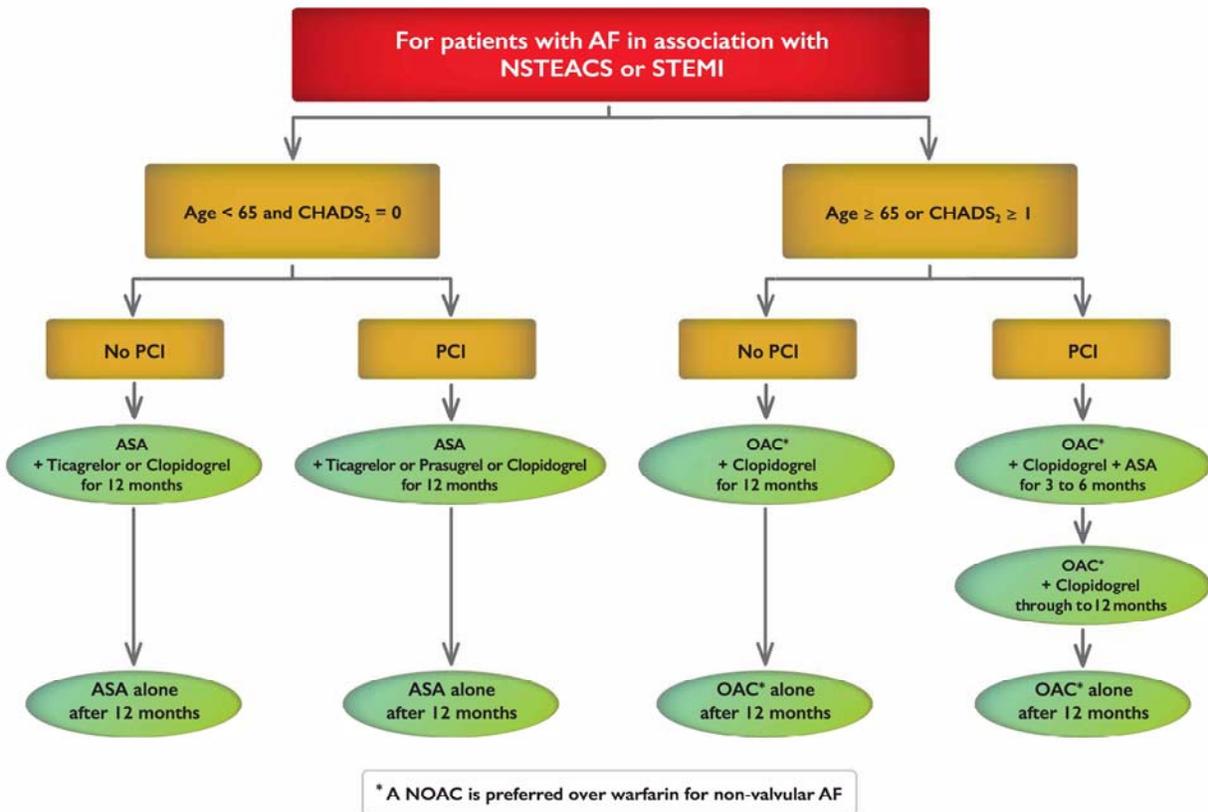
For patients with AF, with an indication for primary CAD prevention or stable CAD/arterial vascular disease, the selection of antithrombotic therapy should be based on their risk of stroke.



For patients with AF and recent elective PCI, the selection of antithrombotic therapy should also be based on their risk of stroke.



For patients with AF in association with non ST-elevation acute coronary syndrome (NSTEMACS) or ST-elevation myocardial infarction (STEMI), the management of antithrombotic therapy is based on the risk of stroke and whether PCI is performed.



Details of the updated recommendations are presented, along with their background and rationale. Standards, individual studies, and literature were reviewed for quality and bias. The update also includes a section on concomitant AF and coronary artery disease, which was developed in collaboration with the CCS antiplatelet (APT) guidelines committee. An updated summary of all CCS AF Guidelines recommendations, from 2010 to the present 2016 Focused Update, are provided in an Online Supplement.

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NOTES FOR EDITORS

“2016 Focused Update of the Canadian Cardiovascular Society Guidelines for the Management of Atrial Fibrillation,” by Laurent Macle, MD (Co-chair), John Cairns, MD, Kori Leblanc, PharmD, Teresa Tsang, MD, Allan Skanes, MD, Jafna L. Cox, MD, Jeff S. Healey, MD, Alan Bell, MD, Louise Pilote, MD, Jason G. Andrade, MD, L. Brent Mitchell, MD, Clare Atzema, MD, David Gladstone, MD, Mike Sharma, MD, Subodh Verma, MD, Stuart Connolly, MD, Paul Dorian, MD, Ratika Parkash, MD, Mario Talajic, MD, Stanley Nattel, MD, and Atul Verma, MD (Co-chair) for the CCS Atrial Fibrillation Guidelines Committee, DOI: <http://dx.doi.org/10.1016/j.cjca.2016.07.591>. Published online in advance of Volume 32/Issue 10 (October 2016) of the *Canadian Journal of Cardiology*, by Elsevier.

Full text of this article is available to credentialed journalists upon request. Contact Eileen Leahy at +1 732-238-3628 or cjcmedia@elsevier.com to obtain copies. Journalists wishing to reach the committee for comment should contact Laurent Macle, MD, at +1 514-376-3330 ext 4075 or lmacle@mac.com, or Atul Verma, MD, at +1 416 705 6292 or atul.verma@utoronto.ca.

ABOUT THE CANADIAN JOURNAL OF CARDIOLOGY

The *Canadian Journal of Cardiology* (www.onlinecjc.ca) is the official journal of the Canadian Cardiovascular Society (www.ccs.ca). It is a vehicle for the international dissemination of new knowledge in cardiology and cardiovascular science, particularly serving as a major venue for the results of Canadian cardiovascular research and Society guidelines. The journal publishes original reports of clinical and basic research relevant to cardiovascular medicine as well as editorials, review articles, case reports, and papers on health outcomes, policy research, ethics, medical history, and political issues affecting practice.

ABOUT THE EDITOR-IN-CHIEF

Editor-in-Chief Stanley Nattel, MD, is Paul-David Chair in Cardiovascular Electrophysiology and Professor of Medicine at the University of Montreal and Director of the Electrophysiology Research Program at the Montreal Heart Institute Research Center.

ABOUT THE CANADIAN CARDIOVASCULAR SOCIETY

The Canadian Cardiovascular Society is the professional association for Canadian cardiovascular physicians and scientists working to promote cardiovascular health and care through knowledge translation, professional development, and leadership in health policy. The CCS provides programs and services to its 1900+ members and others in the cardiovascular community, including guidelines for cardiovascular care, the annual Canadian Cardiovascular Congress, and, with the Canadian Cardiovascular Academy, programs for trainees. More information about the CCS and its activities can be found at www.ccs.ca.

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