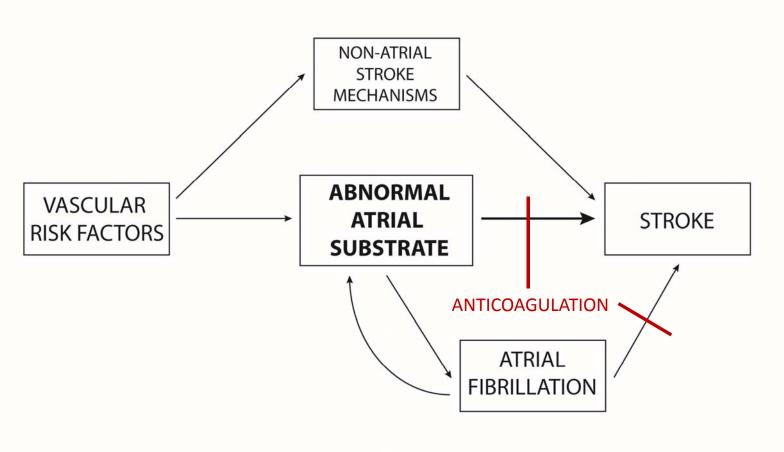
# AtRail Cardiopathy and Antithrombotic Drugs In prevention After cryptogenic stroke (ARCADIA)

Hooman Kamel, MD on behalf of the ARCADIA Investigators









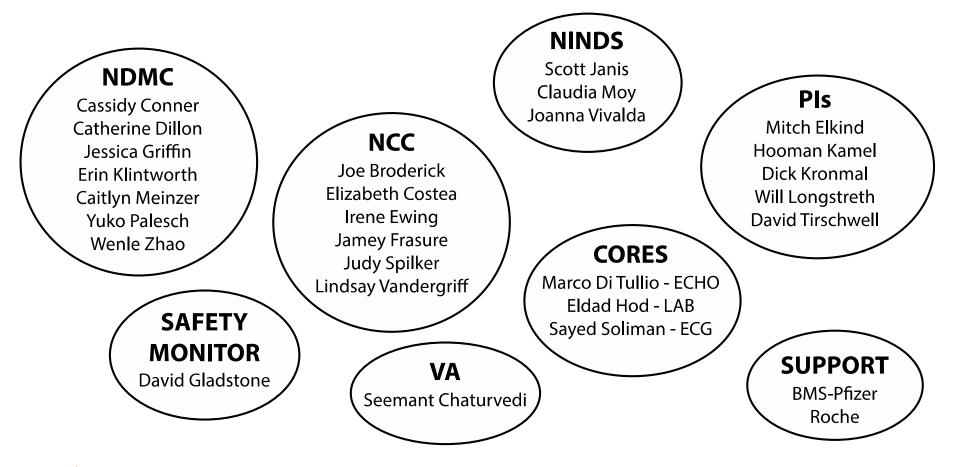


# ARCADIA: Only [ESUS + Atrial Cardiopathy]

- <u>AtRial Cardiopathy and Antithrombotic Drugs In prevention After</u> cryptogenic stroke
- Hypothesis: apixaban is superior to aspirin for prevention of recurrent stroke in patients with ESUS and atrial cardiopathy

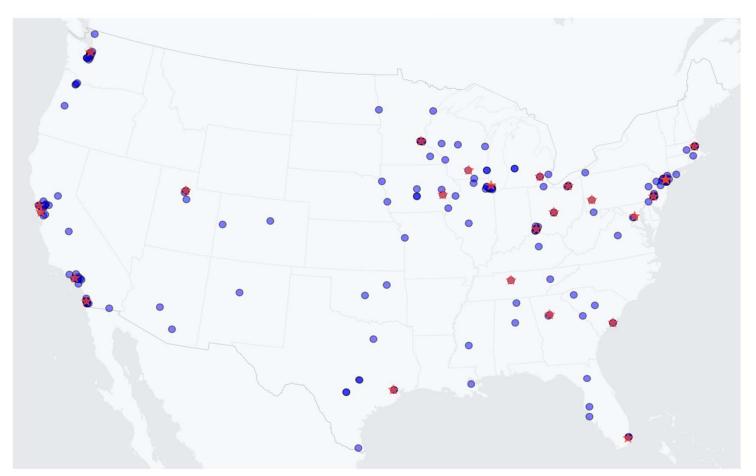
















## Timeline

Nov 2017 Investigator meeting

Dec 2017 CRFs completed, WebDCU programmed

Jan 2018 First site approved by cIRB

• Jan/Feb 2018 Complete protocol trial agreements, IRB clearances

• Feb 2018 Anticipated first enrollment





#### **Contemporary Reviews in Cardiovascular Medicine**

#### **Evaluating the Atrial Myopathy Underlying Atrial Fibrillation**

Identifying the Arrhythmogenic and Thrombogenic Substrate

Jeffrey J. Goldberger, MD, MBA; Rishi Arora, MD; David Green, MD, PhD; Philip Greenland, MD; Daniel C. Lee, MD, MSc; Donald M. Lloyd-Jones, MD, ScM; Michael Markl, PhD; Jason Ng, PhD; Sanjiv J. Shah, MD

REVIEW TOPIC OF THE WEEK

#### Fibrotic Atrial Cardiomyopathy, Atrial Fibrillation, and Thromboembolism

Mechanistic Links and Clinical Inferences

Benjamin J. Hirsh, MD, Robert S. Copeland-Halperin, MD, Jonathan L. Halperin, MD

**EDITORIAL COMMENT** 

#### Is Atrial Fibrillation a Necessary Component of the Thrombogenic Atrium?\*

Saman Nazarian, MD, PhD, Tarek Zghaib, MD



#### **Comments and Opinions**

#### Atrial Fibrillation and Mechanisms of Stroke Time for a New Model

Hooman Kamel, MD; Peter M. Okin, MD; Mitchell S.V. Elkind, MD, MS; Costantino Iadecola, MD

Received October 28, 2015; accepted December 4, 2015.

From the Feil Family Brain and Mind Research Institute (H.K., C.I.) and Division of Cardiology (P.M.O.), Weill Cornell Medicine, New York, NY; and Department of Neurology, College of Physicians and Surgeons, and Department of Epidemiology, Mailman School of Public Health, Columbia University New York, NY (M.S.V.E.).

The opinions expressed in the article are not necessarily those of the editors or of the American Heart Association Guest Editor for this article was Seemant Chaturvedi, MD.

Correspondence to Hooman Kamel, MD, 407 E 61st 5t, New York, NY 10065. E-mail hok9010@med.cornell.edu (Stroke. 2016;47:895-900. DOI: 10.1161/STROKEAHA.115.012004.)

Stroke is available at http://stroke.ahajournals.org

DOI: 10.1161/STROKEAHA.115.012004

JOURNAL OF THE AMERICAN COLLEGE OF CARDIOLOGY © 2017 BY THE AMERICAN COLLEGE OF CARDIOLOGY FOUNDATION PUBLISHED BY ELSEVIER

VOL. 70. NO. 6. 2017 ISSN 0735-1097/\$36.00

http://dx.doi.org/10.1016/j.jacc.2017.06.033

#### THE PRESENT AND FUTURE

**REVIEW TOPIC OF THE WEEK** 

#### **Atrial Cardiomyopathy**

A Useful Notion in Cardiac Disease Management or a Passing Fad?

Jean-Baptiste Guichard, MD, a,b Stanley Nattel, MDa,c,d



# Why Another ESUS Trial?

- RESPECT-ESUS
- NAVIGATE-ESUS

ARCADIA IS NOT JUST AN ESUS TRIAL!





## ARCADIA = Different Question Than ESUS Trials

- ESUS likely a mix of occult cardiac and large-artery sources
  - Anticoagulation less likely to be effective for large-vessel disease
  - NAVIGATE-ESUS stopped early due to futility
- ESUS trials include patients with known or easily discoverable AF
  - Up to 6 minutes per day of AF allowed
  - No heart-rhythm monitoring after randomization





### Promised Benefits of ARCADIA

- Establish biologically plausible, <u>novel</u> subset of ESUS
- Allow <u>personalized</u> treatment for preventing recurrent stroke
- Advance understanding of stroke <u>pathogenesis</u>
- Set stage for <u>primary prevention</u> trial in patients with atrial cardiopathy





