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Biomarker-supported detection of paroxysmal atrial fibrillation in patients with cerebral ischemia.

Submission date	Recruitment status	[_] Prospectively registered
04/01/2010	No longer recruiting	[_] Protocol
Registration date	**Overall study status**	[_] Statistical analysis plan
17/02/2010	Completed	[X] Results
Last Edited	**Condition category**	[_] Individual participant data
23/09/2019	Circulatory System	

Plain English summary of protocol
Not provided at time of registration

Contact information

Type(s)
Scientific

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Additional identifiers

Protocol serial number
Protocol 23/11/08 EC UMG

Study information

Scientific Title

A longitudinal cohort study in patients presenting with acute cerebral ischemia to identify factors that are predictive individually or in combination for a diagnosis of atrial fibrillation during 12 months of follow-up.

Acronym
Find-AF

Study objectives
Novel biomarkers will improve the diagnosis of paroxysmal atrial fibrillation in patients presenting with cerebral ischemia.

Ethics approval required
Old ethics approval format

Ethics approval(s)
Approved by local ethics committee of the medical faculty of the university of Goettingen, Germany, on the 27th of January 2009 (ref: 23/11/08)

Study design
Single centre observational longitudinal cohort study

Primary study design
Observational

Study type(s)
Diagnostic

Health condition(s) or problem(s) studied
Cerebral ischemia, Atrial fibrillation

Interventions
Serial biomarker sampling for the identification of novel biomarkers to be used in the diagnosis of atrial fibrillation.
Blood samples will be collected at 0, 6 and 12 hours after presentation. The primary marker will be the value of the change of natriuretic peptides over time after presentation, calculated as ratio N-terminal pro B-type Natriuretic Peptide (NT-proBNP) at 0h / NT-proBNP at 24h.
All patients will also undergo transthoracic echocardiography.

7-day Holter monitoring, 90-day telephone follow-up and 12 months clinical follow-up will be used to optimize detection of atrial fibrillation as the endpoint for which blood markers, clinical characteristics and echocardiographic markers may show prognostic value.

Intervention Type
Other

Phase
Not Specified

Primary outcome(s)
Diagnosis of atrial fibrillation from baseline up to 12 months follow-up

Key secondary outcome(s))
Major adverse cerebral or cardiovascular events (MACCE)

Completion date
28/02/2011

Eligibility

Key inclusion criteria
1. Cerebral ischemia, i.e. transient ischemic attack (TIA) or stroke
2. Ability and willingness to consent
3. Age > 18 years

Participant type(s)
Patient

Healthy volunteers allowed
No

Age group
Adult

Lower age limit
18 years

Sex
All

Total final enrolment
211

Key exclusion criteria
1. Inability or unwillingness to consent
2. Age < 18 years
3. Cerebral haemorrhage

Date of first enrolment
01/03/2009

Date of final enrolment
28/02/2011

Locations

Countries of recruitment
Germany

Study participating centre

Department of Cardiology and Pneumology
Goettingen
Germany
37075

Sponsor information

Organisation
University Hospital Goettingen (Germany) - Department of Cardiology and Pneumology

ROR
https://ror.org/021ft0n22

Funder(s)

Funder type
Hospital/treatment centre

Funder Name
University Hospital Goettingen (Germany) - Department of Cardiology and Pneumology

Results and Publications

Individual participant data (IPD) sharing plan

IPD sharing plan summary
Not provided at time of registration

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article	results	01/12/2010		Yes	No
Results article	results	28/06/2013		Yes	No
Results article	cost-effectiveness results	01/12/2013		Yes	No
Results article	results	01/11/2019	23/09/2019	Yes	No