

# Predicting Recurrent Thromboembolism in Atrial Fibrillation

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We read with interest the article by Conkbayir et al regarding the effects of sinus rhythm restoration on the recurrence of cardioembolic events in patients with a history of ischemic stroke/transient ischemic attack (TIA).<sup>1</sup> The authors reported that sinus rhythm restoration is a better strategy than rate control to reduce recurrent ischemic stroke/TIA rates.<sup>1</sup>

The CHADS-VASc (Congestive heart failure, Hypertension, Age [ $\geq 75$  years], Diabetes, Stroke, Vascular disease, Age [65-74 years], Sex category) score is a widely used score to predict cardioembolic events in patients with atrial fibrillation (AF). Renal dysfunction causes increased tendency to thrombosis, and therefore, the R2-CHADS2 (Renal dysfunction, Congestive heart failure, Hypertension, Age, Diabetes, Stroke) score was developed to take the glomerular filtration rate into account while estimating the embolic risk in patients with AF.<sup>2</sup> Both cancer-related metabolic pathways and anticancer drugs are related to increased thromboembolic events such as stroke or systemic embolism.<sup>3</sup> However, the use of anticoagulants in patients with cancer with AF is still debated.<sup>4</sup> Warfarin has interactions with several antineoplastic agents and is not a suitable option in patients with cancer.<sup>5</sup> Recent studies demonstrate that new oral anticoagulants (NOACs) can be used safely in these patient groups.<sup>6</sup> In the present study, renal function was not assessed between the rate control and rhythm control group. It is not clear whether patients with cancer were excluded. However, the presence of cancer or renal dysfunction might influence the results.

Other missing information in the study is the use of anticoagulant drugs. Appropriate use of anticoagulants is important for preventing stroke.<sup>7</sup> Although several cutoff levels are described, a  $>60\%$  level of time in therapeutic range (TTR) is generally required for effective stroke prevention in patients treated with warfarin.<sup>8</sup> Use of NOACs are efficient only when taken appropriate doses adjusted with age, weight, and renal function. To conclude, it would be better if information about patient anticoagulant drug doses and TTR values was also evaluated.

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