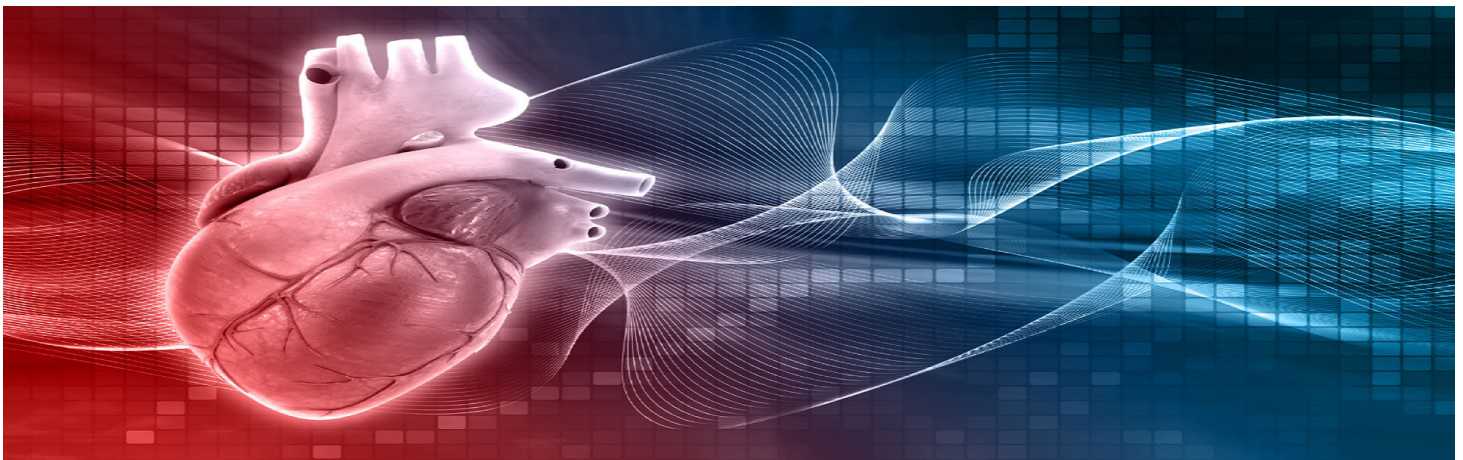




The Value of AFib Screening: Bridging the Gap Between the Undiagnosed and Early Detection

Thursday, March 8, 2018



AFib and the Devastating Impact of Stroke

People who have atrial fibrillation, or AFib, are five times more likely to have a stroke.¹ In 25 percent of people who suffer an AFib-related stroke, their stroke was the first sign of previously undiagnosed AFib – meaning they were unaware of having a condition that substantially increased their risk of stroke.²

But first, what is AFib?

AFib is a common type of irregular heartbeat. While the normal heart beats 60 to 100 times per minute, someone with AFib may experience their heart beating as fast as 450 times per minute.³ This very high heart rate hinders the effectiveness of contraction which may cause blood to pool in the top chambers of the heart, potentially causing clots to form that, if loosened, can lead to a stroke.⁴ AFib affects more than 34 million people

worldwide and this number is expected to grow over the next two decades.⁵

A founding principle of the Bristol-Myers Squibb (BMS)-Pfizer Alliance is built around the belief that a patient's first clinical indication and knowledge of AFib should never be a stroke. Additionally, among patients with a stroke, those with AFib incur higher costs relative to those without AFib, because of both longer inpatient stays and increased probability of a second stroke.^{6,7,8} Helping spread awareness of AFib remains a resounding mission for stakeholders across the continuum of care.

Each day, the BMS-Pfizer Alliance works to support ongoing research and implement ways to better help patients so that there is a future where stroke is not the first sign of AFib.

Prioritizing Patients, Making Progress

One of the BMS-Pfizer Alliance's primary goals is to help decrease the incidence of AFib-related stroke by addressing and finding research-driven solutions to the challenges that exist in AFib detection and diagnosis.

In 2017, the BMS-Pfizer Alliance partnered with the Economist Intelligence Unit to commission the *"Preventing Stroke: Uneven Progress"* report, which clearly identified global disparities in stroke prevention policies, and gaps in detecting risk factors for stroke, including AFib, in clinical practice. The report findings showed that globally, on average, more than 75 percent of people aged 65 and older are not screened for AFib during routine primary care examinations based on 1,000 primary care physicians surveyed in 20 countries.⁹ With no established screening protocol, it often takes longer for patients with undiagnosed AFib to receive proper care.

The BMS-Pfizer Alliance has also been actively engaging in and supporting projects in countries including the United States, Australia, Germany, Canada and Japan to further investigate ways to better detect AFib.

The BMS-Pfizer Alliance is supporting a pharmacy-based AFib initiative in Germany of approximately 140 pharmacies where general practitioners used an ECG recording device to distinguish AFib from normal cardiac rhythm in patients. In Japan, Pfizer launched the SCAN-AF screening study in an effort to understand how many cases of previously undiagnosed AFib can be detected via blood pressure monitoring devices – which also identify abnormal pulse rhythms – along with portable ECG devices. In addition, a BMS-Pfizer Alliance researcher along with an external expert presented a modeling analysis at the American College of Cardiology (ACC) 2018 Scientific Sessions which used a simulation to evaluate the clinical and economic impact of extended and one-time

screening strategies versus no systematic screening in the United States. The modeling analysis, which utilized a Markov model, examined the impact of these two AFib screening strategies versus none from a U.S. payer's perspective with data from a simulated cohort of 1,000 patients who were screened at age 75 and followed over their lifetimes. The model considered the general population free of diagnosed AFib (aged 75 at start of the model), who were then separated into "health states" determined by AFib presence and type, diagnosis, and treatment status. This helped further determine whether the health benefits associated with screening and subsequent treatment came at an acceptable cost.

Having a clear understanding of AFib and its impact has a significant role in propelling the urgent need for innovation in the field of AFib screening and detection. Spreading awareness of the condition is a first step towards making a difference and meeting the needs of those who are undiagnosed – because stroke should never be the first sign of AFib.

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Originally published, Thursday, March 8, 2018