

Supplemental Material

ORBIT-AF II Investigators

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Table S1. Dosing Criteria

The appropriate NOAC dosing is defined as follows, according to which NOAC agent is prescribed:

- Dabigatran¹
 - 150 mg twice daily is standard dose.
 - CrCl 30 to 50 mL/min: No dosage adjustment necessary unless patient receiving concomitant dronedarone, then consider reducing dabigatran to 75 mg twice daily.
 - CrCl 15 to 30 mL/min: 75 mg twice daily unless patient receiving concomitant dronedarone, then avoid concurrent use.
 - CrCl <15 mL/min or on dialysis: not recommended.
- Rivaroxaban²
 - 20 mg once daily is standard dose.
 - CrCl 15 to 50 mL/min: 15 mg once daily.
 - CrCl <15 mL/min or on dialysis: Avoid use.
- Apixaban³
 - 5 mg twice daily unless patient has any 2 of the following: Age ≥80 years, body weight ≤60 kg, or serum creatinine ≥1.5 mg/dL, then reduce dose to 2.5 mg twice daily.
 - On dialysis: 5 mg twice daily; reduce to 2.5 mg twice daily if age ≥80 years or body weight ≤60 kg.
- Edoxaban⁴
 - 60 mg daily is standard dose, used when $50 < \text{CrCl} \leq 95$ mL/min
 - CrCl 15-50: 30 mg daily
 - CrCl >95 mL/min: Contraindicated
 - CrCl <15 mL/min: Contraindicated

Table S2. List of covariates for propensity score

Demographics

1. Age, years
2. Race – African American/Hispanic/White/Others
3. Gender – Male/Female
4. Level of Education – Some School/High School Graduate/College Graduate/Post Graduate
5. Payor/Insurance – Medicare or Medicaid/private/Others

Medical History

1. Smoking – Current/Recent or Former/Non-smoker
2. Cancer – Yes/No
3. Hypertension – Yes/No
4. Diabetes – Yes/No
5. Hyperthyroidism – Yes/No
6. Hypothyroidism – Yes/No
7. GI Bleed – Yes/No
8. Obstructive Sleep Apnea – Yes/No
9. Dialysis – Yes/No
10. Hyperlipidemia – Yes/No
11. Anemia – Yes/No
12. Cognitive Impairment/Dementia – Yes/No
13. Frailty – Yes/No
14. Liver Disease – Yes/No
15. COPD – Yes/No
16. Alcohol Abuse – Yes/No
17. Drug Abuse – Yes/No

Cardiovascular History

1. Family History of AF – Yes/No
2. Peripheral Vascular Disease – Yes/No
3. Sinus Node Dysfunction/Sick Sinus Syndrome – Yes/No
4. Stroke or TIA – Yes/No
5. Congestive Heart Failure (CHF) – No CHF/NYHA Class I/NYHA Class II/NYHA Class III or NYHA Class IV
6. Significant Valvular Disease – Yes/No
7. Prior Valve Replacement/Repair – Yes/No

Coronary Artery Disease History

1. History of Coronary Artery Disease – Yes/No
2. Prior MI – Yes/No
3. Prior CABG – Yes/No
4. Any PCI – Yes/No

Vital Signs & AF status

1. Height, cm
2. Weight, kg
3. Heart Rate, bpm
4. Diastolic Blood Pressure, mmHG
5. Systolic Blood Pressure, mmHG

6. Body Mass Index, kg/m² (For imputation purpose, we will impute individual components which are weight, height)
7. Most Recent 12 Lead EKG – Sinus Rhythm
8. Most Recent 12 Lead EKG – Atrial Fibrillation
9. Most Recent 12 Lead EKG – Atrial Flutter
10. Most Recent 12 Lead EKG – Paced
11. Most Recent 12 Lead EKG – Other
12. Intraventricular Conduction – RBBB/LBBB/Non-specific IVCD or Unknown-Ventricularly Paced/none
13. QRS Duration, milliseconds

Echocardiographic Assessment (TTE or TEE)

1. LVEF – Normal ($\geq 50\%$)/Mild dysfunction ($>40\%$, $<50\%$)/Moderate dysfunction ($\geq 30\%$, $\leq 40\%$)/Severe dysfunction ($<30\%$)
2. LAD Type – Normal/Mild enlargement/Moderate enlargement/Severe enlargement

Laboratory Data

1. Hemotocrit, % (fill in from Hemoglobin by Hemoglobin*3 if missing)

Atrial Fibrillation Diagnosis

1. Type of AF – First Detected or New Onset/Paroxysmal AF/Persistent AF /Permanent AF
2. EHRA Score – No symptoms/Mild/Severe/Disabling
3. AF management strategy – Rate Control/Rhythm Control
4. Prior Cardioversions – Yes/No
5. Prior antiarrhythmic drug – Yes/No
6. Catheter Ablation of AF – Yes/No
7. AV Node or HIS Bundle Ablation – Yes/No

Enrolling Physician Specialty

1. PI/Site Specialty – Cardiology/Electrophysiology/Neurology or Internal Medicine

Table S3: Standardized differences between propensity matched subjects (N=1,302)

<i>Variable</i>	<i>Appropriate-Standard N=651</i>	<i>Inappropriate-Reduced N=651</i>	<i>Standardized difference</i>	<i>P</i>
NOAC			0.0%	0.9999
Rivaroxaban	278 (42.7)	278 (42.7)		
Apixaban	373 (57.3)	373 (57.3)		
Age, years	77.0 (8.8)	77.4 (8.8)	4.8%	0.3900
Race			11.4%	0.6515
White	561 (86.2)	565 (86.8)		
Black/African American	29 (4.5)	29 (4.5)		
Hispanic	42 (6.5)	39 (6.0)		
American Indian/Alaska Native	2 (0.3)	0 (0.0)		
Asian	9 (1.4)	13 (2.0)		
Native Hawaiian/Pacific Islander	1 (0.2)	0 (0.0)		
Other/Not Reported	7 (1.1)	5 (0.8)		
Female	310 (47.6)	321 (49.3)	3.4%	0.5419
Level of education			4.7%	0.8674
Some school	74 (11.4)	83 (12.7)		
High school graduate	330 (50.7)	320 (49.2)		
College graduate	179 (27.5)	182 (28.0)		
Post graduate	68 (10.4)	66 (10.1)		
Insurance			6.9%	0.8153
Private Health Insurance	285 (43.8)	278 (42.7)		
Medicaid	24 (3.7)	28 (4.3)		
Medicare	319 (49.0)	321 (49.3)		
Other	15 (2.3)	19 (2.9)		
None	8 (1.2)	5 (0.8)		
Smoking status			7.5%	0.6099
Never	344 (52.8)	353 (54.2)		
Current	39 (6.0)	32 (4.9)		
Former	268 (41.2)	265 (40.7)		
Recent	0 (0.0)	1 (0.2)		
Cancer	168 (25.8)	173 (26.6)	1.7%	0.7526
Hypertension	562 (86.3)	557 (85.6)	2.2%	0.6901
Diabetes	226 (34.7)	198 (30.4)	9.2%	0.0977
Hyperthyroidism	14 (2.2)	10 (1.5)	4.6%	0.4099
Hypothyroidism	125 (19.2)	139 (21.4)	5.4%	0.3345
GI bleed	34 (5.2)	37 (5.7)	2.0%	0.7142
Obstructive sleep apnea	83 (12.7)	86 (13.2)	1.4%	0.8046
Dialysis	4 (0.6)	4 (0.6)	0.0%	0.9999
Hyperlipidemia	485 (74.5)	464 (71.3)	7.3%	0.1905
Anemia	85 (13.1)	81 (12.4)	1.8%	0.7396

<i>Variable</i>	<i>Appropriate-Standard N=651</i>	<i>Inappropriate-Reduced N=651</i>	<i>Standardized difference</i>	<i>P</i>
Cognitive impairment/Dementia	16 (2.5)	19 (2.9)	2.8%	0.6072
Frailty	32 (4.9)	37 (5.7)	3.4%	0.5362
Liver disease	10 (1.5)	12 (1.8)	2.4%	0.6672
COPD	74 (11.4)	82 (12.6)	3.8%	0.4948
Alcohol abuse	15 (2.3)	16 (2.5)	1.0%	0.8558
Drug abuse	6 (0.9)	7 (1.1)	1.5%	0.7804
Family history of AF	50 (7.7)	46 (7.1)	2.4%	0.6714
Peripheral vascular disease	74 (11.4)	68 (10.4)	3.0%	0.5937
Sinus node dysfunction/Sick sinus syndrome	76 (11.7)	74 (11.4)	1.0%	0.8622
Stroke or TIA	81 (12.4)	93 (14.3)	5.4%	0.3284
CHF/ NYHA class				
No CHF	487 (74.8)	492 (75.6)	6.4%	0.5848
NYHA Class I	48 (7.4)	51 (7.8)		
NYHA Class II	87 (13.4)	82 (12.6)		
NYHA Class III	28 (4.3)	26 (4.0)		
NYHA Class IV	1 (0.2)	0 (0.0)		
Significant valvular disease	110 (16.9)	115 (17.7)	2.0%	0.7140
Prior valve replacement/repair	21 (3.2)	24 (3.7)	2.5%	0.6490
History of coronary artery disease	229 (35.2)	231 (35.5)	0.6%	0.9077
Prior MI	86 (13.2)	93 (14.3)	3.1%	0.5732
Prior CABG	70 (10.8)	80 (12.3)	4.8%	0.3854
Any PCI	122 (18.7)	123 (18.9)	0.4%	0.9435
Height, cm	170 (11.1)	169 (10.7)	4.3%	0.4362
Weight, kg	87.5 (21.8)	86.1 (22.2)	6.1%	0.2677
Heart rate, bpm	73.7 (16.1)	73.8 (15.3)	1.1%	0.8461
Diastolic blood pressure, mmHg	71.6 (10.4)	71.9 (10.9)	3.4%	0.5419
Systolic blood pressure, mmHg	127 (17.5)	127 (17.4)	0.6%	0.9101
BMI, kg/m ²	30.4 (7.0)	30.1 (7.2)	4.2%	0.4536
Most recent 12 lead EKG - Sinus rhythm	230 (35.3)	230 (35.3)	0.0%	0.9999

<i>Variable</i>	<i>Appropriate-Standard N=651</i>	<i>Inappropriate-Reduced N=651</i>	<i>Standardized difference</i>	<i>P</i>
Most recent 12 lead EKG - Atrial fibrillation	320 (49.2)	321 (49.3)	0.3%	0.9558
Most recent 12 lead EKG - Atrial flutter	17 (2.6)	14 (2.2)	3.0%	0.5855
Most recent 12 lead EKG - Paced	70 (10.8)	66 (10.1)	2.0%	0.7170
Most recent 12 lead EKG - Other	57 (8.8)	64 (9.8)	3.7%	0.5040
Intraventricular conduction			8.1%	0.7098
LBBB	33 (5.1)	32 (4.9)		
RBBB	69 (10.6)	61 (9.4)		
Non-specific IVCD	17 (2.6)	22 (3.4)		
Ventricularly-paced	54 (8.3)	45 (6.9)		
None	478 (73.4)	491 (75.4)		
QRS duration, milliseconds	105 (28.2)	104 (27.9)	3.1%	0.5772
LVEF			0.6%	0.9997
Normal (≥50%)	537 (82.5)	536 (82.3)		
Mild dysfunction (41-49%)	51 (7.8)	51 (7.8)		
Moderate dysfunction (30-40%)	54 (8.3)	55 (8.4)		
Severe dysfunction (<30%)	9 (1.4)	9 (1.4)		
LAD type			9.1%	0.4424
Normal	191 (29.3)	211 (32.4)		
Mild enlargement	205 (31.5)	196 (30.1)		
Moderate enlargement	168 (25.8)	149 (22.9)		
Severe enlargement	87 (13.4)	95 (14.6)		
Hematocrit (%)	39.2 (5.6)	39.2 (5.4)	0.5%	0.9236
AF type			5.1%	0.8417
First detected/New-onset	241 (37.0)	256 (39.3)		
Paroxysmal	275 (42.2)	264 (40.6)		
Persistent	89 (13.7)	84 (12.9)		
Permanent	46 (7.1)	47 (7.2)		
EHRA score			5.2%	0.8307
No symptoms	226 (34.7)	230 (35.3)		
Mild	309 (47.5)	316 (48.5)		
Severe	108 (16.6)	96 (14.7)		
Disabling	8 (1.2)	9 (1.4)		
AF management strategy (%)	246 (37.8)	229 (35.2)	5.4%	0.3277
Prior cardioversions (%)	140 (21.5)	139 (21.4)	0.4%	0.9462
Prior antiarrhythmic drug (%)	206 (31.6)	194 (29.8)	4.0%	0.4710
Catheter ablation of AF (%)	19 (2.9)	15 (2.3)	3.9%	0.4870
AV node or HIS bundle ablation (%)	4 (0.6)	3 (0.5)	2.1%	0.7047
PI/Site specialty			11.8%	0.2104
Internal medicine/Primary care	60 (9.2)	43 (6.6)		
Cardiology	494 (75.9)	498 (76.5)		

<i>Variable</i>	<i>Appropriate-Standard N=651</i>	<i>Inappropriate-Reduced N=651</i>	<i>Standardized difference</i>	<i>P</i>
Electrophysiology	97 (14.9)	109 (16.7)		
Neurology	0 (0.0)	1 (0.2)		

Figure S1. Distribution and appropriateness of dosing re-categorizing patients with borderline CrCl as appropriate for reduced dosing.

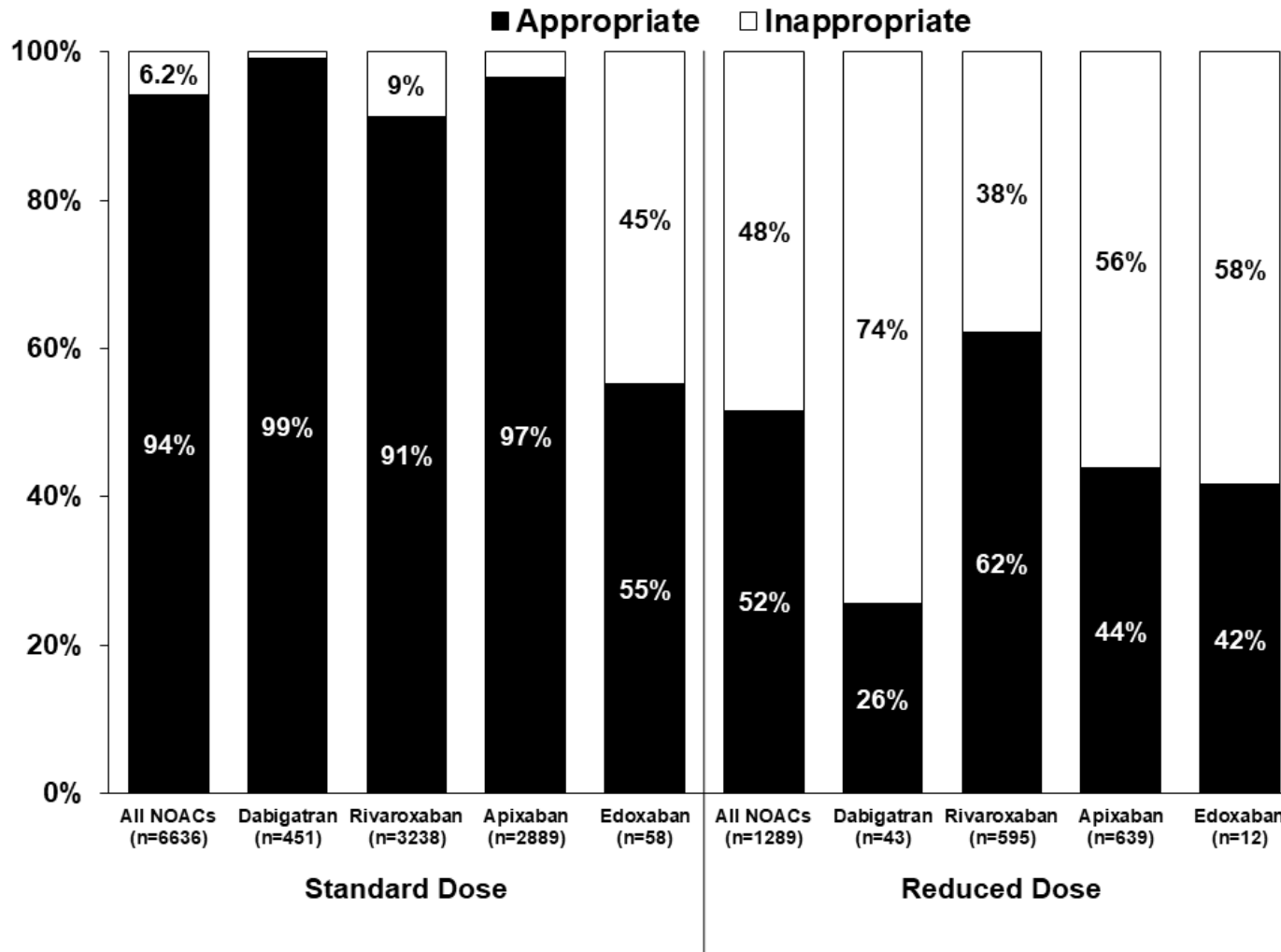


Table S4. Event rates by NOAC dose received (rivaroxaban or apixaban), among patients *recommended* for standard NOAC dosing (n=6,584), and in propensity-matched, adjusted cohort (n=651).

	Overall (n=6,584) # Events (Rate per 100 patient-year)	Appropriate Standard (n=5895)	Unadjusted (n=6,584)			Propensity Matched* (n=651)	
			Inappropriately- Reduced (n=689)	<i>HR</i> [†] (95% <i>CI</i>)	<i>P</i>	<i>HR</i> [†] (95% <i>CI</i>)	<i>P</i>
Thromboembolic Outcomes							
Stroke, non-CNS embolism, or TIA	107 (1.43)	91 (1.35)	16 (2.11)	1.56 (0.92-2.67)	0.10	0.85 (0.41-1.78)	0.7
MI	47 (0.62)	41 (0.60)	6 (0.78)	1.29 (0.62-2.69)	0.5	3.17 (0.65-15.38)	0.2
Death	229 (3.03)	177 (2.60)	52 (6.77)	2.61 (1.86-3.67)	<.0001	1.36 (0.89-2.06)	0.2
MACNE	217 (2.91)	181 (2.70)	36 (4.78)	1.77 (1.28-2.46)	0.0006	1.24 (0.76-2.02)	0.4
Bleeding Outcomes							
Major bleeding	221 (2.98)	189 (2.84)	32 (4.28)	1.49 (1.02-2.18)	0.04	1.16 (0.73-1.84)	0.5
Bleeding hospitalization	186 (2.50)	159 (2.38)	27 (3.60)	1.49 (0.98-2.27)	0.06	1.13 (0.64-1.99)	0.7

†HR for inappropriately reduced dose subjects relative to appropriately standard dose subjects.

*Matched analysis is limited to 651 appropriately standard dosed subjects and 651 inappropriately reduce dosed subjects.

NOAC: non-vitamin K antagonist oral anticoagulant; CI: confidence interval; TIA: transient ischemic attack; MI: myocardial infarction; MACNE: major adverse cardiovascular and neurological events, including a composite of TIA, stroke, non-CNS embolism, MI, or cardiovascular death.

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