ARCADIA

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

NIH StrokeNet

Study Design:

- Randomized, controlled trial of anticoagulation with **apixaban** versus **aspirin** for patients with embolic stroke of undetermined source, or ESUS, and evidence of **atrial cardiopathy.**
- *Atrial cardiopathy* will be defined based on the presence of biomarkers of left atrial dysfunction.
- Study participants will take apixaban (Eliquis®) 5 mg by mouth twice daily (2.5 mg for subjects meeting standard criteria for an adjusted dose) or aspirin 81 mg by mouth once daily.

Inclusion Criteria for Screening/Consent

- Age ≥45 years.
- Clinical diagnosis of ischemic stroke + brain imaging to R/O hemorrhagic stroke.
- Modified Rankin Scale (MRS) score ≤4.
- Ability to be randomized within 3 to 180 days after stroke onset.
- ESUS (Embolic Stroke of Undetermined Source):
  - Non-lacunar stroke detected by CT *or* MRI.
  - Absence of extracranial OR intracranial luminal stenosis causing ≥50 percent of artery supplying the area of ischemia.
  - No major-risk cardioembolic source of embolism (AF, LV thrombus, mechanical valve, EF <30%, etc.)
  - No other specific cause of stroke identified.

Exclusion Criteria

- History of AF, AF on 12-lead ECG, or any AF of any duration during heart-rhythm monitoring prior to randomization.
- Clear indication for treatment-dose anticoagulant therapy (e.g., venous thromboembolism or mechanical heart valve).
- Need for antiplatelet agent such as aspirin or clopidogrel (e.g., after implantation of a coronary artery stent). [No open-label therapy with aspirin is allowed.]
- History of spontaneous intracranial hemorrhage.
- Chronic kidney disease with serum creatinine ≥2.5 mg/dL. . For Canadian sites only, estimated creatinine clearance (eCrCl) <15 mL/min is also an exclusion.
- Active hepatitis or hepatic insufficiency with Child-Pugh score B or C.
- Clinically significant bleeding diathesis.

Exclusion Criteria Continued

- Chronic anemia (hemoglobin <9 g/dL) or thrombocytopenia (<100 x 10^9/L).
- Clinically significant GI bleeding within the past year (e.g., not due to external hemorrhoids).
- At risk for pregnancy: premenopausal or postmenopausal woman within 12 months of last menses who do not commit to adequate birth control.
- Known allergy or intolerance to aspirin or apixaban.
- Concomitant participation in another clinical trial involving a drug or acute stroke intervention.
- Considered to have a condition that precludes follow-up or safe participation in the trial.

Criteria for Randomization

Once patients meet inclusion and exclusion criteria, and are subsequently consented, the research team will send the EKG and blood sample to the Central Labs and run the measurements from the echo (TTE) to see if the patient meets atrial cardiopathy criteria for Randomization.

Local Site Contact info:

Important Contacts:

24/7 Hotline: (833) 427-2234
For an emergency that requires knowing whether patient is taking apixaban (Eliquis) or aspirin

PIs:
Mitchell Elkind, MD, MS, Columbia University; mse13@columbia.edu
Hooman Kamel, MD, Weill Cornell Medicine; hok9010@med.cornell.edu
W.T. Longstreth Jr, MD, MPH, University of Washington; wl@uw.edu
David L. Tirschwell, MD, MSc, University of Washington; tirsch@uw.edu

NCC ARCADIA Project Manager:
Pam Plummer MSN, RN, CCRC
Email: plummepa@ucmail.uc.edu
Tel: 513-558-3941

ARCADIA Prime Project Manager
Rebeca Aragón García, BS
Email: ra2356@cumc.columbia.edu
Tel: 212-342-0102