ELAN

Title: **E**arly versus **L**ate initiation of direct oral **A**nticoagulants in post-ischemic stroke patients with atrial fibrillatio**N** (ELAN): an international, multicenter, randomized-controlled, two-arm, assessor-blinded trial

Trial number: NCT03148457

Sponsor investigator: Prof. Dr. med. U. Fischer, Inselspital Bern/ Universitätsspital Basel

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Status: recruiting

Summary: Atrial fibrillation (AF) is the most common cardiac arrhythmia increasing the risk of stroke and systemic thromboembolism and thus mortality and morbidity. Patients with ischemic stroke and AF are at risk of developing early recurrent strokes with highest risk rates during the first 30 days. Anticoagulation therapy, such as with vitamin K antagonists (VKA) effectively prevents strokes in patients with AF, however, increases bleeding complications leading to symptomatic intracerebral hemorrhage. Direct oral anticoagulants (DOACs) are at least as effective as vitamin K antagonists in preventing recurrent strokes, but with lower rates of symptomatic intracerebral hemorrhage. However, in the pivotal trials comparing VKA with DOAC for secondary stroke prevention anticoagulation was established later than 7-14 days after stroke onset. The main objective of the ELAN-study is to estimate the net benefit (prevention of recurrent ischemic stroke vs an increase of symptomatic intracerebral hemorrhage) of early versus late initiation of DOACs in patients with acute ischemic stroke related to AF.