

Many Models, Little Adoption – What Accounts for Low Uptake of Machine Learning Models for Atrial Fibrillation Prediction and Detection?

Supplementary Information

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Keywords

machine learning; atrial fibrillation; prevention; detection; stroke; neural networks; decision trees; paroxysmal

Search Terms – Prediction of AF in Healthy Population

Ovid MEDLINE(R) and Epub Ahead of Print, In-Process, In-Data-Review and Other Non-Indexed Citations, Daily and Versions <1946 to September 20, 2022>

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1      (af or atrial fibrillation or atrial flutter*).ti,ab,kw.    105677
2      atrial fibrillation/ or atrial flutter/    70394
3      predict*.ti,ab,kw.    1917375
4      (machine learning or deep learning or neural network* or ai or artificial intelligence
or decision tree or gradient boost* or XGBoost or Catboost or Bayes or SVM or support
vector machine or random forest).ti,ab,kw.    228579
5      artificial intelligence/ or machine learning/ or deep learning/ or supervised machine
learning/    71951
6      1 or 2    118611
7      4 or 5    247461
8      3 and 6 and 7
437 results
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Embase <1974 to 2022 September 20>

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1      (af or atrial fibrillation or atrial flutter*).ti,ab,kw.    185112
2      atrial fibrillation/ or atrial flutter/    102049
3      predict*.ti,ab,kw.    2566260
4      (machine learning or deep learning or neural network* or ai or artificial intelligence
or decision tree or gradient boost* or XGBoost or Catboost or Bayes or SVM or support
vector machine or random forest).ti,ab,kw.    279848
5      artificial intelligence/ or machine learning/ or deep learning/ or supervised machine
learning/    130437
6      1 or 2    212881
7      4 or 5    307847
8      3 and 6 and 7
886 results
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Web of Science

af or atrial fibrillation or atrial flutter* (Topic) and predict* (Topic) and machine learning or deep learning or neural network* or ai or artificial intelligence or decision tree or gradient boost* or XGBoost or Catboost or Bayes or SVM or support vector machine or random forest (Topic) 798 results

WHO ICTRP

("Atrial Fibrillation" OR "Atrial flutter") AND (predict or prediction) 44 results

Clinicaltrials.gov

("Atrial Fibrillation" OR "Atrial flutter") AND (predict or prediction) 69 results

Search Terms – Detection of AF in Stroke Population

Ovid MEDLINE(R) and Epub Ahead of Print, In-Process, In-Data-Review and Other Non-Indexed Citations, Daily and Versions <1946 to September 20, 2022>

- 1 (af or atrial fibrillation or atrial flutter*).ti,ab,kw. 105677
 - 2 atrial fibrillation/ or atrial flutter/ 70394
 - 3 detect*.ti,ab,kw. 2667685
 - 4 (stroke or cerebral infarction or cerebrovascular accident or isch* stroke or cerebrovascular accident or brain isch* or isch* attack or cerebral isch* or thromboemb* or apoplex*).ti,ab,kw. 396482
 - 5 Stroke/ or Embolic Stroke/ or Ischemic Stroke/ or Thrombotic Stroke/ or Stroke, Lacunar/ 128922
 - 6 exp Stroke/ 163665
 - 7 (machine learning or deep learning or neural network* or ai or artificial intelligence or decision tree or gradient boost* or XGBoost or Catboost or Bayes or SVM or support vector machine or random forest).ti,ab,kw. 228579
 - 8 artificial intelligence/ or machine learning/ or deep learning/ or supervised machine learning/ 71951
 - 9 1 or 2 118611
 - 10 4 or 5 or 6 426807
 - 11 7 or 8 247461
 - 12 3 and 9 and 10 and 11
- 102 results

Embase <1974 to 2022 September 20>

- 1 (af or atrial fibrillation or atrial flutter*).ti,ab,kw. 185112
 - 2 atrial fibrillation/ or atrial flutter/ 102049
 - 3 detect*.ti,ab,kw. 3391606
 - 4 (stroke or cerebral infarction or cerebrovascular accident or isch* stroke or cerebrovascular accident or brain isch* or isch* attack or cerebral isch* or thromboemb* or apoplex*).ti,ab,kw. 618454
 - 5 exp Stroke/ 277025
 - 6 cerebrovascular accident/ or cardioembolic stroke/ or ischemic stroke/ or lacunar stroke/ 272014
 - 7 (machine learning or deep learning or neural network* or ai or artificial intelligence or decision tree or gradient boost* or XGBoost or Catboost or Bayes or SVM or support vector machine or random forest).ti,ab,kw. 279848
 - 8 artificial intelligence/ or machine learning/ or deep learning/ or supervised machine learning/ 130437
 - 9 1 or 2 212881
 - 10 4 or 5 or 6 686227
 - 11 7 or 8 307847
 - 12 3 and 9 and 10 and 11
- 166 results

Web of Science

((TS=(af or atrial fibrillation or atrial flutter*)) AND TS=(detect*)) AND TS=(stroke or cerebral infarction or cerebrovascular accident or isch* stroke or cerebrovascular accident or brain isch* or isch* attack or cerebral isch* or thromboemb* or apoplex*)) AND TS=(machine learning or deep learning or neural network* or ai or artificial intelligence or decision tree or gradient boost* or XGBoost or Catboost or Bayes or SVM or support vector machine or random forest) 215 results

WHO ICTRP

("Atrial Fibrillation" OR "Atrial flutter") AND (detect OR detection) AND (stroke OR "cerebral ischemia" OR "cerebral ischemia" OR "cerebral infarction" OR "brain ischemia" OR stroke OR "cerebrovascular accident") 45 results

Clinicaltrials.gov

("Atrial Fibrillation" OR "Atrial flutter") AND (detect OR detection) AND (stroke OR "cerebral ischemia" OR "cerebral ischemia" OR "cerebral infarction" OR "brain ischemia" OR stroke OR "cerebrovascular accident") 53 results

Table S1. PRISMA checklist.

Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) Checklist

SECTION	ITEM	PRISMA-ScR CHECKLIST ITEM	REPORTED ON PAGE #
TITLE			
Title	1	Identify the report as a scoping review.	P1
ABSTRACT			
Structured summary	2	Provide a structured summary that includes (as applicable): background, objectives, eligibility criteria, sources of evidence, charting methods, results, and conclusions that relate to the review questions and objectives.	P1
INTRODUCTION			
Rationale	3	Describe the rationale for the review in the context of what is already known. Explain why the review questions/objectives lend themselves to a scoping review approach.	P1-P2
Objectives	4	Provide an explicit statement of the questions and objectives being addressed with reference to their key elements (e.g., population or participants, concepts, and context) or other relevant key elements used to conceptualize the review questions and/or objectives.	P2-3
METHODS			
Protocol and registration	5	Indicate whether a review protocol exists; state if and where it can be accessed (e.g., a Web address); and if available, provide registration information, including the registration number.	N/A
Eligibility criteria	6	Specify characteristics of the sources of evidence used as eligibility criteria (e.g., years considered, language, and publication status), and provide a rationale.	P3
Information sources*	7	Describe all information sources in the search (e.g., databases with dates of coverage and contact with authors to identify additional sources), as well as the date the most recent search was executed.	P3
Search	8	Present the full electronic search strategy for at least 1 database, including any limits used, such that it could be repeated.	P3, Supplement P2-4
Selection of sources of evidence†	9	State the process for selecting sources of evidence (i.e., screening and eligibility) included in the scoping review.	P2,3
Data charting process‡	10	Describe the methods of charting data from the included sources of evidence (e.g., calibrated forms or forms that have been tested by the team before their use, and whether data charting was done independently or in duplicate) and any processes for obtaining and confirming data from investigators.	P3,4
Data items	11	List and define all variables for which data were sought and any assumptions and simplifications made.	P4
Critical appraisal of individual sources of evidence§	12	If done, provide a rationale for conducting a critical appraisal of included sources of evidence; describe the methods used and how this information was used in any data synthesis (if appropriate).	N/A
Synthesis of results	13	Describe the methods of handling and summarizing the data that were charted.	N/A
RESULTS			

SECTION	ITEM	PRISMA-ScR CHECKLIST ITEM	REPORTED ON PAGE #
Selection of sources of evidence	14	Give numbers of sources of evidence screened, assessed for eligibility, and included in the review, with reasons for exclusions at each stage, ideally using a flow diagram.	P4, P8 Figure S1, S2
Characteristics of sources of evidence	15	For each source of evidence, present characteristics for which data were charted and provide the citations.	P4, P8, Table S3, S7
Critical appraisal within sources of evidence	16	If done, present data on critical appraisal of included sources of evidence (see item 12).	N/A
Results of individual sources of evidence	17	For each included source of evidence, present the relevant data that were charted that relate to the review questions and objectives.	P4-P9
Synthesis of results	18	Summarize and/or present the charting results as they relate to the review questions and objectives.	P4-P9
DISCUSSION			
Summary of evidence	19	Summarize the main results (including an overview of concepts, themes, and types of evidence available), link to the review questions and objectives, and consider the relevance to key groups.	P9-11
Limitations	20	Discuss the limitations of the scoping review process.	P11
Conclusions	21	Provide a general interpretation of the results with respect to the review questions and objectives, as well as potential implications and/or next steps.	P11-12
FUNDING			
Funding	22	Describe sources of funding for the included sources of evidence, as well as sources of funding for the scoping review. Describe the role of the funders of the scoping review.	P12

JB1 = Joanna Briggs Institute; PRISMA-ScR = Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews.

* Where *sources of evidence* (see second footnote) are compiled from, such as bibliographic databases, social media platforms, and Web sites.

† A more inclusive/heterogeneous term used to account for the different types of evidence or data sources (e.g., quantitative and/or qualitative research, expert opinion, and policy documents) that may be eligible in a scoping review as opposed to only studies. This is not to be confused with *information sources* (see first footnote).

‡ The frameworks by Arksey and O'Malley (6) and Levac and colleagues (7) and the JB1 guidance (4, 5) refer to the process of data extraction in a scoping review as data charting.

§ The process of systematically examining research evidence to assess its validity, results, and relevance before using it to inform a decision. This term is used for items 12 and 19 instead of "risk of bias" (which is more applicable to systematic reviews of interventions) to include and acknowledge the various sources of evidence that may be used in a scoping review (e.g., quantitative and/or qualitative research, expert opinion, and policy document).

From: Tricco AC, Lillie E, Zarin W, O'Brien KK, Colquhoun H, Levac D et al. PRISMA Extension for Scoping Reviews (PRISMA-ScR): Checklist and Explanation. *Ann Intern Med*. 2018;169:467–473. doi: 10.7326/M18-0850.

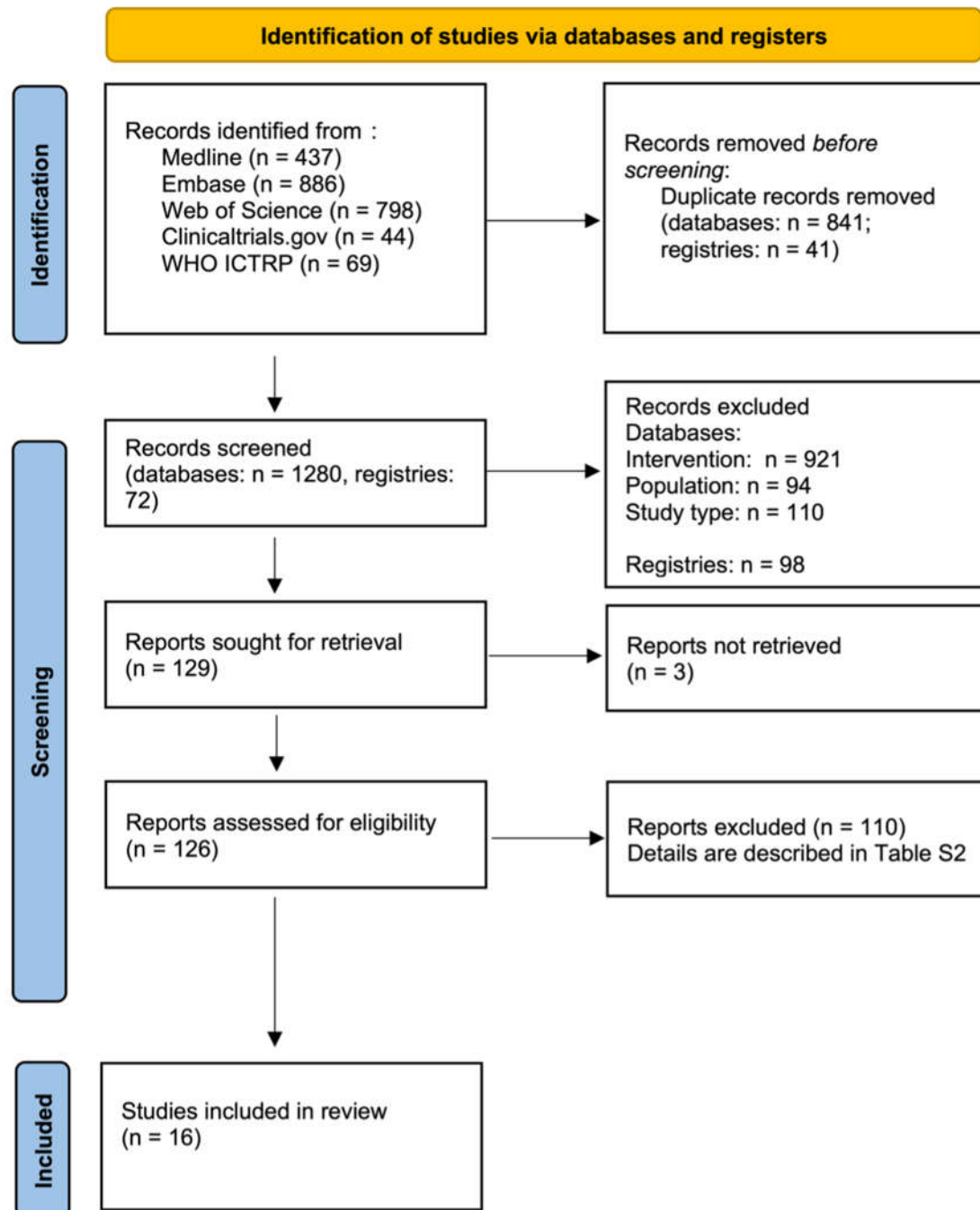


Figure S1. PRISMA Flow Diagram of Studies Describing Prediction of Incident Atrial Fibrillation in a Population without Prior AF.

Table S2. Excluded Studies for Prediction of Incident Atrial Fibrillation in Population without Prior AF.

Study	Reason for exclusion
Acharya et al. 2008 [1]	Study was about detection, rather than prediction of atrial fibrillation
Ahlberg et al. 2018 [2]	Not enough information for 2x2 table
Ahsanuzzaman et al. 2020 [3]	Not enough information for 2x2 table
Anetta et al. 2022 [4]	Patient cohort was entirely cardiology-based patients
Arvaneh et al. 2009 [5]	Not observational cohort study; evaluated on MIT-BIH dataset
Attia et al. 2019 [6]	Study included patients with known history of AF
Baek et al. 2021 [7]	Study was about detection, rather than prediction of atrial fibrillation
Barbieri et al. 2022 [8]	Study predicted cardiovascular events in general rather than atrial fibrillation or flutter
Bertsimas et al. 2021 [9]	Study was about detection, rather than prediction of atrial fibrillation
Boon et al. 2018 [10]	Not observational cohort study; evaluated on Physionet dataset
Boon et al. 2016 [11]	Not observational cohort study; evaluated on Physionet dataset
Bratt et al. 2019 [12]	Study included patients with known history of AF
Bui et al. 2020 [13]	Text not accessible
Bundy et al. 2020 [14]	Does not use machine learning for prediction
Cho et al. 2018 [15]	Model trained and evaluated only on patients with AF
Chua et al. 2019 [16]	Study included patients with known history of AF
De Giovanni et al. 2017 [17]	Study included patients with known history of AF
Castro et al. 2021 [18]	Study included patients with known history of AF
Chen et al. 2020 [19]	Study included patients with known history of AF

De Jong et al. 2021 [20]	Does not use machine learning-based prediction models
Derevitskii et al. 2021 [21]	Includes patients with underlying medical condition
Ebrahimzadeh et al. 2018 [22]	Study included patients with known history of AF
Egmont-Petersen et al. 1999 [23]	Includes patients with underlying medical condition (treated with cardiac surgery)
Erdenebeyer et al. 2009 [24]	Study included patients with known history of AF
Faulx et al. 2021 [25]	Study type was not research article
Fernandez-Fernandez et al. 2019 [26]	Study type was not research article
Filos et al. 2017 [27]	Study included patients with known history of AF
ElMoaqet et al. 2017 [28]	Study was performed on animals, not humans
Firyulina et al. 2020 [29]	Study classified, rather than predicted, atrial fibrillation
Fujita et al. 2019 [30]	Study classified, rather than predicted, atrial fibrillation
Gilon et al. 2020 [31]	Study excluded patients on pacemakers, but did not explicitly exclude patients with known history of AF
Gonzalez-Cordero et al. 2021 [32]	Study included patients with known history of AF
Gregoire et al. 2020 [33]	Study does not include information about patient cohort
Gregoire et al. 2022 [34]	Study included patients with known history of AF
Gregoire et al. 2020 [35]	Study does not include information about patient cohort
Gregoire et al. 2021 [36]	Study does not include information about patient cohort
Gregoire et al. 2019 [37]	Study does not include information about patient cohort
Grout et al. 2021 [38]	Model in study was based on logistic regression
Guo et al. 2021 [39]	Study does not include information about patient cohort
Hayn et al. 2007 [40]	Text not accessible

Henry et al. 2022 [41]	Study does not exclude patients with known history of AF
Heo et al. 2021 [42]	Study is on a stroke cohort
Hill et al. 2018 [43]	Preliminary study for Hill et al. 2019 [44] Used LASSO logistic regression, neural networks, random forests, and SVM used to predict incidence of AF. Logistic regression, neural networks, random forests, and SVM had AUC of 0.811, 0.811, 0.812, and 0.818, respectively and all models outperformed Cox regression.
Hill et al. 2020 [45]	Study protocol
Hirota et al. 2020 [46]	Model in study was based on logistic regression
Hong et al. 2020 [47]	Study included patients with known history of AF
Hsieh et al. 2022 [48]	Study included patients with known history of AF
Hu et al. 2019 [49]	Study included patients with known history of AF
Jalali et al. 2020 [50]	Study included patients with known history of AF
Jyothi et al. 2022 [51]	Text not accessible
Karnik et al. 2012 [52]	Study included patients with known history of AF
Kastruiwale et al. 2021 [53]	Study included patients with known history of AF
Kawakami et al. 2022 [54]	Study included patients with known history of AF
Kim et al. 2019 [55]	Preliminary study on same dataset as Kim et al. 2020 [56]
Kim et al. 2022 [57]	Study was performed on patients with underlying conduction problems
Kordik et al. 2008 [58]	Study classified, rather than predicted, atrial fibrillation
Krstacic et al. 2001 [59]	Not observational cohort study
Kwon et al. 2022 [60]	Study included patients with known history of AF
Lehtonen et al. 2019 [61]	Not primary research article
Li et al. 2021 [62]	Not observational cohort study

Liu et al. 2021 [63]	Study was performed on inpatients at a respiratory ward and not on a general population
Liu et al. 2021 [64]	Study was performed on patients undergoing atrial appendage removal
Loring et al. 2020 [65]	Study included patients with known history of AF
Lou et al. 2022 [66]	Study did not exclude patients with known history of AF
Maghawry et al. 2021 [67]	Not observational cohort study
McMillan et al. 2012 [68]	Study did not exclude patients with known history of AF
Melzi et al. 2021 [69]	Study did not exclude patients with known history of AF
Mendez et al. 2022 [70]	Not observational cohort study
Mohebbi et al. 2011 [71]	Not observational cohort study
Mohebbi et al. 2012 [72]	Not observational cohort study
Mohebbi et al. 2011 [73]	Not observational cohort study
Mroueh et al. 2019 [74]	Not observational cohort study
Nadarajah et al. 2021 [75]	Study protocol
Okutucu et al. 2017 [76]	Study was on patients with history of AF
Parsi et al. 2021 [77]	Not observational cohort study
Ponomartseva et al. 2021 [78]	Study was performed on patients with underlying hyperthyroidism
Pourbabaee et al. 2008 [79]	Not observational cohort study
Raghunath et al. 2019 [80]	Preliminary study on same dataset as Raghunath et al. 2021 [81]
Ramirez et al. 2021 [82]	Does not give AUC or information to create a 2x2 table
Ravens et al. 2015 [83]	Study included patients with known history of AF
Ravish et al. 2014 [84]	Not observational cohort study
Safabakhsh et al. 2020 [85]	Not observational cohort study
Shen et al. 2020 [86]	Not observational cohort study
Sovilj et al. 2011 [87]	Study included patients with known history of AF
Sun et al. 2020 [88]	Not observational cohort study
Surucu et al. 2021 [89]	Not observational cohort study
Suzuki et al. 2022 [90]	Study included patients with known history of AF
Szep et al. 2019 [91]	Not observational cohort study
Tabassum et al. 2016 [92]	Not observational cohort study
Taggar et al. 2020 [93]	Not primary research article

Talukdar et al. 2018 [94]	Primary outcome is not AF
Tieleman et al. 2019 [95]	Article not in English
Tse et al. 2020 [96]	Patients had underlying mitral valve stenosis
Tzou et al. 2021 [97]	Study included patients with known history of AF
Wang et al. 2021 [98]	Not observational cohort study
Wang et al. 2022 [99]	Primary outcome was not incidence of AF
Wang et al. 2022 [100]	Not observational cohort study
Wehbe et al. 2020 [101]	Not primary research article
Wu et al. 2021 [102]	Not observational cohort study
Xie et al. 2021 [103]	Not primary research article
Xin et al. 2017 [104]	Not observational cohort study
Yang et al. 2022 [105]	Study included patients with known history of AF
Ye et al. 2021 [106]	Study was about classification, rather than prediction of atrial fibrillation
Zhang et al. 2020 [107]	Not observational cohort study
Zhang et al. 2022 [108]	Not observational cohort study
NCT02307032	No results available
NCT03130985	All patients had undergone cardiac surgery
NCT03937089	No results available
NCT04045639	Data published in Hill et al. [44]
NCT03357926	No results available
NCT01171040	Did not use machine learning
NCT01405209	No results available
NCT04655443	Did not use machine learning
NCT05045742	No results available
ISRCTN17993837	No results available
ACTRN12620000929909	No results available
JPRN-UMIN000031719	Did not use machine learning
JPRN-UMIN000020676	No results available
JPRN-UMIN000007911	No results available
JPRN-UMIN000005419	Did not use machine learning
JPRN-UMIN000004536	No results available
ISRCTN62172102	No results available

Table S3. Population Characteristics of Studies for Prediction of Atrial Fibrillation in General Population

Study	Country	Study population (% prevalence)	Eligibility criteria	Follow-up period (Study dates)	Study aims
Ahmad et al. 2020[109]	Lebanon	n = 232 (ratio not provided)	Patients with no history of stroke or AF	3 months (not provided)	Use left atrium strain to predict AF
Ambale-Venkatesh et al. 2017[110]	United States	n = 6,814 (4.7%)	Free of cardiovascular disease at enrolment	12 years (Baseline between 2000-2002)	Characterize cardiovascular risk, predict outcomes, and identify biomarkers
Christopoulos et al. 2020[111]	United States	n = 1936 (17.2%)	Documented to be free of AF and no AF at baseline. At least one sinus EKG within 2 years before baseline	10 years (Baseline 2004 and 2012)	Relationship of AI model with clinical risk scores and performance of AI model
Hill et al. 2019[44]	United Kingdom	n = 2,994,287 (3.2%)	>30 years of age and no history of AF in 5 years prior to study period	11 years (Study period Jan 2006-Dec 2016)	Develop clinically applicable risk prediction model to identify between baseline and time-varying factors and identification of AF
Hirota et al. 2021[112]	Japan	n = 11,732 (0.8%)	No history of AF and sinus EKG at and within 30 days of initial visit	8 years (2010-2018)	Assess predictive capability of parameters obtained from EKG
Hu et al. 2019[113]	Taiwan	n = 682,237 (2.1%)	>18 years of age and no diagnosis of AF before initial visit, with complete medical information	13 years (2000-2013)	Develop AI model to predict AF for an Asian population
Joo et al. 2020[114]	South Korea	n = 297,875 (3.0% at 2 years;12.3% at 10 years)	No history of AF, coronary artery disease, heart failure, hemorrhagic stroke, ischemic stroke	2 years/10 years (Baseline 2003)	Develop AI model to predict AF for an Asian population, compare short- and long-term risk, evaluate physician bias
Kaminski et al. 2022[115]	United States	n = 1403 (3.1%)	No history of AF with sinus 12-lead EKG performed at initial visit and not used for ECG-AI model development	1 year (2017-2020)	Validate performance of ECG-AI on external cohort

Khurshid et al. 2022[116]	United States, United Kingdom (validation cohort)	C3PO cohort: n = 87899 (12.9 per 1000 person years) UK biobank cohort n = 41,033 (4.2 per 1000 person years)	Internal validation: 18-90 years of age without history of AF External validation: 40-69 years of age without history of AF	5 years (2000-2019; C3PO) 2 years (2006-2010; UK Biobank)	Develop AI model to predict time to AF
Kim et al. 2020[56]	South Korea	n = 432,587 (1.4%)	>18 years of age without diagnosis of AF or valvular AF or change in ZIP code or missing data	4 years (2009-2013)	Find risk factors for incident AF using machine learning and regression methods
Kim et al. 2020[117]	South Korea	n= 258,896 (not reported)	Middle-aged individuals free of CVD at baseline	3 years (2009-2013)	Compare the contribution of different data types in prediction of AF
Lip et al. 2022[118]	United States	n = 617,483 (0.49 per person years)	Medicaid patients aged between 18 to 90 years with at least 30 months enrolment and at least 24 months without diagnosis of AF at baseline	5 years (2016-2021)	Report incidence of AF in Medicaid population and use AI models to predict AF incidence and complications accounting for demographic groups
Raghunath et al. 2021[81]	United States	n = 287,593 (3.5%)	>18 years of age without history of AF with ECG available without significant artefact	1 year (1996 -2020)	Use AI model to predict new-onset AF in patients without history of AF
Schnabel et al. 2023[119]	Germany	n = 1,476,391 (6.7%)	>18 years of age without history of AF	2 years (2013-2015)	Identify set of routinely available AF- and stroke-related AF risk predictors and integrate into AI model
Sekelj et al. 2021[120]	United Kingdom	n = 604,135 (3.9%)	>30 years of age and no history of AF in 5 years prior to study period	16 years (2001-2016)	Externally validate model in Hill et al. 2019 ¹⁷
Tiwari et al. 2020[121]	United States	n = 2,252,219 (1.2%)	Patients without a history of AF	7 years (incident AF predicted multiple 6-month intervals; 2011-2018)	Develop and test AI model for AF prediction

Table S4. Characteristics of Models for Prediction of Atrial Fibrillation in the General Population.

Study	Input data	Data source/ Data curated for approved access?	Model	Model architecture*	Validation	Results	Model interpretation	Code or model available	Model currently available for clinical use?	Reported handling of sparse data
Ahmad et al. 2020[109]	Clinical features, strain value	Retrospective Local EHR/no	New	Adaboost	Unclear	AUC: 0.82	No	Neither	No	No
Ambale- Venkatesh et al. 2017[110]	ECG parameters, clinical features, biomarker data	Prospective Database (MESA cohort)/yes	New	Random forest	Internal	AUC: 0.86	Yes	Neither	No	Yes (adaptive imputation)
Christopoulos et al. 2020[111]	ECG trace, clinical data	Prospective Multiple local EHRs (MCSA cohort)/ yes	ECG- AI ²⁹	CNN + Cox regression	Internal ^a	AUC: 0.72	No	Neither	No	No
Hill et al. 2019[44]	Clinical features	Retrospective database/yes	New	Neural network	External	AUC: 0.83	Yes	Neither	No	No
Hirota et al. 2021[112]	ECG parameters	Retrospective database (Shinken database cohort)/no	New	Random forest	Internal	AUC: 0.99	Yes	Neither	No	No
Hu et al. 2019[113]	Clinical features	Retrospective database (Taiwan National Health Insurance Database)/yes	New	Random forest	Internal; Validation on larger cohort (incl. study cohort) AUC: 0.850.	AUC: 0.95	Yes	Neither	No	No

Joo et al. 2020[114]	Clinical features	Retrospective (Korean National Health Insurance Database)/yes	New	Neural network*, random forest, lightGBM*	Internal	2 years AUC: 0.78 10 years AUC: 0.75	Yes	Neither	No	No
Kaminski et al. 2022[115]	ECG trace, clinical data	Multiple retrospective local EHR/no	ECG-AI ²⁹	CNN + Cox regression	Internal ^a	AUC: 0.74	No	Neither	No	No
Khurshid et al. 2022[116]	ECG traces, clinical features	Retrospective databases/yes	New	CNN + Cox regression	External	Internal validation – AUC:0.84 External validation – average AUC: 0.76	Yes	Neither	No	Yes (but not in training)
Kim et al. 2020[117]	Clinical features	Retrospectived atabase (Korean National Health Insurance database)/yes	New	SVM, decision tree, random forest*, Naïve Bayes, deep neural network, XGBoost	Internal	AUC: 0.95	Yes	Neither	No	No (patients with missing data excluded)
Kim et al. 2020[117]	Clinical features	Retrospective database (Korean National Health Insurance database)/yes	New	Neural Network	Internal	AUC: 0.69	No	Neither	No	No
Lip et al. 2022[118]	Clinical features	Retrospective database/yes	New	Neural network	Internal	AUC: 0.84	No	Neither	No	No

Raghunath et al. 2021[81]	ECG traces, clinical features	Multiple retrospective local EHRs/no	New	CNN	External (simulated by splitting data based on hospital)	AUC: 0.84 Simulated external validation AUC: 0.85	No	Neither	No	No
Schnabel et al. 2023[119]	Clinical features	Retrospective database/proprietary	New	Gradient boosted trees	Temporal and external	AUC: 0.82 (temporal validation), 0.76 (external validation)	Yes	Neither	No	No
Sekelj et al. 2021[120]	Clinical features	Retrospective database (DISCOVER cohort)/yes	Hill et al. 2019 ¹⁷	Neural network	External	AUC: 0.87	No	Neither	No	No
Tiwari et al. 2020[121]	Clinical features	Multiple retrospective local EHRs/no	New	Naïve Bayes, Logistic regression, Random forest, Gradient boosted trees, Neural network*	Internal	AUC: 0.80	No	Neither	No	No

^aModel proposed in Attia et al. 2019 [6] (not included in this study) was originally developed for detection rather than prediction of atrial fibrillation.

*Best-performing model if multiple models were tested

Table S5. Features Used in Final Model Training.

Features \ Studies	Ahmad et al. 2020 [109]	Ambale-Venkatesh et al. 2020	Christopoulos et al. 2020	Hill et al. 2019 [44]	Hirota et al. 2021 [112]	Hu et al. 2019 [113]	Joo et al. 2020 [114]	Kaminski et al. 2022 [115]	Khurshid et al. 2022 [116]	Kim et al. 2020 [56]	Kim et al. 2020 [117]*	Lip et al. 2022 [118]	Rabinstein et al. 2021 [119]	Raghunath et al. 2021 [81]	Reinke et al. 2018 [120]	Schnabel et al. 2023 [121]	Sekelj et al. 2021 [122]	Shan et al. 2014 [123]	Tiwari et al. 2020 [124]
Age	X	X	X	X		X	X		X	X	X	X		X		X	X		
Sex		X		X		X	X		X		X	X		X		X			
Race		X	X	X					X										
BMI/obesity	X	X	X	X			X		X	X	X	X					X		X
Blood pressure		X	X	X			X		X	X	X						X		X
Heart rate		X																	
Hypoxemia																			X
Creatinine		X																	
Blood sugar		X								X									
GGT							X			X									
HMG							X			X									
Gross proteinuria							X												
Hypokalemia																			X
SAST							X			X									
SALT							X			X									
Cholesterol/triglycerides		X				X	x			X									X
Diabetes		X	X	X		X	X	X	X	X		X							X
GERD																			X
Diarrhea																			X
Smoking		X	X	X			X		X	X	X								
Exercise		X					X												
Alcohol		X					X			X									
Pregnancy																			X
Family history of CVD		X									X								X
Peripheral pain																			X
Nausea/fever/dizziness																			X
Headache																			X
Infection/vaccination																			x

Allergic rhinitis																			X
Emphysema		X																	
Asthma		X									X								X
COPD					X				X		X								X
Acute bronchitis																			X
Sleep apnea					X						X								X
Rheumatologic disease					X														
Thyroid disease											X								X
Arthritis		X									X								X
Spondylosis											X								
Lower limb ulcer															X				
Cancer		X			X	X													
Constipation																			X
Cognitive impairment/anxiety											X								X
Liver disease		X									X								
Gout					X														
CKD/ESRD					X				X	X	X				X				
Dysuria																			X
Anemia					X														X
Major bleeding											X								
Hypertension (chronic)				X	X	X	X		X		X				X				X
Heart failure	X		X	X	X		X	X	X	X	X				X				
CAD/MI	X		X	X	X			X	X	X	X				X				X
CVA/TIA					X		X		X		X				X				
Peripheral Artery Disease											X								
Congenital Heart Disease				X															
Valvular Heart Disease	X										X				X				
Pulmonary Heart Disease															X				
Murmur Presence	X																		
Other arrhythmias/Tachycardia															X				X
Cardiovascular Drugs	X	X	X	X			X		X	X	X				X	X			X
Other drugs																			X
Site		X																	

CHA ₂ DS ₂ -VASc						X		X					X						
MRI measurements		X																	
Atherosclerosis (CT/US)		X																	
Echo parameters	X	X																	
ECG traces			X					X	X					X	X				
ECG parameters		X			X											X			
PPG parameters																		X	
Blood Biomarkers**		X																	
Socioeconomic		X								X	X	X							

BMI: Body Mass Index; GGT: Gamma-Glutamyl Transferase; HMG: Hemoglobin; SAST: Serum Aspartate Aminotransferase; SALT: Serum Alanine Aminotransferase; GERD: Gastro-esophageal Reflux Disease; CVD: Cardiovascular Disease; COPD: Chronic Obstructive Pulmonary Disease; CKD: Chronic Kidney Disease; ESRD: End-stage Renal Disease; CAD: Coronary Artery Disease; MI: Myocardial Infarction; CVA: Cerebrovascular Accident; TIA: Transient Ischemic Attack; MRI: Magnetic Resonance Imaging; CT: Computed Tomography; US: Ultrasound; ECG: Electrocardiogram; PPG: Photoplethysmography

*Not clear as factors not explicitly enumerated and had to be inferred.

** Interleukin-2 soluble receptor, plasmin-antiplasmin complex, d-dimer, Factor VIII, NT-proBNP (N-Terminal Pro-B-Type Natriuretic Peptide), cardiac troponin-T, C-reactive protein, interleukin-6, fibrinogen, homocysteine, tissue necrosis factor- α soluble receptor

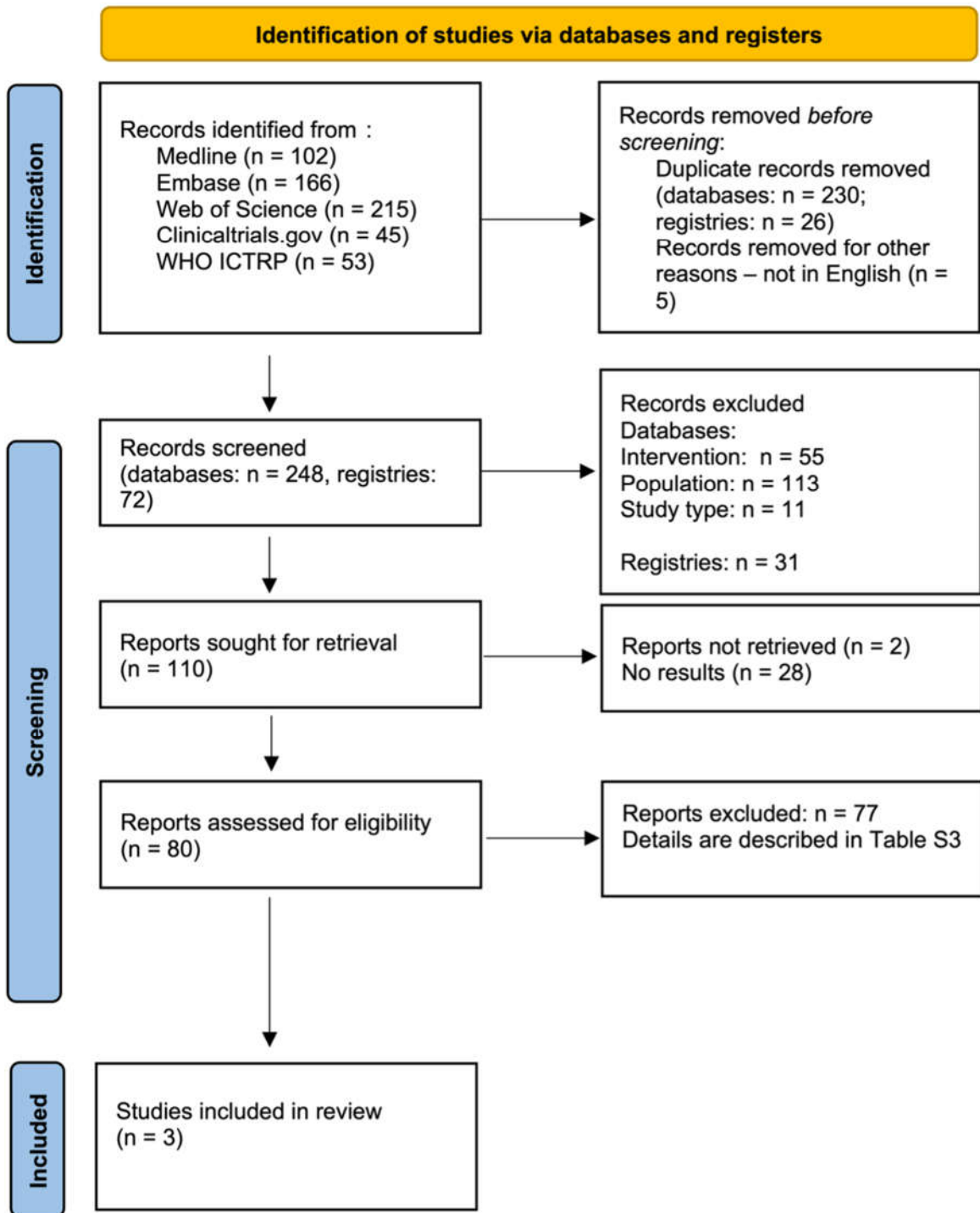


Figure S2. PRISMA Flow Diagram of Studies Describing Detection of Atrial Fibrillation in a Stroke Population.

Table S6. Excluded Studies for Detection of Atrial Fibrillation after Stroke.

Study	Reason for exclusion
Abdul-Kadir et al. [125]	Not stroke cohort
Baek et al. [7]	Not stroke cohort
Bahrami et al. [126]	Not stroke cohort
Ben Itzhak et al. [127]	Not stroke cohort
Chantercrob et al. [128]	Not stroke cohort
Couceiro et al. [129]	Not stroke cohort
Duverney et al. [130]	Not stroke cohort
Eerikainen et al. [131]	Not stroke cohort
Fan et al. [132]	Not stroke cohort
Faust et al. [133]	Not stroke cohort
Helfenbein et al. [134]	Not stroke cohort
Ivanovic et al. [135]	Not stroke cohort
Jia et al. [136]	Not stroke cohort
Kennedy et al. [137]	Not stroke cohort
Kim et al. [138]	Not stroke cohort
Krol-Jozaga et al. [139]	Not stroke cohort
Lee et al. [140]	Not stroke cohort
Lee et al. 2017 [141]	Not stroke cohort
Lee et al. 2020 [142]	Not stroke cohort
Lei et al. 2021 [143]	Not stroke cohort
Leutheuser et al. 2015 [144]	Not stroke cohort
Liaqat et al. 2020 [145]	Not stroke cohort
Liu et al. 2022 [146]	Not stroke cohort
Medic et al. 2021 [147]	Does not measure outcomes required for this review
Mittal et al. 2021 [148]	Not stroke cohort
Mousavi et al. 2020 [149]	Not stroke cohort
Nguyen et al. 2019 [150]	Not stroke cohort
Nuryani et al. 2015 [151]	Not stroke cohort
Park et al. 2009 [152]	Not stroke cohort
Pereira et al. 2019 [153]	Not stroke cohort
Pham et al. 2021 [154]	Not stroke cohort
Piccini et al. 2021 [155]	Does not measure outcomes required for this review
Piorkowski et al. 2019 [156]	Not stroke cohort
Pokaprakarn et al. 2022 [157]	Not stroke cohort
Pollock et al. 2020 [158]	Not stroke cohort
Qayyum et al. 2018 [159]	Not stroke cohort
Quartieri et al. 2019 [160]	Not stroke cohort
Rahul et al. 2022 [161]	Not stroke cohort
Rosa et al. 2021 [162]	Not stroke cohort
Sahu et al. 2022 [163]	Not stroke cohort
Sandberg et al. 2021 [164]	Not stroke cohort

Sasaki et al. 2019 [165]	Not stroke cohort
Schäck et al. 2017 [166]	Not stroke cohort
Sideswar et al. 2021 [167]	Not stroke cohort
Sims et al. 2021 [168]	Does not measure outcomes required for this review
Sun et al. 2022 [169]	Not stroke cohort
Tadi et al. 2019 [170]	Not stroke cohort
Taniguchi et al. 2021 [171]	Not stroke cohort
Tison et al. 2018 [172]	Not stroke cohort
Ukil et al. 2022 [173]	Not stroke cohort
Wang et al. 2022 [100]	Does not measure outcomes required for this review
Wong et al. 2022 [174]	Study type is a protocol rather than a research article
Xia et al. 2018 [175]	Not stroke cohort
Yao et al. 2017 [176]	Not stroke cohort
Yokokawa et al. 2020 [177]	Study included non-stroke patients
Yu et al. 2020 [178]	Not stroke cohort
Yue et al. 2019 [179]	Not stroke cohort
Zalabarría et al. 2020 [180]	Not stroke cohort
Zhu et al. 2022 [181]	Not stroke cohort
Clinical trial NCT0132554 Baturova et al. 2016 [182]	Does not use machine learning
Clinical trial NCT01858779 Kallmunzer et al. 2015 [183]	Does not use machine learning
Clinical trial NCT02725944 Skrebelyte-Strøm et al. 2022 [184]	Does not use machine learning
Clinical trial NCT02725944 Haeusler et al. 2016 [185]	Does not use machine learning
Clinical trial NCT02204267 Haeusler et al. 2021 [186]	Does not use machine learning
Clinical trial NCT02261766 Poulsen et al. 2016 [187]	Does not use machine learning
Clinical trial NCT02578979 Huang et al. 2020 [188]	Does not use machine learning
Clinical trial NCT00279981 Glotzer et al. 2009 [189]	Not stroke cohort
Clinical trial NCT01855035 Wachter et al. 2017 [190]	Does not use machine learning
Clinical trial NCT02428140 Buck et al. 2021 [191]	Does not use machine learning
Clinical trial NCT02270112 Brasier et al. 2019 [192]	Not stroke cohort

Clinical trial NCT0372160	Does not use machine learning
NCT0350733	Not stroke cohort
Pereira et al. 2020 [193]	Primary outcome was to classify quality of signal, rather than its nature
Schnabel et al. 2022 [121]	Study is about prediction rather than detection of stroke
Sung et al. 2022 [194]	Study is about prediction rather than detection of stroke
Shan et al. 2016 [123]	Does not exclude patients with history of AF

Table S7. Population Characteristics of Studies for Detection of Atrial Fibrillation in a Stroke Population.

Study	Country	Study population (% prevalence)	Eligibility criteria	Follow-up period (Study dates)	Study aims
Rabinstein et al. 2021[119]	United States	n = 265 (4.1%)	Patients admitted for embolic stroke of unknown cause (ESUS)	Up to 30 days (2018-2019)	Test whether AI model can discriminate patients with embolic stroke of unknown cause and whether predicted AF probability is associated with AF identified through ambulatory monitoring
Reinke et al. 2018[120]	Germany	n = 105 (18%)	Patients admitted with cryptogenic stroke	20 months (2013-2014)	Assess ability of AI software to detect AF and develop cost-effective strategy to optimize detection of AF
Shan et al. 2014[123]	Taiwan	n = 468 (not reported)	Patients in stroke unit	Not reported (2012-2014)	Propose a photoplethysmography-based AI detection model of AF

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