Supplemental Material to Rivera-Caravaca et al. “Cessation of oral anticoagulation is an important risk factor for stroke and mortality in atrial fibrillation patients” (https://doi.org/10.1160/TH16-12-0961)

Suppl. Figure 1: Forest plots of hazard ratios for all-cause mortality, composite of adverse cardiovascular events, ischaemic stroke and major bleeding (adjusted by CHADS₂, CHA₂DS₂-VASc and HAS-BLED scores).

(a) All-cause mortality
Supplemental Material to Rivera-Caravaca et al. “Cessation of oral anticoagulation is an important risk factor for stroke and mortality in atrial fibrillation patients” (https://doi.org/10.1160/TH16-12-0961)

(b) Adverse cardiovascular events

![Graph showing adverse cardiovascular events](image)
Supplemental Material to Rivera-Caravaca et al. “Cessation of oral anticoagulation is an important risk factor for stroke and mortality in atrial fibrillation patients” (https://doi.org/10.1160/TH16-12-0961)

(c) Ischaemic stroke

![Diagram showing the relationship between ischaemic stroke and various factors such as age, hypertension, previous stroke/TIA, hypercholesterolemia, and OAC cessation. The diagram includes statistical values for each factor.]
Cessation of oral anticoagulation is an important risk factor for stroke and mortality in atrial fibrillation patients” (https://doi.org/10.1160/TH16-12-0961)

(d) Major bleeding

![Major bleeding graph]

- Age ≥80 years at entry: 1.92 (1.47-2.52); p<0.001
- Previous bleeding: 2.68 (1.91-3.75); p<0.001
- Cancer: 2.03 (1.36-3.03); p<0.001
- TTR<60%: 0.99 (0.97-0.99); p=0.041
Supplemental Material to Rivera-Caravaca et al. “Cessation of oral anticoagulation is an important risk factor for stroke and mortality in atrial fibrillation patients” (https://doi.org/10.1160/TH16-12-0961)

Suppl. Figure 2: Forest plot of hazard ratios for cessation of oral anticoagulation.

- Age ≥80 years at entry: 2.29 (1.60-3.29); p<0.001
- Coronary artery disease at entry: 0.32 (0.15-0.71); p=0.005
- Major bleeding event during follow-up: 5.00 (3.49-7.15); p<0.001
- Heart failure during follow-up: 2.38 (1.26-4.47); p=0.007
- Cancer during follow-up: 5.24 (3.25-8.44); p<0.001
- Renal impairment during follow-up: 2.70 (1.26-5.75); p=0.010