0.971-1.071, p=0.424) were not significant. The weighted HARMS$_2$-AF score (scale 0-14 points, figure 1, top) had similar predictive performance (AUC=0.782 (LogLoss 0.178, Brier Score 0.046) to the unweighted regression model (AUC 0.808). A higher HARMS$_2$-AF score (HARMS-AF score ≥5) was associated with a significantly higher 10-year risk of AF development (score 5-9: OR 9.35, score 10-14: OR 33.34).

**Conclusion:** The HARMS$_2$-AF score is a novel lifestyle risk score which may assist in screening for AF in the general population however further validation studies are required.

---

**CE-543-03**

**EARLY RHYTHM CONTROL IN PATIENTS WITH INCIDENT ATRIAL FIBRILLATION WHO HAD A PRIOR HISTORY OF STROKE: A NATIONWIDE POPULATION-BASED COHORT STUDY**

So-Ryoung Lee MD; Eue-Keun Choi MD, PhD; Seil Oh MD, PhD, FHRS and Gregory Lip MD

**Background:** Early rhythm control therapy has been demonstrated to be associated with a lower risk of stroke compared to usual care in patients with atrial fibrillation (AF). However, there are limited data regarding the benefit of early rhythm control therapy for secondary prevention for stroke in patients with AF.

**Objective:** To compare the risk of recurrent stroke between early rhythm control therapy and usual care in patients with new-onset AF and a history of prior stroke.

**Methods:** Using the Korean nationwide claims database, we identified patients who were newly diagnosed as AF and a history of prior stroke. Patients who received rhythm control therapy, including antiarrhythmic drug (AAD), direct current cardioversion (DCC), or AF catheter ablation, within 1 year after incident AF were defined as the early rhythm control group, otherwise as the usual care group. The propensity score weighting method was used to balance baseline characteristics between the two groups. Incident stroke was evaluated as a primary outcome.

**Results:** A total of 53,509 patients were included (mean age 72±11 years, 53% men; mean CHA$_2$DS$_2$-VASc score 5.5±1.6). All patients were prescribed oral anticoagulants. Among the total study population, 12,455 patients were assigned to the early rhythm control group (AAD, DCC, and AF catheter ablation in 99.4%, 8.6%, and 3.9%, respectively), and 41,054 patients were in the usual care group. During a median 2.6 years (IQR 1.5 to 4.5 years) of follow-up, 4382 patients had an incident stroke (IR, 2.6 per 100 person-years). Early rhythm control was associated with a lower risk of recurrent stroke compared to usual care (hazard ratio, 0.720, 95% confidence interval, 0.666-0.779, p<0.001) (Figure). Early rhythm control consistently showed a lower risk of stroke than usual care regardless of the characteristics of prior stroke, whether recent, severe, and disabling stroke or not.

**Conclusion:** In this large-scale observational cohort study, early rhythm control within 1 year after AF diagnosis might be beneficial to prevent recurrent stroke in patients with incident AF and a history of prior stroke. Integrated care, including optimal rhythm control with appropriate anticoagulation, should be considered for patients who had incident AF and a history of stroke to reduce the risk of recurrent stroke.

---

**CE-543-04**

**INTER-ATRIAL BLOCK IDENTIFIES PATIENTS WITH LOW CHA$_2$DS$_2$-VASc SCORE BUT HIGH STROKE RISK**

Joshua Lampert MD; Shreyas Havaldar; David Power MB BCH; Marc A. Miller MD; Abhishek Maan MBBS; Kartikeya Menon BA; Emmanuel Ekanem MD; Jonathan Gandhi MD; Daniel N. Pugliese MD; Daniel Ross Musikantow MD; Mohit K. Turagam MD; Valentin Fuster MD, PhD; Srinivas R. Dukkipati MD, FHRS; Benjamin Glicksberg PhD and Vivek Y. Reddy MD

**Background:** Beyond current methods of risk stratification, clinical studies employing machine learning methodology have demonstrated that the 12-lead ECG harbors additional prognostic information for various cardiovascular outcomes. Interatrial block (IAB) manifests as P wave duration >120 msec and is associated with thromboembolism, atrial arrhythmias, and mortality.

**Objective:** To define in a large cohort of patients the prognostic significance of IAB, and to assess if IAB...