Study/yr	Total No. of Patients	Treatment Arms: Control	Full-Dose OAC, INR Range	Aspirin or Other Drug, mg/d	OAC Plus ASA	Low-Dose OAC	Mean Follow-up, yr	Primary Outcome Measure
AFASAK 1[22]/1989	1,007	Yes	2.8–4.2	75			1.2	S, SE, TIA, ICH
BAATAF[23]/1990	420	Yes	1.5–2.7†				2.2	S
SPAF I[1]/1991	1,330	Yes	2.0–4.5†	325			1.3	S, SE
CAFA[19]/1991	383	Yes	2.0–3.0				1.3	S, SE, ICH, FH
SPINAF[24]/1992	525	Yes	1.4–2.8†				1.8	S
EAFT[20]/1993	1,007	Yes	2.5–4.0	300			2.3	S, SE, MI, VD, ICH
SPAF II[25]/1994	1,100		2.0–4.5	325			2.7	S, SE
SPAF III[28]/1996	1,044		2.0–3.0		ASA 325 mg + warfarin (INR 1.2–1.5)		1.1	S, SE
SIFA[60]/1997	916		2.0–3.5	400‡			1.0	S, SE, MI, VD, PE, ICH
ESPS 2[46,47]§/1997	429‖	Yes		50			1.1	S
AFASAK 2[54]/1998	677		2.0–3.0	300	ASA 300 mg + warfarin 1.25 mg	Warfarin 1.25 mg	NA	S, SE, ICH
Pengo et al[61]/1998	303		2.0–3.0			Warfarin 1.25 mg	1.2	S, SE, ICH, FH, VD
LASAF[45]¶/1999	285	Yes		125:62.5#			1.5	S, ICH
PATAF[55]/1999	729		2.5–3.5	150		Coumarin (INR 1.1–1.6)	2.7	S, SE, MH, VD
Japanese NVAF[280]/ 2,000 (Secondary Prevention)	115		2.2–3.5			Warfarin (INR 1.5–2.1)	1.8	S, SE, TIA
FFAACS[63]/2001	157		2.0–2.6		ASA 100 mg + fluindione (INR 2.0–2.6)		0.8	S, SE, MI, ICH, VD
NASPEAF[17]/2004								
Higher risk	495		2.0–3.0		Triflusal 600 mg + acenocoumarol (INR 1.4–2.4)		2.9**	S, SE, TIA, ICH, VD
Lower risk	714		2.0–3.0	Triflusal 600 mg	Triflusal 600 mg + acenocoumarol (INR 1.25–2.0)		2.6**	S, SE, TIA, ICH,VD
Edvardsson et al[50]/2003	668	Yes			ASA 75 mg + warfarin 1.25 mg		2.8	S, ICH
SPORTIF III[30]/2003	3,410		2.0–3.0	Ximelagatran 36 mg bid			1.5	S, NSE, ICH
SPORTIF V[31]/2003	3,922		2.0–3.0	Ximelagatran 36 mg bid			1.7	S, NSE, ICH
ACTIVE W[32]/2006	6,706		2.0–3.0	ASA 75–100 mg + clopidogrel 75 mg			1.3**	S, NSE, MI, VD, ICH
JAST[49]/2006	871	Yes		150–200			2.1	S, TIA, VD
Hu et al[53]/2006	704		2.0–3.0	150–160			1.6	S, VD
BAFTA[52]/2007	973		2.0–3.0	75			2.7	S, NSE, ICH

*ASA = aspirin; S = ischemic stroke; NSE = non-CNS systemic embolus; MH = major hemorrhage; FH = fatal hemorrhage; MI = myocardial infarction; VD = vascular death; NA = not available.

†Prothrombin time ratio-based target range: INR range is estimated.

‡Indobufen 200 mg bid (not aspirin).

§ESPS-2 also included two other treatment groups: (1) modified-release dipyridamole 200 mg bid; (2) aspirin, 25 mg bid plus modified-release dipyridamole 200 mg bid.

‖This represents only the patients in ESPS-2 with AF.

¶Primary outcome not specified; however, sample size calculated using S + ICH.

#LASAF evaluated two doses of aspirin: 125 mg qd and 125 mg qod.

**Median