Appendix S1. UK GARFIELD-AF Investigators

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Box S1. Definition of bleeding events

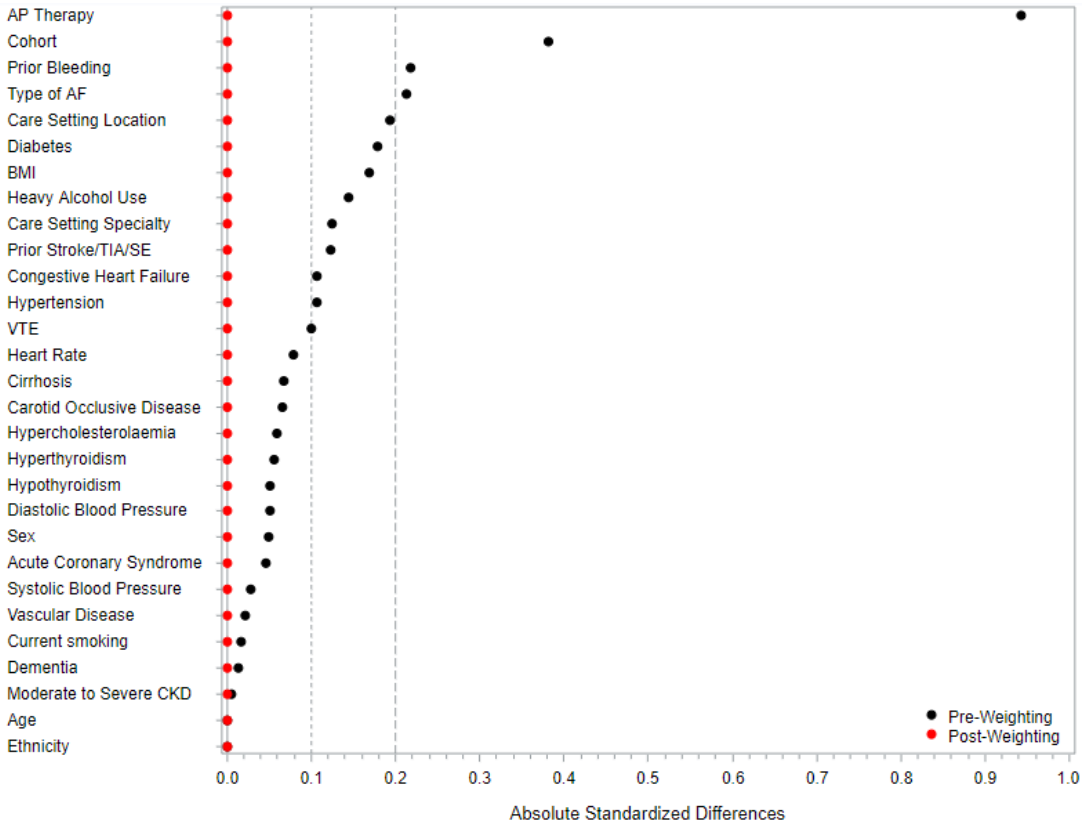
Major bleeding was defined as clinically overt bleeding that is associated with:

- A fall in haemoglobin of 2 g/dl or more, or
- A transfusion of 2 or more units of packed red blood cells or whole blood, or
- A critical site: intracranial, intraspinal, intraocular, pericardial, intra-articular, intramuscular with compartment syndrome, retroperitoneal, or
- A fatal outcome

Non-major clinically relevant bleeding was defined as overt bleeding not meeting the criteria for major bleeding but associated with medical intervention, unscheduled contact (visit or telephone call) with a physician, (temporary) cessation of registry treatment, or associated with discomfort for the subject such as pain or impairment of activities of daily life.

Minor bleeding - All other overt bleeding episodes not meeting the criteria for major or non-major clinically relevant bleeding was classified as minor bleeding.

Figure S1. Absolute standardised differences of the variables included in the weighting scheme



Box S2. Treatment changes

Discontinuation of anticoagulation, defined as withdrawing from anticoagulant treatment for 7 or more days, was calculated in patients who enrolled in Cohorts 3-5. (This was because improved data collection from cohort 3 with good data on timing of treatments). In the UK cohort 14.1 % (12.5, 15.6) discontinued anticoagulation (n=264).

Restricting to Cohorts 3-5, of the 677 patients on NOAC, 14 (2.1%) switched to a VKA within the 2-year follow-up. Among the 1173 patients on VKA, 130 (11.1%) switched to a DOAC within the 2-year follow-up.