SUMMARY OF CHANGES – PROTOCOL 4.0 – 12MAY2023

Protocol Title:
Pragmatic Randomized Clinical Trial of Early Dronedarone versus Usual Care to Change and Improve Outcomes in Persons with First-Detected Atrial Fibrillation (CHANGE AFIB)

Protocol Number: 4.0 – 12MAY2023

Amendment Number: 3.0

Compound: Dronedarone

Brief Title: CHANGE AFIB

Study Phase: Post-market pragmatic clinical trial

Principal Investigator: Jonathan P. Piccini, MD, MHS

Regulatory Agency Identifier Number(s): NCT05130268

Authors:
This protocol was cowritten by the Duke Clinical Research Institute (DCRI) and the American Heart Association (sponsor). The outline of this template is consistent with the Guidelines for Good Pharmacoepidemiology Practices (GPP), The Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) checklist, and International Conference on Harmonisation (ICH) Guidance for Industry, E6 Good Clinical Practice (GCP): Consolidated Guidance.

1. **Section 1.1: Study Schema**
    a. Updates to Study Schema to align with updated Inclusion and Exclusion Criteria reflected in Section 5 – Study Population.
2. **Section1.2: Schedule of Activities**
    a. Updates to align with updated Inclusion and Exclusion Criteria.
    b. Revisions of clarification:
        i. *First-Detected Atrial Fibrillation Diagnosis can be confirmed in either the acute care or outpatient setting via electrocardiographic documentation. Electrocardiographic documentation includes a standard 12 lead electrocardiogram, mobile ECGs, ambulatory monitoring (e.g., Holter), telemetry, or electrograms from cardiac implanted electronic devices (i.e., pacemaker).*
        ii. Study Drug Accountability clarified to occur in connection with *'Study Drug Dispensing Events'* that occur every 4 months throughout the full duration of subject participation (12-month) for intervention arm subjects. *Study Drug Accountability should continue to be conducted by the study team at each study follow up visit and study drug dispensing event timepoint.*
3. **Section 5.1: Inclusion Criteria**
    a. Removal of Inclusion Criteria #3.
        i. Potential subjects are no longer required to have been seen in an acute care encounter setting for the diagnosis of their first-detected Atrial Fibrillation in order to be eligible for trial participation.
    b. Footnote added to NEW Inclusion Criteria #3 - *Electrocardiographic documentation of atrial fibrillation.*
        i. Electrocardiographic documentation includes a standard 12 lead electrocardiogram, mobile ECGs, ambulatory monitoring (e.g., Holter), telemetry, or electrograms from cardiac implanted electronic devices (i.e., pacemaker).
4. **Section 5.2: Exclusion Criteria**
    a. Removal of Exclusion Criteria #2 – Prior hospitalization for atrial fibrillation (other than the qualifying event).
5. **Section 8: Study Assessments and Procedures**
    a. Clarification provided to align with updated Inclusion and Exclusion Criteria.
6. **Section 8.2: Adverse Events (AEs), Serious Adverse Events (SAEs), and Other Safety Reporting**
    a. Revisions to safety reporting contact information for streamlined instruction.
        i. *Participating centers will be responsible to inform Sanofi of any Adverse Events or product technical complaints (i.e., changes in tablet odor, color, taste etc.) to Sanofi PV via email at CL-CPV-Receipt@Sanofi.com.*
7. **Section 9.3.7: Other Analyses**
    a. Addition of *Recent hospitalization for AF vs None* to the 'Pre-Specified Subgroups of Interest'.