Figure 1: The sources of evidence selected in this review.

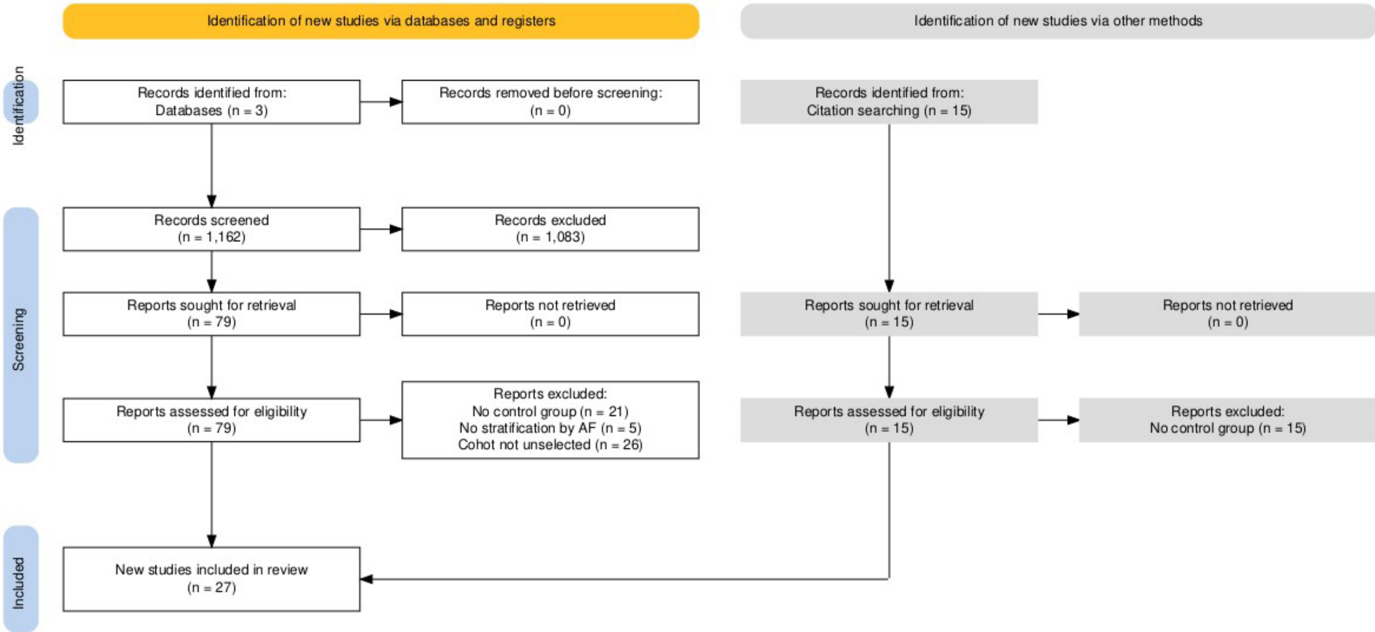
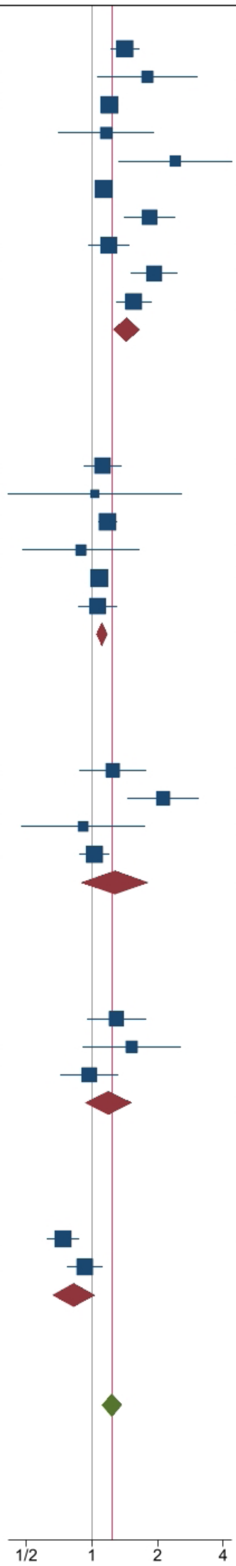


Table 1: Meta-analysis of studies on atrial fibrillation and stroke/transient ischaemic attack rates in populations with Indigenous and minority backgrounds.

Study	Ethnic/race group Cases	Ethnic/race group Controls	Comparators Cases	Comparators Controls	Odds ratio with 95% CI	Weight (%)
African origin Vs Whites						
Birman-Deych et al. 2006	289	508	4,578	11,429	1.42 [1.22, 1.65]	5.20
Bush et al. 2006	17	248	132	3,467	1.80 [1.07, 3.03]	2.42
Chen et al. 2018	617	22,191	5,069	220,047	1.21 [1.11, 1.31]	5.58
Golwala et al. 2016	17	456	269	8,404	1.16 [0.71, 1.92]	2.54
Howard et al. 2011	15	166	49	1,309	2.41 [1.32, 4.40]	2.03
Kabra et al. 2015	1,504	13,346	12,337	123,933	1.13 [1.07, 1.20]	5.70
Magnani et al. 2016	92	342	244	1,670	1.84 [1.41, 2.40]	4.24
Mathur et al. 2013	131	458	880	3,681	1.20 [0.97, 1.47]	4.74
Patel et al. 2018	145	1,132	139	2,098	1.93 [1.52, 2.47]	4.44
Shen et al. 2008	143	1,391	917	13,892	1.56 [1.29, 1.87]	4.93
Heterogeneity: $\tau^2 = 0.04$, $I^2 = 85.25\%$, $H^2 = 6.78$					1.44 [1.25, 1.66]	
Test of $\theta_i = \theta_j$: Q(9) = 47.42, p = 0.00						
Test of $\theta = 0$: z = 5.05, p = 0.00						
Hispanics Vs Whites						
Birman-Deych et al. 2006	145	323	4,578	11,429	1.12 [0.92, 1.37]	4.81
Bush et al. 2006	5	127	132	3,467	1.03 [0.42, 2.57]	1.10
Chen et al. 2018	516	18,979	5,069	220,047	1.18 [1.08, 1.29]	5.55
Golwala et al. 2016	11	385	269	8,404	0.89 [0.48, 1.65]	1.98
Kabra et al. 2015	910	8,433	12,337	123,933	1.08 [1.01, 1.16]	5.64
Shen et al. 2008	118	1,680	917	13,892	1.06 [0.87, 1.30]	4.82
Heterogeneity: $\tau^2 = 0.00$, $I^2 = 7.82\%$, $H^2 = 1.08$					1.11 [1.05, 1.18]	
Test of $\theta_i = \theta_j$: Q(5) = 2.83, p = 0.73						
Test of $\theta = 0$: z = 3.63, p = 0.00						
Māori Vs non-Māori/non-Pacific peoples						
Gu et al. 2018	54	286	126	833	1.25 [0.88, 1.76]	3.59
Poppe et al. 2018	49	2,524	69	7,551	2.12 [1.47, 3.07]	3.41
Teh et al. 2023	25	73	24	64	0.91 [0.48, 1.75]	1.81
Tomlin et al. 2017	214	1,206	1,564	9,075	1.03 [0.88, 1.20]	5.15
Heterogeneity: $\tau^2 = 0.10$, $I^2 = 77.72\%$, $H^2 = 4.49$					1.28 [0.89, 1.82]	
Test of $\theta_i = \theta_j$: Q(3) = 13.28, p = 0.00						
Test of $\theta = 0$: z = 1.34, p = 0.18						
Pacific peoples Vs non-Māori/non-Pacific peoples						
Gu et al. 2018	77	393	126	833	1.30 [0.95, 1.76]	3.89
Poppe et al. 2018	19	1,365	69	7,551	1.52 [0.91, 2.54]	2.47
Tomlin et al. 2017	50	298	1,564	9,075	0.97 [0.72, 1.32]	3.92
Heterogeneity: $\tau^2 = 0.01$, $I^2 = 30.53\%$, $H^2 = 1.44$					1.19 [0.93, 1.52]	
Test of $\theta_i = \theta_j$: Q(2) = 2.84, p = 0.24						
Test of $\theta = 0$: z = 1.38, p = 0.17						
Australian Aboriginals Vs non-Aboriginals						
Nedkoff et al. 2020	179	924	6,050	23,081	0.74 [0.63, 0.87]	5.10
Hung et al. 2020	129	1,083	5,442	42,460	0.93 [0.77, 1.12]	4.93
Heterogeneity: $\tau^2 = 0.02$, $I^2 = 69.98\%$, $H^2 = 3.33$					0.83 [0.66, 1.03]	
Test of $\theta_i = \theta_j$: Q(1) = 3.33, p = 0.07						
Test of $\theta = 0$: z = -1.68, p = 0.09						
Overall					1.24 [1.11, 1.37]	
Heterogeneity: $\tau^2 = 0.05$, $I^2 = 88.57\%$, $H^2 = 8.75$						
Test of $\theta_i = \theta_j$: Q(24) = 111.90, p = 0.00						
Test of $\theta = 0$: z = 3.90, p = 0.00						
Test of group differences: $Q_b(4) = 19.59$, p = 0.00						



Random-effects REML model

Odds ratio >1 suggests a higher risk for the ethnicity being addressed.

Figure 2: Funnel plot.

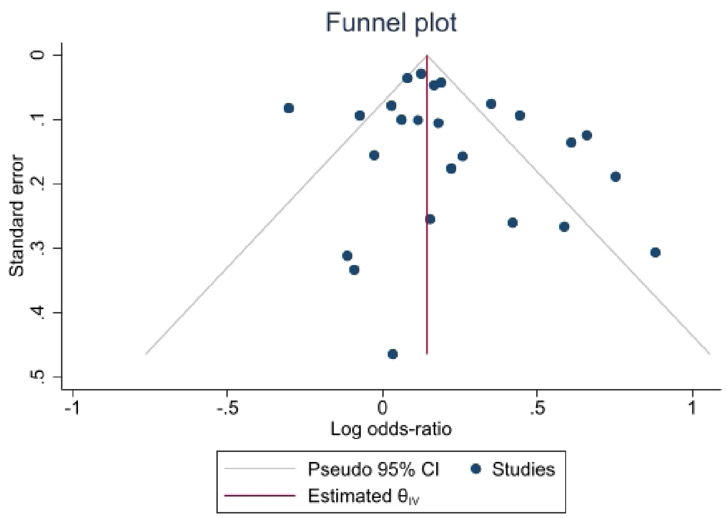


Table 2: Stroke rates in non-anticoagulated atrial fibrillation cohort studies.

Study	Mid-point year	Study design	Country	Setting	Subjects	Stroke rate	CHA_2DS_2 VASc=2 stroke rates
Abraham et al. 2013[34]	1997	Prospective	United States	Community-based	5,981	0.6/100 person-years	-
Singer et al. 2013[38]	2000	Prospective	United States	Hospital-based	10,932	2/100 person-years	0.8/100 person-years
Olsen et al. 2011[13]	2003	Retrospective	Denmark	Hospital-based	73,538	-	3.7/100 person-years
Chao et al. 2016[21]	2004	Retrospective	Taiwan	Population-based	186,570	3.9/100 person-years	3.5/100 person-years
van den Ham et al. 2015[35]	2005	Retrospective	United Kingdom	Community-based	60,594	-	1.9/100 person-years
Friberg et al. 2012[37]	2007	Retrospective	Sweden	Hospital-based	90,490	5.4/100 person-years	2.9/100 person-years
Lip et al. 2022[36]	2018	Retrospective	United States	Hospital-based	128,047	6.8/100 person-years	-
Lee et al. 2022[39]	2018	Retrospective	Korea	Population-based	5,855	3.32/100 person-years	1.91/100 person-years

Table 3: Discrimination of CHA_2DS_2 VASc in different settings.

Study	Study mid-year	Study design	Country	Setting	Subjects	c-statistic
Singer et al. 2013[38]	2000	Prospective	United States	Hospital-based	10,927	0.66
van den Ham et al. 2015[35]	2000	Retrospective	United Kingdom	Population-based	60,594	0.59
Olsen et al. 2011[13]	2001	Retrospective	Denmark	Hospital-based	73,538	0.66
Aspberg et al. 2016[42]	2007	Retrospective	Sweden	Hospital-based	152,153	0.69
Chao et al. 2016[41]	2008	Retrospective	Taiwan	Population-based	186,570	0.7
McAlister et al. 2017[43]	2008	Retrospective	Canada	Population-based	58,451	0.66
Reps et al. 2020[44]	2012	Retrospective	United States	Hospital-based	33,262	0.58
Saliba et al, 2015.[45]	2012	Retrospective	Israel	Population-based	41,140	0.55
Lip et al. 2022[36]	2018	Retrospective	United States	Hospital-based	128,047	0.8