Table 1
In- and exclusion criteria COMPARE LAAO

Inclusion Criteria	• Documented non-valvular AF (paroxysmal or non-paroxysmal) • CHA2DS2-VASc score of 2 or more (women 3 or more) • unsuitable for long-term use of oral anticoagulation as determined by the referring physician team as well as the multidisciplinary team in the study hospital • suitable for dual APT for at least 3 months and single APT from 3 until at most 12 months • At least 18 years of age, and willing and able to provide informed consent and adhere to study rules and regulations and follow-up
Exclusion Criteria	• any invasive cardiac procedure within 30 days prior to randomization and 90 days after LAAO that would interfere with the study follow-up and medication • unsuitable LAA anatomy for closure or thrombus in the LAA (captured on CT or TEE imaging, not resolved after treatment with LMWH or contraindication for LMWH) • contraindications or unfavourable conditions to perform cardiac catheterization or TEE • atrial septal malformations, atrial septal defect or a high-risk patient foramen ovale that may cause thrombo-embolic events • atrial septal defect repair or closure device or a patent foramen ovale repair or any other anatomical condition as this may preclude an LAAO procedure • LVEF<31% and/or heart failure NYHA 3-4 • Mitral valve regurgitation grade 3 or more • Mitral stenosis as this makes AF by definition valvular in nature • Aortic valve stenosis (AVA<1.0 cm2 or Pmax>50 mmHg) or regurgitation grade 3 or more • Stroke within the 3 months prior to inclusion, if not yet clinically stable, and/or without adequate diagnostic or prognostic evaluation, and/or in need of other interventions • Planned CEA for significant carotid artery disease • Major bleeding (BARC criteria*>type 2) within 1 month prior to inclusion or longer if it has not been resolved yet • Compelling medical reason to use VKA or NOAC (e.g. mechanical heart valve, pulmonary embolism, ventricular aneurysm) • Major contraindications for using aspirin or clopidogrel • (planned) pregnancy • Participation in any other clinical trial that interferes with the current study • Life expectancy of less than 1 year

*BARC criteria

Type 0 No bleeding

Type 1 Bleeding that is not actionable and does not cause the patient to seek treatment

Type 2 Any clinically overt sign of hemorrhage that "is actionable" and requires diagnostic studies, hospitalization, or treatment by a health care professional

Type 3 a. Overt bleeding plus hemoglobin drop of 3 to < 5 g/dL (provided hemoglobin drop is related to bleed); transfusion with overt bleeding

b. Overt bleeding plus hemoglobin drop < 5 g/dL (provided hemoglobin drop is related to bleed); cardiac tamponade; bleeding requiring surgical intervention for control; bleeding requiring IV vasoactive agents

c. Intracranial hemorrhage confirmed by autopsy, imaging, or lumbar puncture; intraocular bleed compromising vision

Type 4 CABG-related bleeding within 48 hours

Type 5 a. Probable fatal bleeding

b. Definite fatal bleeding (overt or autopsy or imaging confirmation)