

Supplementary Table 3. Quality assessment of included studies

Study	Selection	Comparability	Outcome	Overall
Carrazco et al. (2018) ²⁰	3*	NA	3*	6/7
Cotter et al. (2013) ²²	3*	NA	3*	6/7
CRYSTAL-AF (2014) ²³	4*	NA	3*	7/7
Dion et al. (2010) ²⁶	3*	NA	2*	5/7
Etgen et al. (2013) ²⁷	3*	NA	2*	5/7
Israel et al. (2017) ²⁸	4*	NA	2*	6/7
Jorfida et al. (2016) ²⁹	4*	NA	2*	6/7
Makimoto et al. (2017) ³³	3*	NA	2*	5/7
Poli et al. (2016) ³⁷	4*	NA	3*	7/7
Ritter et al. (2013) ³⁹	3*	NA	3*	6/7
Rojo-Martinez et al. (2013) ⁴¹	3*	NA	3*	6/7
SURPRISE (2014) ⁴⁴	3*	NA	3*	6/7
TRACK-AF (2018) ⁴⁵	3*	NA	3*	6/7
Ziegler et al. (2015) ⁴⁶	3*	NA	2*	5/7
Ziegler et al. (2017) ⁴⁷	46/56	NA	36/42	82/98

NA, not applicable; CRYSTAL-AF, Cryptogenic Stroke and underlying Atrial Fibrillation; SURPRISE, Stroke Prior to Diagnosis of Atrial Fibrillation Using Longterm Observation with Implantable Cardiac Monitoring Apparatus Reveal; TRACK-AF, Follow-up of Kryptogenic Stroke Patients With Implantable vs. Non-invasive Devices to Detect Atrial Fibrillation.

Supplementary Table 4. Univariate and multivariate meta-regression analyses of fully published studies on the association of monitoring duration and individual patient characteristics with the rate of atrial fibrillation detection using implantable cardiac monitoring

Variable	Univariate meta-regression analysis			Multivariate meta-regression analysis		
	Number	Coefficient (95% CI)	Р	Number	Coefficient (95% CI)	Р
Age	22	0.011 (-0.003 to 0.025)	0.110	16	0.037 (0.013 to 0.062)*	0.007
Male sex	22	-0.008 (-0.019 to 0.003)	0.136	-	-	
Hypertension	16	0.005 (0.001 to 0.010)	0.029	16	-0.006 (-0.019 to 0.007)	0.353
Diabetes mellitus	16	0.013 (0.001 to 0.024)	0.033	16	-0.001 (-0.007 to 0.005)	0.775
CHA₂DS₂VASc score	12	0.094 (-0.028 to 0.216)	0.118	-	-	
Duration of monitoring	22	0.007 (0.001 to 0.014)	0.049	16	0.009 (0.003 to 0.015)	0.006
Time from event to cardiac monitor implantation	16	0.001 (-0.001 to 0.002)	0.492	-	-	

Cl, confidence interval.

^{*}Number of stars awarded for each category.

^{*}Mean patient age was included in the multivariate analysis as an a priori potential confounder.