

Smartphone detection of atrial fibrillation using photoplethysmography:

A systematic review and meta-analysis

Simrat K Gill, Karina V Bunting, Claudio Sartini, Victor Cardoso, Narges Ghoreishi, Hae-Won Uh, John A Williams, Kiliansa Suzart-Woischnik, Amitava Banerjee, Folkert Asselbergs, MJC Eijkemans, Georgios V Gkoutos, Dipak Kotecha.

Supplementary material

Table S1: Search strategy for EMBASE and MEDLINE databases	2
Table S2: Search strategy for Cochrane database	4
Table S3: Summary of characteristics for conference abstracts	5
Table S4: Risk of bias and applicability concerns for full text studies	8
Table S5: Risk of bias and applicability concerns for conference abstracts	9
Table S6: Sensitivity and specificity of each study by smartphone PPG application	10
Figure S1: Forest plot of the sensitivity and specificity of smartphone PPG vs ECG	11
Figure S2: Forest plot of positive/negative prediction for smartphone PPG vs ECG	12
References	13

Table S1: Search strategy for EMBASE and MEDLINE databases

Search	Hits
(('mobile application'/exp OR 'mobile app':ti,ab,de,tn,dn,kw OR 'mobile application':ti,ab,de,tn,dn,kw OR 'mobile applications':ti,ab,de,tn,dn,kw OR 'mobile apps':ti,ab,de,tn,dn,kw OR 'portable software app':ti,ab,de,tn,dn,kw OR 'portable software application':ti,ab,de,tn,dn,kw OR 'portable software applications':ti,ab,de,tn,dn,kw OR 'portable software apps':ti,ab,de,tn,dn,kw OR 'cell phone use'/exp OR 'cell phone usage':ti,ab,de,tn,dn,kw OR 'cell phone use':ti,ab,de,tn,dn,kw OR 'cell phone utilization':ti,ab,de,tn,dn,kw OR 'cellphone usage':ti,ab,de,tn,dn,kw OR 'cellphone use':ti,ab,de,tn,dn,kw OR 'cellphone utilization':ti,ab,de,tn,dn,kw OR 'mobile phone usage':ti,ab,de,tn,dn,kw OR 'mobile phone use':ti,ab,de,tn,dn,kw OR 'mobile phone utilization':ti,ab,de,tn,dn,kw OR 'mobile phone'/exp OR 'cell phone':ti,ab,de,tn,dn,kw OR 'cell phones':ti,ab,de,tn,dn,kw OR 'cellphone':ti,ab,de,tn,dn,kw OR 'cellphones':ti,ab,de,tn,dn,kw OR 'cellular phone':ti,ab,de,tn,dn,kw OR 'cellular telephone':ti,ab,de,tn,dn,kw OR 'mobile phone':ti,ab,de,tn,dn,kw OR 'mobile telephone':ti,ab,de,tn,dn,kw OR 'smartphone'/exp OR 'smart phone*':ti,ab,de,tn,dn,kw OR smartphone*':ti,ab,de,tn,dn,kw OR 'mobile app*':ti,ab,de,tn,dn,kw OR mobileapp*':ti,ab,de,tn,dn,kw OR 'portable software app*':ti,ab,de,tn,dn,kw OR 'portablessoftware app*':ti,ab,de,tn,dn,kw OR ((mobile NEAR/2 app*):ti,ab,de,tn,dn,kw) OR (('cell phone*' NEAR/2 app*):ti,ab,de,tn,dn,kw) OR (('cell phone*' NEAR/2 software*):ti,ab,de,tn,dn,kw) OR (('cellphone*' NEAR/2 app*):ti,ab,de,tn,dn,kw) OR (('cellphone*' NEAR/2 software*):ti,ab,de,tn,dn,kw) OR (('cellular phone*' NEAR/2 app*):ti,ab,de,tn,dn,kw) OR (('cellular phone*' NEAR/2 software*):ti,ab,de,tn,dn,kw) OR (('cellularphone*' NEAR/2 app*):ti,ab,de,tn,dn,kw) OR (('cellularphone*' NEAR/2 software*):ti,ab,de,tn,dn,kw) OR (('cellular telephone*' NEAR/2 app*):ti,ab,de,tn,dn,kw) OR (('cellular telephone*' NEAR/2 software*):ti,ab,de,tn,dn,kw) OR (('cellulartelephone*' NEAR/2 app*):ti,ab,de,tn,dn,kw) OR (('cellulartelephone*' NEAR/2 software*):ti,ab,de,tn,dn,kw) OR ((mobile NEAR/2 (app* OR software*)):ti,ab,de,tn,dn,kw) OR 'cell phone*':ti,ab,tn,dn,de,kw OR 'cellphone*':ti,ab,tn,dn,de,kw OR 'cellular phone*':ti,ab,tn,dn,de,kw OR 'cellular telephone*':ti,ab,tn,dn,de,kw OR 'cellularphone*':ti,ab,tn,dn,de,kw OR 'cellulartelephone*':ti,ab,tn,dn,de,kw OR 'mobile phone*':ti,ab,tn,dn,de,kw OR 'mobile telephone*':ti,ab,tn,dn,de,kw OR 'mobiletelephone*':ti,ab,tn,dn,de,kw OR 'smart phone*':ti,ab,tn,dn,de,kw OR 'smartphone*':ti,ab,tn,dn,de,kw) AND ('tachycardia'/exp OR 'catecholaminergic polymorphic ventricular tachycardia'/exp OR 'experimental tachycardia'/exp OR 'isoprenaline-induced tachycardia'/exp OR 'heart ventricle tachycardia'/exp OR 'hyperkinetic heart syndrome'/exp OR 'monomorphic ventricular tachycardia'/exp OR 'pacemaker mediated tachycardia'/exp OR 'paroxysmal tachycardia'/exp OR 'paroxysmal supraventricular tachycardia'/exp OR 'wolff parkinson white syndrome'/exp OR 'polymorphic ventricular tachycardia'/exp OR 'postural orthostatic tachycardia syndrome'/exp OR 'reentry tachycardia'/exp OR 'atrioventricular nodal reentry tachycardia'/exp OR 'sinoatrial nodal reentry tachycardia'/exp OR 'sinus tachycardia'/exp OR 'supraventricular tachycardia'/exp OR 'ectopic atrial tachycardia'/exp OR 'junctional ectopic tachycardia'/exp OR 'tachycardia induced cardiomyopathy'/exp OR 'acute atrial fibrillation':ti,ab,tn,dn,kw,de OR 'acute heart atrium fibrillation':ti,ab,tn,dn,kw,de OR 'atrial fibrillation':ti,ab,tn,dn,kw,de OR 'atrium fibrillation':ti,ab,tn,dn,kw,de OR 'auricular fibrillation':ti,ab,tn,dn,kw,de OR 'auricular fibrillation':ti,ab,tn,dn,kw,de OR 'cardiac atrial fibrillation':ti,ab,tn,dn,kw,de OR 'cardiac atrium fibrillation':ti,ab,tn,dn,kw,de OR 'chronic atrial fibrillation':ti,ab,tn,dn,kw,de OR 'chronic atrium fibrillation':ti,ab,tn,dn,kw,de OR 'experimental atrial fibrillation':ti,ab,tn,dn,kw,de OR 'experimentally induced atrial fibrillation':ti,ab,tn,dn,kw,de OR 'fibrillation, heart atrium':ti,ab,tn,dn,kw,de OR 'heart atrial fibrillation':ti,ab,tn,dn,kw,de OR 'heart atrium fibrillation':ti,ab,tn,dn,kw,de OR 'heart fibrillation atrium':ti,ab,tn,dn,kw,de OR 'new-onset atrial fibrillation':ti,ab,tn,dn,kw,de OR 'nonvalvular atrial fibrillation':ti,ab,tn,dn,kw,de OR 'non-valvular atrial fibrillation':ti,ab,tn,dn,kw,de OR 'paroxysmal atrial fibrillation':ti,ab,tn,dn,kw,de OR 'paroxysmal heart atrium fibrillation':ti,ab,tn,dn,kw,de OR 'permanent atrial fibrillation':ti,ab,tn,dn,kw,de OR 'permanent atrium fibrillation':ti,ab,tn,dn,kw,de OR 'persistent atrial fibrillation':ti,ab,tn,dn,kw,de OR 'persistent atrium fibrillation':ti,ab,tn,dn,kw,de OR 'persistent heart atrium fibrillation':ti,ab,tn,dn,kw,de OR 'recent-onset atrial fibrillation':ti,ab,tn,dn,kw,de OR 'atrial fibrillation'/exp OR 'chronic atrial fibrillation'/exp OR 'experimental atrial fibrillation'/exp OR 'new-onset atrial fibrillation'/exp OR 'paroxysmal atrial fibrillation'/exp OR 'permanent atrial fibrillation'/exp OR 'persistent atrial fibrillation'/exp OR (((atrial* OR atrium* OR auricular*) NEXT/2 fibrillat*):ti,ab,tn,dn,kw,de) OR 'heart atrium flutter'/exp OR 'atrial flutter':ti,ab,tn,dn,kw,de OR 'atrium flutter':ti,ab,tn,dn,kw,de OR 'atrium flutter, heart':ti,ab,tn,dn,kw,de OR 'auricular flutter':ti,ab,tn,dn,kw,de OR 'cardiac atrial flutter':ti,ab,tn,dn,kw,de OR 'cardiac atrium flutter':ti,ab,tn,dn,kw,de OR 'flutter, heart atrium':ti,ab,tn,dn,kw,de OR 'heart atrial flutter':ti,ab,tn,dn,kw,de OR 'heart atrium flutter':ti,ab,tn,dn,kw,de OR 'supraventricular flutter':ti,ab,tn,dn,kw,de OR (((atrial* OR atrium* OR auricular*) NEXT/2 flutter*):ti,ab,tn,dn,kw,de) OR 'heart ventricle flutter'/exp OR 'flutter, heart ventricle':ti,ab,tn,dn,kw,de OR 'heart ventricle flutter':ti,ab,tn,dn,kw,de OR 'ventricular flutter':ti,ab,tn,dn,kw,de OR ((ventri* NEXT/2 flutter*):ti,ab,tn,dn,kw,de) OR 'heart ventricle fibrillation'/exp OR 'cardiac ventricle fibrillation':ti,ab,tn,dn,kw,de OR 'cardiac ventricular fibrillation':ti,ab,tn,dn,kw,de OR 'fibrillation, heart ventricle':ti,ab,tn,dn,kw,de OR 'heart ventricle fibrillation':ti,ab,tn,dn,kw,de OR 'heart ventricular	781

<p>fibrillation':ti,ab,tn,dn,kw,de OR 'ventricle fibrillation':ti,ab,tn,dn,kw,de OR 'ventricle fibrillation, heart':ti,ab,tn,dn,kw,de OR 'ventricular fibrillation':ti,ab,tn,dn,kw,de OR 'experimental ventricular fibrillation/exp OR 'experimental ventricular fibrillation':ti,ab,tn,dn,kw,de OR 'experimentally induced ventricular vibrillation':ti,ab,tn,dn,kw,de OR 'electrically induced ventricular fibrillation'/exp OR 'electrically induced ventricular fibrillation':ti,ab,tn,dn,kw,de OR ((ventri* NEXT/2 fibrill*):ti,ab,tn,dn,kw,de) OR 'heart beat'/exp OR 'beat, heart':ti,ab,tn,dn,kw,de OR 'cardiac beat':ti,ab,tn,dn,kw,de OR 'heart beat':ti,ab,tn,dn,kw,de OR 'diastole'/exp OR 'cardiac diastole':ti,ab,tn,dn,kw,de OR 'diastole':ti,ab,tn,dn,kw,de OR 'diastolic force':ti,ab,tn,dn,kw,de OR 'heart diastole':ti,ab,tn,dn,kw,de OR 'extrasystole'/exp OR 'beat, ectopic':ti,ab,tn,dn,kw,de OR 'cardiac complexes, premature':ti,ab,tn,dn,kw,de OR 'ectopic beat':ti,ab,tn,dn,kw,de OR 'extrasystole':ti,ab,tn,dn,kw,de OR 'extrasystolic beat':ti,ab,tn,dn,kw,de OR 'heart extrasystole':ti,ab,tn,dn,kw,de OR 'heart premature beat':ti,ab,tn,dn,kw,de OR 'nodal extrasystole':ti,ab,tn,dn,kw,de OR 'premature beat':ti,ab,tn,dn,kw,de OR 'systole'/exp OR 'heart systole':ti,ab,tn,dn,kw,de OR 'systole':ti,ab,tn,dn,kw,de OR 'systolic index':ti,ab,tn,dn,kw,de OR 'systolic phase':ti,ab,tn,dn,kw,de OR ((heart NEXT/3 beat):ti,ab,tn,dn,kw,de) OR ((irregular* NEAR/3 (puls* OR heart* OR rhythm*)):ti,ab,tn,dn,kw,de) OR (((atypical* OR unexpect* OR unsuspect* OR unforeseeabl* OR abnormal* OR uneven* OR fitful* OR erratic* OR sporadi*) NEAR/3 (puls* OR heart* OR rhythm*)):ti,ab,de,tn,dn,kw))</p>	
--	--

Table S2: Search strategy for Cochrane database

ID	Search	Hits
#1	MeSH descriptor: [Atrial Fibrillation] explode all trees	4665
#2	(atrial* near/2 fibrillation*):ti,ab,kw	12671
#3	#1 OR #2	12671
#4	MeSH descriptor: [Atrial Flutter] explode all trees	375
#5	(atrial* near/2 flutter*):ti,ab,kw	978
#6	#4 OR #5	978
#7	MeSH descriptor: [Ventricular Fibrillation] explode all trees	544
#8	(ventri* near/2 fibrillat*):ti,ab,kw	1713
#9	#7 OR #8	1713
#10	MeSH descriptor: [Tachycardia] explode all trees	1799
#11	tachycardi* :ti,ab,kw	8496
#12	#10 OR #11	8525
#13	MeSH descriptor: [Heart Rate] explode all trees	19310
#14	(heart rate):ti,ab,kw	75355
#15	#13 OR #14	75360
#16	(Irregular* or unpredictable* or atypical*) near/3 (puls* or heart* or rhythm*)	244
#17	(atypical* or unexpect* or unsuspect* or unforeseeabl* or abnormal* or uneven* or fitful* or erratic* or sporadi*) near/3 (puls* or heart* or rhythm*)	946
#18	#16 OR #17	1157
#19	((smart* near/2 phone*) or (mobil* near/2 phone*) or mobilphone* or cellphone* or (cell near/2 phone*) or mobilephone or mobile app*):ti,ab,kw	8221
#20	MeSH descriptor: [Mobile Applications] explode all trees	660
#21	MeSH descriptor: [Smartphone] explode all trees	407
#22	MeSH descriptor: [Cell Phone] explode all trees	1373
#23	#19 OR #20 OR #21 OR #22	8851
#24	MeSH descriptor: [Ventricular Flutter] explode all trees	2
#25	(ventri* near/2 flutter*):ti,ab,kw	28
#26	#24 OR #25	28
#27	#3 OR #6 OR #9 OR #12 OR #15 OR #18 OR #26	90651
#28	#23 AND #27 in Trials	370

Table S3: Summary of characteristics for conference abstracts

Study	Study design and key enrolment criteria	Setting and sample size	Population characteristics	Technology for AF detection	Reference test
Grieten 2018-1 ¹	Prospective multi-centre Age>65 years	Primary care N=242 AF prevalence 38%	Age 77 years (mean); Female 57%; hypertension 84%; diabetes 22%; stroke 23%; heart failure 29%; OAC 55%	Unspecified smartphone; Fibrichck PPG app and algorithm	Single lead ECG
Grieten 2018-2 ²	Prospective, multi-centre	Primary care N=1056 AF prevalence 0.8%	Age 59 years (mean); Female 59%	Unspecified smartphone; Fibrichck PPG app and algorithm	Single lead ECG
Karim 2017 ³	Prospective, single centre Sinus arrhythmia and ectopics excluded	Secondary care N=140 AF prevalence 50%		Unspecified smartphone; PPG Preventicus app and algorithm	12-lead ECG
Kuan 2018 ⁴	Prospective, single centre	Secondary care N=194 AF prevalence 35%	Age 70 years (mean); Female 27%	iPhone; CRMA app 3 X 20 second recordings, AF labelled if pulse irregularity found in ≥ 1 PPG readings or 3 uninterpretable readings	12 lead ECG
Maitas 2012-1 ⁵	Prospective, single centre AF for DCCV	Secondary care N=52 AF prevalence 100%		iPhone 4S; unknown PPG app, 120 second recordings, analysed using 2 statistical techniques (RMSSD, Shannon entropy) to examine heart beat intervals and beat-to-beat variability	12-lead ECG
Maitas 2012-2 ⁶	Prospective, single centre AF for DCCV	Secondary care N=33 AF prevalence 100%		iPhone 4S; unknown PPG app, 120-300 second recordings, analysed using 3 statistical techniques (RMSSD, ShE and Sample entropy)	12-lead ECG

Mortelmans 2017 ⁷	Prospective, single centre Majority with history of AF	Primary care N=242 AF prevalence 66%		Unspecified smartphone; Fibrichk PPG app, 60 second recording	Single lead ECG
Mutke 2019 ⁸	Retrospective analysis of data from 2 prospective multi-centre validation trials	Unclear N=1096 AF prevalence 44%		Unspecified smartphone and PPG app; 60 second recording automated signal quality check and categorized into AF or SR using unspecified algorithm	Blinded interpretation of single lead ECG by cardiologists
Napolitano 2015 ⁹	Retrospective analysis of pulse recordings from patients who underwent DCCV	Data from secondary care N=121 AF prevalence 81%		iPhone 4S; PULSESMART app, 120 second recording analysed using 3 statistical techniques RMSSD; ShE; Poincare plot	12 or 3 lead ECG
Proesmans 2019-2 ¹⁰	Prospective, single centre AF for DCCV and in-patients with AF	Secondary care N=164 AF prevalence 37%	Age 64 years (mean); Females 42%	7 iOS and 7 android smartphones; unknown PPG app	12 lead ECG
Proesmans. 2018 ¹¹	Prospective, 2 centre Age over 40 years	Primary care N=1095 AF prevalence 0.5%		Unknown smartphone and PPG app; automatic algorithm and visual interpretation	Single lead ECG
Rozen 2017 ¹²	Prospective, single centre AF undergoing DCCV	Secondary care N=113 AF prevalence 100%	68 years (mean); Female 23%	iPhone; CRMA PPG app, 6 recordings analysed by algorithm 2 out of 3 irregular recordings needed to label AF	Blinded 12 lead ECG or single lead ECG (rhythm strip) interpretation by 2 cardiologists
Siu 2016 ¹³	Prospective, single centre Either >65 years, DM, or hypertension	Primary care N= 1027 AF prevalence 3%	Age 68 years (mean)	Unspecified smartphone; CRMA PPG app	Single lead ECG interpretation by 2 cardiologists

Smeets 2019 ¹⁴	Prospective single centre AF scheduled for DCCV/ablation & those on continuous monitoring	Secondary care N=150 AF prevalence 37%	64 years (mean); Females 42% (AF)	6 Android and 2 iOS smartphones; unknown PPG app; 1 recording per device	12-lead ECG
Vaid 2015 ¹⁵	Prospective single centre AF undergoing DCCV	Secondary care N= 37 AF prevalence 78%	69 years (median); Female 19%	iPhone; CRMA PPG, 6 recordings analysed by CRMA algorithm 2 out of 3 irregular recordings needed to label AF	Blinded 12 lead ECG or single lead ECG (rhythm strip) interpretation by 2 cardiologists
Vandenberk 2018-1 ¹⁶	Prospective single centre History of AF	Unclear N=344 AF prevalence 50%		Unspecified smartphone, Fibricheck PPG app, analysed by 2 blinded cardiologists	Blinded 12 lead ECG analysis by 2 cardiologists
Vandenberk 2018-2 ¹⁷	Prospective single centre History of AF	Unclear N= 322 AF prevalence 55%		Unspecified smartphone and PPG app, 60 second recording analysed by clinicians	Blinded single lead ECG interpretation by 2 cardiologists
Yan 2016 ¹⁸	Prospective single centre	Secondary N=85 AF prevalence 29%	Age 72 years (mean); Female 33%	iPhone 6s, CRMA PPG app, 3 X 20 second recordings, irregularity in 1 or more recordings needed to label AF	12 lead ECG

Table S4: Risk of bias and applicability concerns for full text studies

Study author and year	QUADAS 2-Risk of Bias				QUADAS 2-Applicability concerns			
	Patient selection	Index test: PPG	Reference standard: ECG	Flow and timing	Patient Selection	Index test: PPG	Reference standard: ECG	Domains with high risk
Brasier 2019 ¹⁹	High risk	Unclear	Low risk	High risk	Low risk	Low risk	Low risk	2/7
Chan 2016 ²⁰	Unclear	Low risk	Low risk	High risk	Low risk	Low risk	Low risk	1/7
Fan 2019 ²¹	High risk	Unclear	Low risk	High risk	Low risk	Low risk	Low risk	2/7
McManus 2016 ²²	High risk	Low risk	Unclear	High risk	Low risk	Low risk	Low risk	2/7
McManus 2013 ²³	High risk	High risk	Unclear	Low risk	Low risk	Low risk	Low risk	2/7
Mutke 2020 ²⁴	High risk	Low risk	Low risk	High risk	Low risk	Low risk	Low risk	2/7
Poh 2018 ²⁵	Unclear	Low risk	High risk	High risk	Unclear	Low risk	Low risk	2/7
Proesmans 2019-1 ²⁶	High risk	Unclear	Low risk	High risk	Low risk	Low risk	Low risk	2/7
Rozen 2018 ²⁷	High risk	Low risk	Low risk	High risk	Low risk	Low risk	Low risk	2/7
Yan 2018 ²⁸	High risk	Low risk	Low risk	High risk	Low risk	Low risk	Low risk	2/7

Table S5: Risk of bias and applicability concerns for conference abstracts

Study author and year	QUADAS 2-Risk of Bias				QUADAS 2-Applicability concerns			
	Patient selection	Index test: PPG	Reference standard: ECG	Flow and timing	Patient Selection	Index test: PPG	Reference standard: ECG	Domains with high risk
Grieten 2018-1 ¹	High risk	Unclear	Low risk	High risk	Low risk	Low risk	Low risk	2/7
Grieten 2018-2 ²	High risk	Unclear	High risk	High risk	Low risk	Low risk	Low risk	3/7
Karim 2017 ³	High risk	Unclear	Unclear	Unclear	Low risk	Low risk	Low risk	1/7
Kuan 2018 ⁴	Unclear	Unclear	Unclear	Unclear	Unclear	Low risk	Low risk	0/7
Maitas 2012-1 ⁵	High risk	Unclear	Unclear	Unclear	Low risk	Low risk	Low risk	1/7
Maitas 2012-2 ⁶	High risk	Unclear	Unclear	Unclear	Low risk	Low risk	Low risk	1/7
Mortelmans 2017 ⁷	High risk	Unclear	High risk	High risk	Low risk	Low risk	Low risk	3/7
Mutke 2019 ⁸	Unclear	Unclear	Low risk	Low risk	Low risk	Low risk	Low risk	0/7
Napolitano 2015 ⁹	High risk	Unclear	Unclear	High risk	Low risk	Low risk	Low risk	2/7
Proesmans 2019-2 ¹⁰	Unclear	Unclear	High risk	Unclear	Unclear	Low risk	Low risk	1/7
Proesmans 2018 ¹¹	High risk	Unclear	Unclear	High risk	Low risk	Low risk	Low risk	2/7
Rozen 2017 ¹²	High risk	Low risk	Low risk	High risk	Low risk	Low risk	Low risk	2/7
Siu 2016 ¹³	Unclear	Unclear	Unclear	Unclear	Low risk	Low risk	Low risk	0/7
Smeets. 2019 ¹⁴	Unclear	Unclear	Unclear	High risk	Low risk	Low risk	Low risk	1/7
Vaid 2015 ¹⁵	High risk	Low risk	Low risk	High risk	Low risk	Low risk	Low risk	2/7
Vandenberk 2018-1 ¹⁶	High risk	Unclear	Unclear	Unclear	Low risk	Low risk	Low risk	1/7
Vandenberk 2018-2 ¹⁷	Unclear	Unclear	Low risk	Unclear	Low risk	Low risk	Low risk	0/7
Yan 2016 ¹⁸	Unclear	Low risk	Unclear	Unclear	Low risk	Low risk	Low risk	0/7

Table S6: Sensitivity and specificity of each study by smartphone PPG application

Application	Study	Sensitivity % (95% CI)	Specificity (95% CI)
Cardiio Rhythm	Chan 2016 ²⁰	93 (77-99)	98 (97-99)
	Rozen 2018 ²⁷	93 (87-97)	91 (83– 96)
	Yan 2018a ²⁸	95 (87-98)	96 (91-98)
	Yan 2018b ²⁸	95 (87-98)	93 (88-96)
	Kuan 2018 ⁴	100 (83-100)	95 (84-99)
	Rozen 2017 ¹²	96 (90-99)	93 (87-97)
	Siu 2016 ¹³	93	98
	Vaid 2015 ¹⁵	97 (82-100)	85 (69-94)
	Yan 2016 ¹⁸	93 (77-98)	95 (86-98)
Preventicus	Brasier 2019a ¹⁹	90 (86-93)	99 (98-100)
	Brasier 2019b ¹⁹	91 (87-95)	99 (97-100)
	Brasier 2019c ¹⁹	92 (86-95)	100 (98-100)
	Fan 2019 ²¹	95 (92-97)	100 (98-100)
	Karim 2017 ³	94 (85-98)	96 (87-99)
	Mutke 2020 ²⁴	92 (89-94)	98 (97-99)
Fibricheck	Proesmans 2019-1 ²⁶	96 (89-99)	97 (91-99)
	Grieten 2018-1 ¹	98 (92-100)	88 (80-94)
	Grieten 2018-2 ²	100	97
	Mortelmans 2017 ⁷	98 (92-100)	88 (80-94)
	Vandenberk 2018-1 ¹⁶	97	99
PULSE-SMART	McManus 2016 ²²	97	94
	Napolitano 2015 ⁹	97	94

Figure S1: Forest plot of the sensitivity and specificity of smartphone PPG vs ECG

Horizontal lines represent the 95% confidence interval (where available) for each comparison.

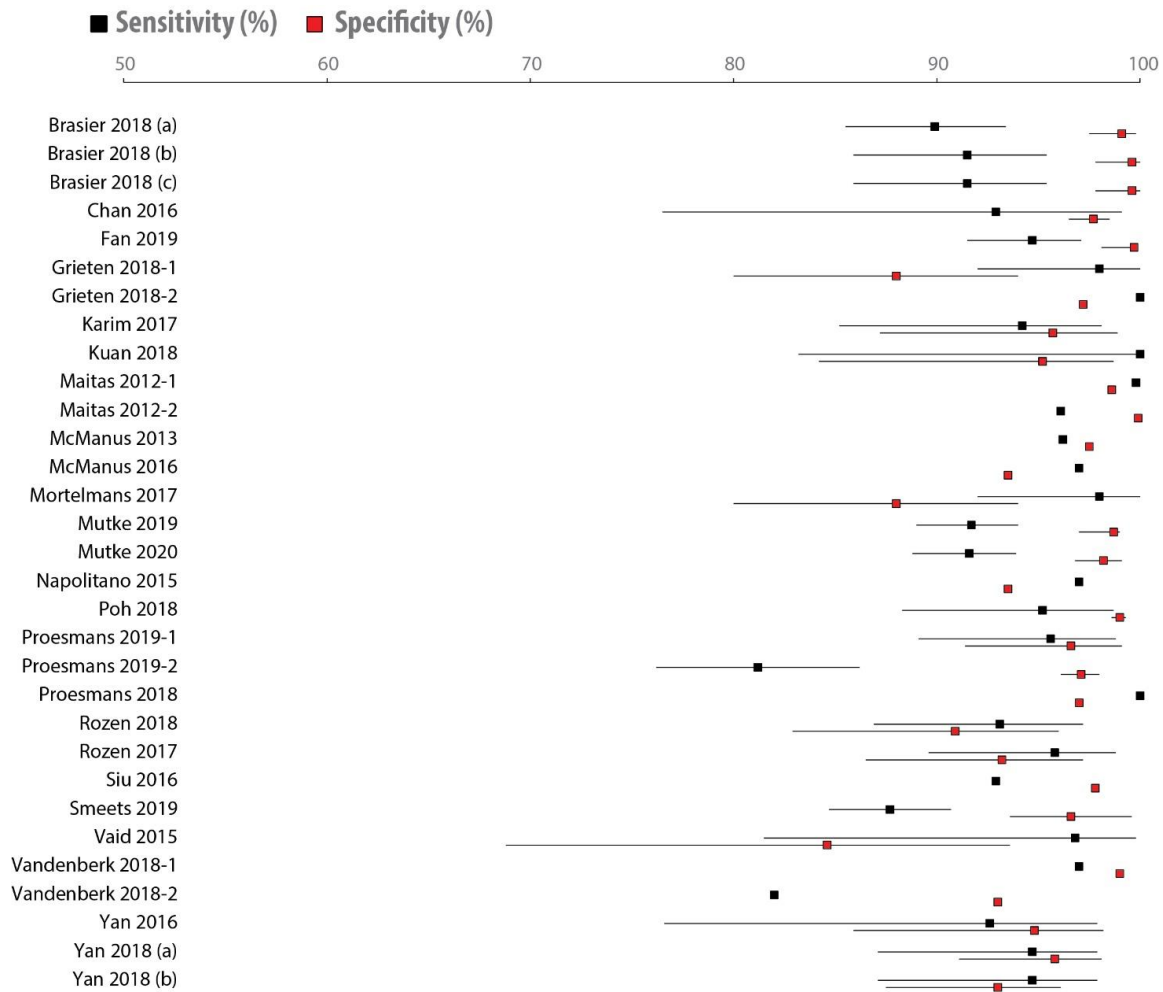
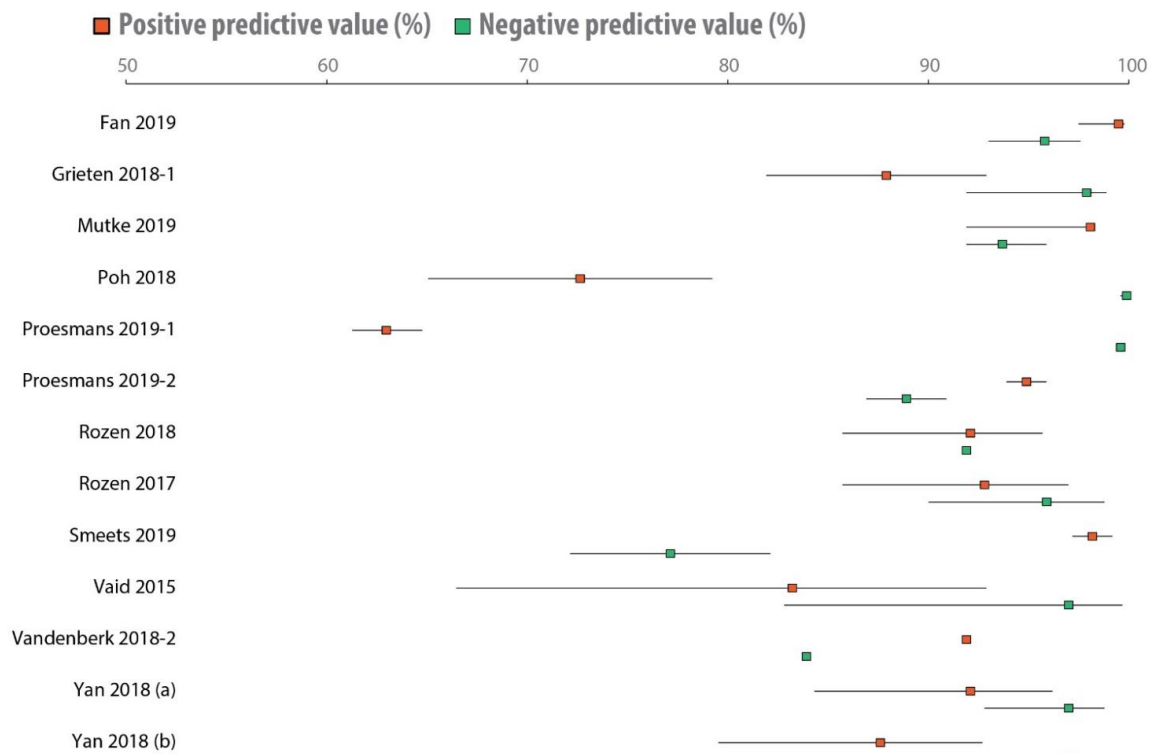


Figure S2: Forest plot of positive/negative prediction for smartphone PPG vs ECG

Horizontal lines represent the 95% confidence interval (where available) for each comparison



References

1. Grieten L, Haelst RV, Mortelmans C, *et al.* The diagnostic accuracy of smartphone applications to detect atrial fibrillation: A head-to-head comparison between fibrichck and alivecor. *Heart Rhythm.* 2018;15:S71
2. Grieten L, Van Der Auwera J, Vandervoort P, *et al.* Using smartphone enabled technologies for detection atrial fibrillation: Is there a difference in signal quality between ECG and PPG? *Heart Rhythm.* 2018;15:S70-S71
3. Karim N, Aral M, Eduawor S, *et al.* AF detection using smartphone apps. *Europace.* 2017;19:iii234
4. Kuan DJ, Chung HJ, Lai WH, *et al.* A novel strategy combining hand-held ECG and contact-free facial pulsatile photoplethysmographic detection for atrial fibrillation screening. *Heart Rhythm.* 2018;15:S88-S89
5. Maitas O, Lee J, Robotis D, *et al.* Detection of atrial fibrillation using an iphone 4S. *Circulation.* 2012;126
6. Maitas O, Lee J, Robotis D, *et al.* Detection of atrial fibrillation using a smartphone camera. *Circ Res.* 2012;111
7. Mortelmans C, Van Haelst R, Van Der Auwera J, *et al.* Validation of a new smartphone application for the diagnosis of atrial fibrillation in primary care. *Europace.* 2017;19:iii16
8. Mutke MR, Hoelz B, Brasier N, *et al.* Non-invasive rhythm diagnostics: bringing old and new together. *Europace.* 2019;21:779-787
9. Napolitano CA, Chong JW, Saczynski JS, *et al.* Pulse-based arrhythmia discrimination using a novel smartphone application. *Circulation.* 2015;132
10. Proesmans T, Smeets C, Dreesen P, *et al.* Preliminary results of the FLASH-AF: Validation of the device independent nature of a pulse deriving smartphone application for the detection of atrial fibrillation. *Eur Heart J.* 2019;40:765
11. Proesmans T, Vandenberk T, Vandervoort P, *et al.* Evaluation of screening technologies and assessments in a voluntary screening programme in the general belgian population. *Eur Heart J.* 2018;39:1290-1291
12. Rozen G, Vaid J, Hosseini SM, *et al.* Diagnostic accuracy of a novel mobile phone application in monitoring atrial fibrillation. *Eur Heart J.* 2017;38:451-452
13. Siu D, Wong CK, Chan PH, *et al.* Head-to-head comparison of a camera-based smartphone application cardiio rhythmmtm with alivecor® heart monitor for atrial fibrillation screening in primary healthcare setting. *J Am Coll Cardiol.* 2016;67:696
14. Smeets C, Houben E, Vranken J, *et al.* The diagnostic accuracy of a pulse-deriving smartphone application is device independent. *Europace.* 2019;21:1024-1029
15. Vaid J, Poh MZ, Saleh A, *et al.* Diagnostic accuracy of a novel mobile application (cardiio rhythm) for detecting atrial fibrillation. *J Am Coll Cardiol.* 2015;65:A361
16. Vandenberk T, Mortelmans C, Van Haelst R, *et al.* Diagnosis of atrial fibrillation based on a PPG signal compared to one lead ecg. *Heart Rhythm.* 2018;15:S505
17. Vandenberk T, Pelckmans C, Mortelmans C, *et al.* Atrial fibrillation diagnosis based on a smartphone derived PPG waveform: A diagnostic accuracy study versus singlelead. *Circulation.* 2018;138
18. Yan BP, Chan S, Lai WH, *et al.* Validation of a novel contact-free atrial fibrillation screening method using an iPhone camera to detect facial pulsatile photoplethysmographic signals. *Circulation.* 2016;134

19. Brasier N, Raichle CJ, Dorr M, *et al.* Detection of atrial fibrillation with a smartphone camera: first prospective, international, two-centre, clinical validation study (DETECT AF PRO). *Europace*. 2019;21:41-47
20. Chan PH, Wong CK, Poh YC, *et al.* Diagnostic Performance of a Smartphone-Based Photoplethysmographic Application for Atrial Fibrillation Screening in a Primary Care Setting. *J Am Heart Assoc*. 2016;5
21. Fan YY, Li YG, Li J, *et al.* Diagnostic Performance of a Smart Device With Photoplethysmography Technology for Atrial Fibrillation Detection: Pilot Study (Pre-mAFA II Registry). *JMIR Mhealth Uhealth*. 2019;7:e11437
22. Mc MD, Chong JW, Soni A, *et al.* PULSE-SMART: Pulse-Based Arrhythmia Discrimination Using a Novel Smartphone Application. *J Cardiovasc Electrophysiol*. 2016;27:51-57
23. McManus DD, Lee J, Maitas O, *et al.* A novel application for the detection of an irregular pulse using an iPhone 4S in patients with atrial fibrillation. *Heart Rhythm*. 2013;10:315-319
24. Mutke MR, Brasier N, Raichle C, *et al.* Comparison and Combination of Single-Lead ECG and Photoplethysmography Algorithms for Wearable-Based Atrial Fibrillation Screening. *Telemed J E Health*. 2021;27:296-302
25. Poh MZ, Poh YC, Chan PH, *et al.* Diagnostic assessment of a deep learning system for detecting atrial fibrillation in pulse waveforms. *Heart*. 2018;104:1921-1928
26. Proesmans T, Mortelmans C, Van Haelst R, *et al.* Mobile Phone-Based Use of the Photoplethysmography Technique to Detect Atrial Fibrillation in Primary Care: Diagnostic Accuracy Study of the FibriCheck App. *JMIR Mhealth Uhealth*. 2019;7:e12284
27. Rozen G, Vaid J, Hosseini SM, *et al.* Diagnostic Accuracy of a Novel Mobile Phone Application for the Detection and Monitoring of Atrial Fibrillation. *Am J Cardiol*. 2018;121:1187-1191
28. Yan BP, Lai WHS, Chan CKY, *et al.* Contact-Free Screening of Atrial Fibrillation by a Smartphone Using Facial Pulsatile Photoplethysmographic Signals. *J Am Heart Assoc*. 2018;7