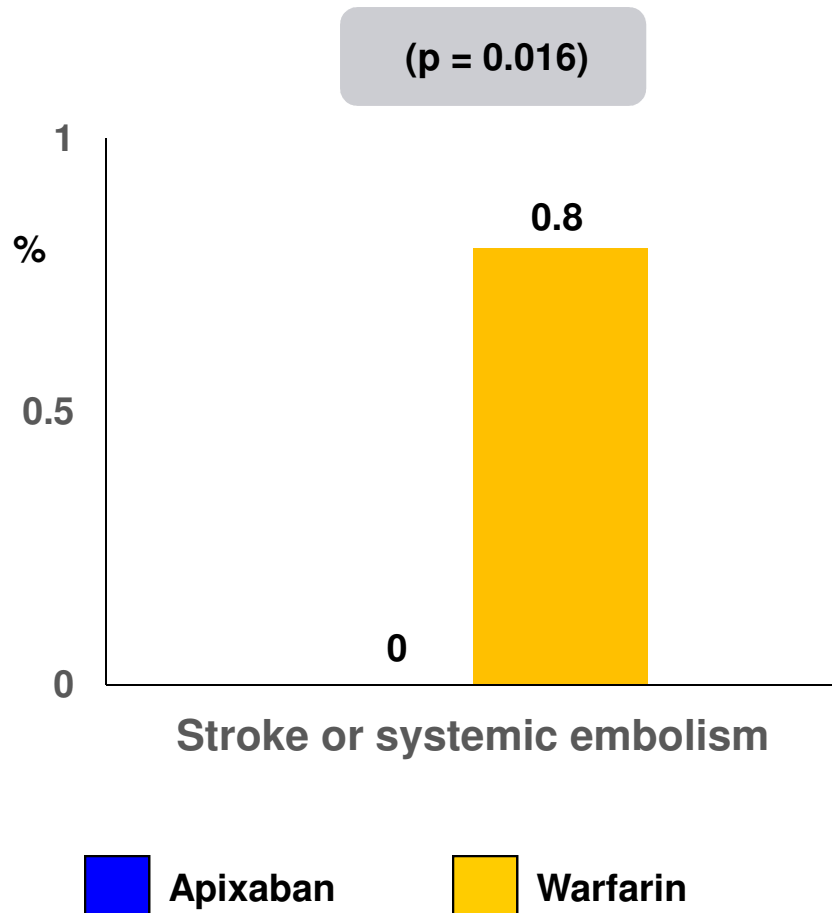


EMANATE

Trial design: Patients with atrial fibrillation undergoing cardioversion were randomized to short-duration (<48 hrs) apixaban 5 mg twice daily (n = 753) vs. heparin/warfarin (n = 747).



Results

- Stroke or systemic embolism: 0% of the apixaban group versus 0.8% of the heparin/warfarin group (p = 0.016)
- Major bleeding: 0.4% of the apixaban group vs. 0.8% of the heparin/warfarin group
- Clinically relevant nonmajor bleeding: 1.5% of the apixaban group vs. 1.8% of the heparin/warfarin group

Conclusions

- Among patients with atrial fibrillation, short-duration apixaban (<48 hours) was associated with a lower frequency of stroke or systemic embolism and similar incidence of bleeds compared with heparin/warfarin