

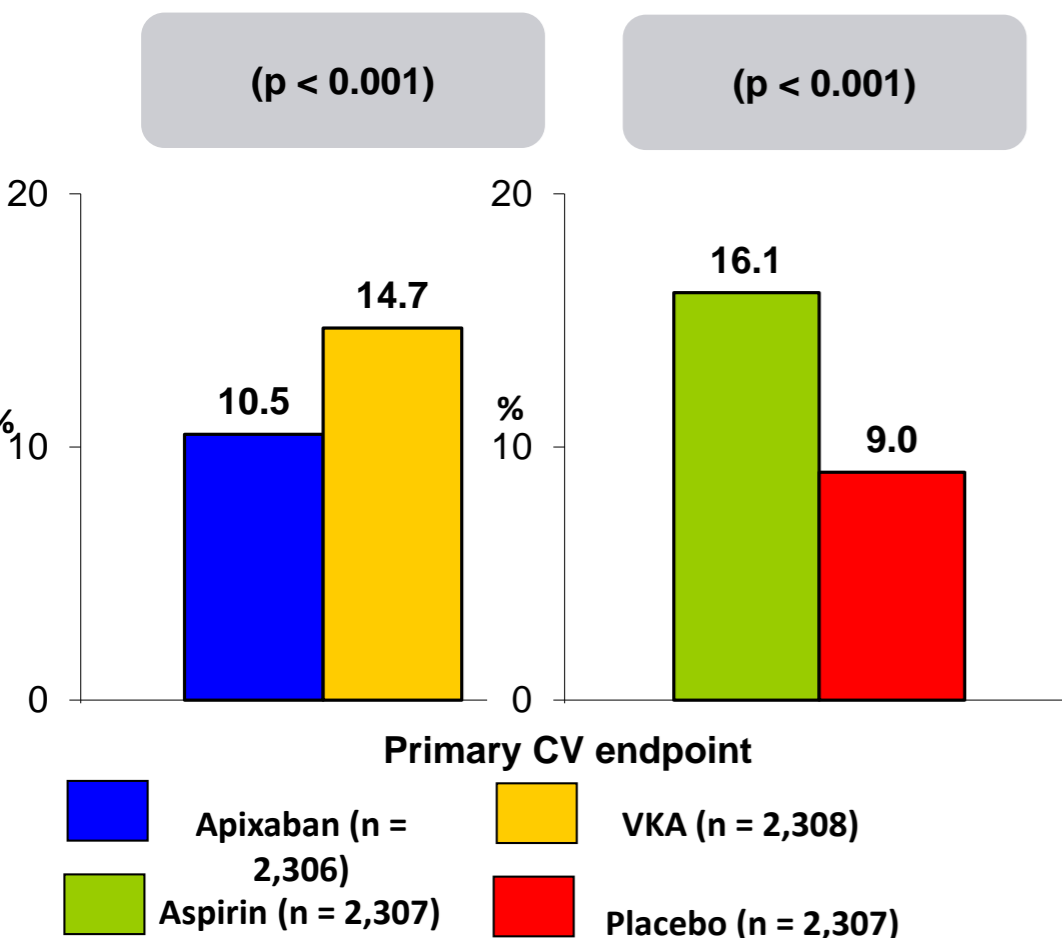
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Trial Description: In a 2 x 2 factorial design, patients with atrial fibrillation undergoing coronary revascularization were randomized to either apixaban 5 mg BID or VKA with an INR goal of 2-3, or aspirin 81 mg daily or matching placebo. Patients were followed for 180 days.



RESULTS

- Apixaban vs. VKA: Primary safety outcome, ISTH major or clinically relevant nonmajor bleeding: 10.5% vs. 14.7%, $p < 0.0001$
- Aspirin vs. placebo: Primary safety endpoint: 16.1% vs. 9.0%, $p < 0.0001$

CONCLUSIONS

- Among patients with atrial fibrillation with recent ACS or PCI, adding apixaban to P2Y₁₂ inhibitor resulted in lower bleeding compared with VKA with a lower rate of death or rehospitalization, driven by a lower rate of rehospitalization
- In both arms, addition of aspirin resulted in greater bleeding without any difference in efficacy

Lopes RD, et al. N Engl J Med 2019;380:1509-24