

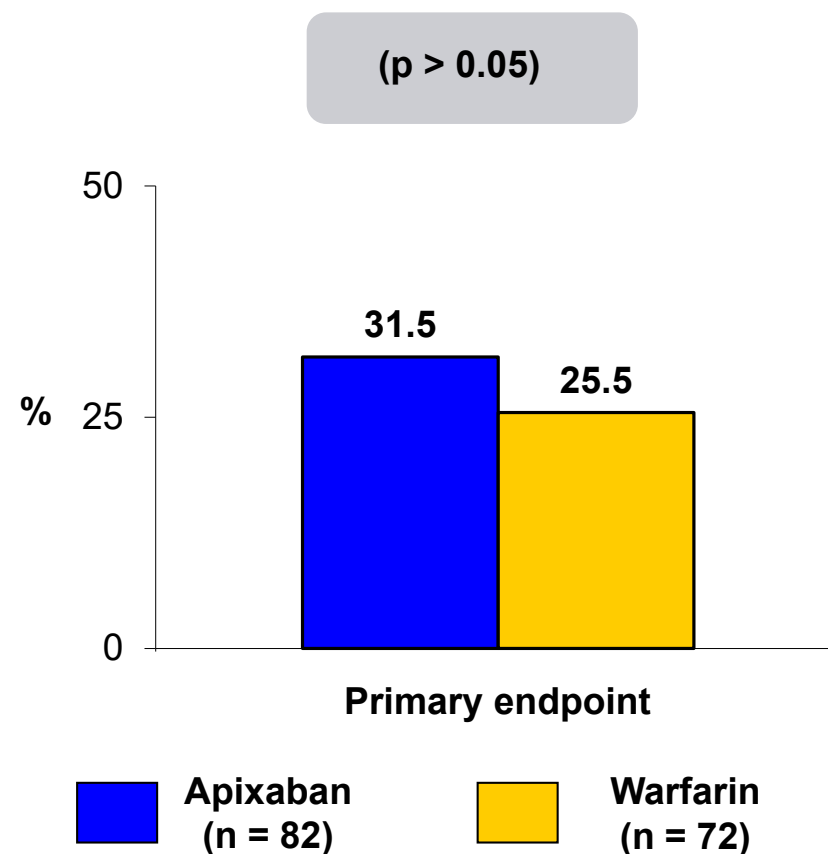
RENAL-AF

#AHA19



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Trial Description: Patients with AF and ESRD on hemodialysis were randomized in a 1:1 fashion to either apixaban 5 mg BID (29% on 2.5 mg BID) or warfarin with INR goal 2-3. Patients were followed for 1 year. Trial was stopped early due to loss of funding.



RESULTS

- Primary endpoint, clinically relevant nonmajor bleed: apixaban vs. warfarin: 31.5% vs. 25.5% (p > 0.05)
- Intracranial bleeding: 1.2% vs. 1.4%; GI bleeding: 2.4% vs. 8.3%
- ISTH major bleed: 8.5% vs. 9.7%; stroke: 2.4% vs. 2.8%; CV death: 11% vs. 5.6%

CONCLUSIONS

- Apixaban 5 mg BID results in similar rates of bleeding and strokes as warfarin among patients with ESRD on hemodialysis
- Time in therapeutic range with warfarin was only ~44%, with a large proportion of patients in the subtherapeutic range
- Remains unclear if lower apixaban dose (2.5 mg BID) and cessation of aspirin (used in ~40%) would have resulted in lower bleeding compared with warfarin

Presented by Dr. Sean D. Pokorney at AHA 2019