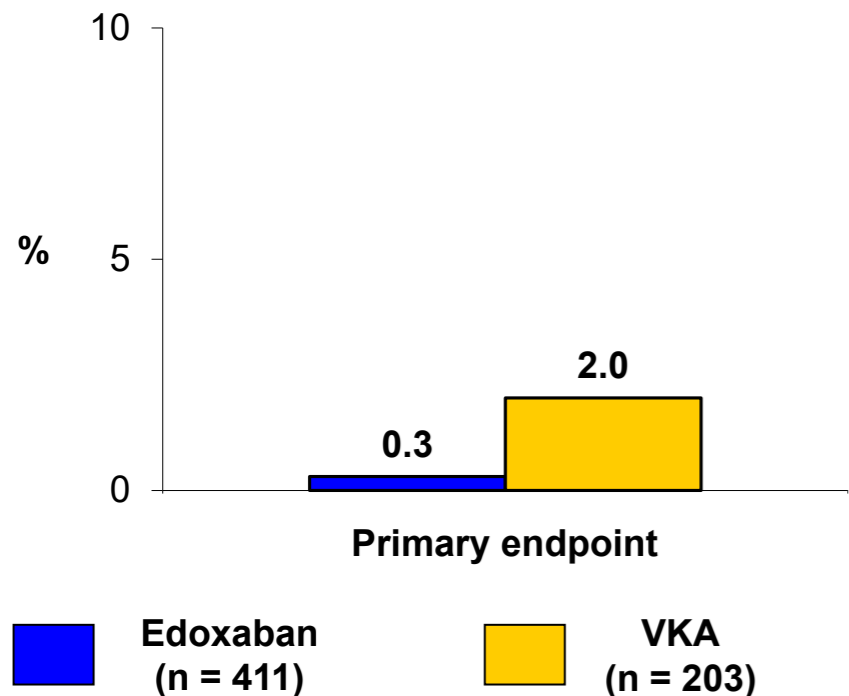


ELIMINATE-AF



Trial Description: Patients with AF on anticoagulation who were undergoing AF ablation were randomized in a 2:1 fashion to either continuing uninterrupted edoxaban 60 mg or vitamin K antagonist (VKA) during the periprocedural period. Patients were followed for 90 days.

(p > 0.05)



RESULTS

- Primary endpoint, death, stroke, or ISTH-defined major bleeding during the post-ablation period, for continued edoxaban vs. VKA: 0.3% vs. 2.0% (p > 0.05)
- Primary endpoint including peri- and post-ablation period: 2.7% vs. 1.7% (p > 0.05)
- Acute cerebral microembolism ≤10 mm size: 13.8% vs. 9.6% (p = 0.62)

CONCLUSIONS

- Adverse events are similar with continuing edoxaban or VKA uninterrupted among patients undergoing catheter ablation of AF
- Similar low periprocedural rates with both DOACs and warfarin have been observed in other trials such as BRUISE CONTROL-1 and -2

Hohnloser SH, et al. Eur Heart J 2019;40:3013-21