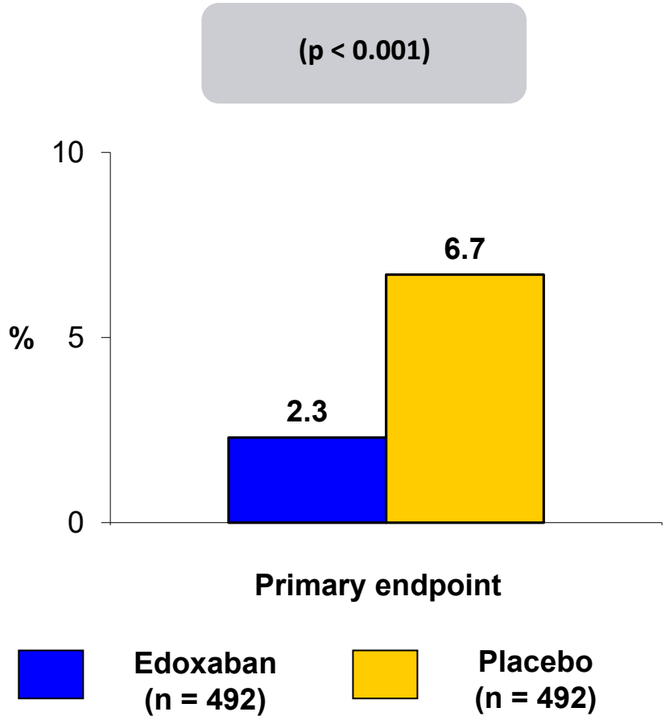
ELDERCARE-AF

#ESCCongress

AMERICAN COLLEGE of CARDIOLOGY

Trial Description: Japanese patients ≥80 years with nonvalvular atrial fibrillation (AF) and in whom standard oral anticoagulants were not recommended were randomized in a 1:1 fashion to either low-dose edoxaban (15 mg) or placebo. Patients were followed for 36 months.



RESULTS

- Primary endpoint, stroke or systemic embolism: edoxaban vs. placebo: 2.3% vs. 6.7%, HR 0.34, 95% CI 0.19-0.61 (p < 0.001)
- Major bleeding: 3.3% vs. 1.8% (p = 0.09); intracranial bleeding: 0.3% vs. 0.6%
- Ischemic stroke: 1.8% vs. 5.9% (p < 0.001); all-cause mortality: 9.9% vs. 10.2% (p > 0.05)

CONCLUSIONS

- Very low dose edoxaban (15 mg) was superior to placebo in reducing stroke or systemic embolism among Japanese AF patients ≥80 years of age; primary safety endpoint of major bleeding was similar, although bleeding was overall higher with edoxaban, primarily GI bleeding
- Dose of edoxaban used in this trial is ¼ usual stroke prophylaxis dose approved for AF (60 mg); efficacy in non-Asian patients (median body weight ~50 kg) unclear

Okumura K, et al. N Engl J Med 2020;383:1735-45