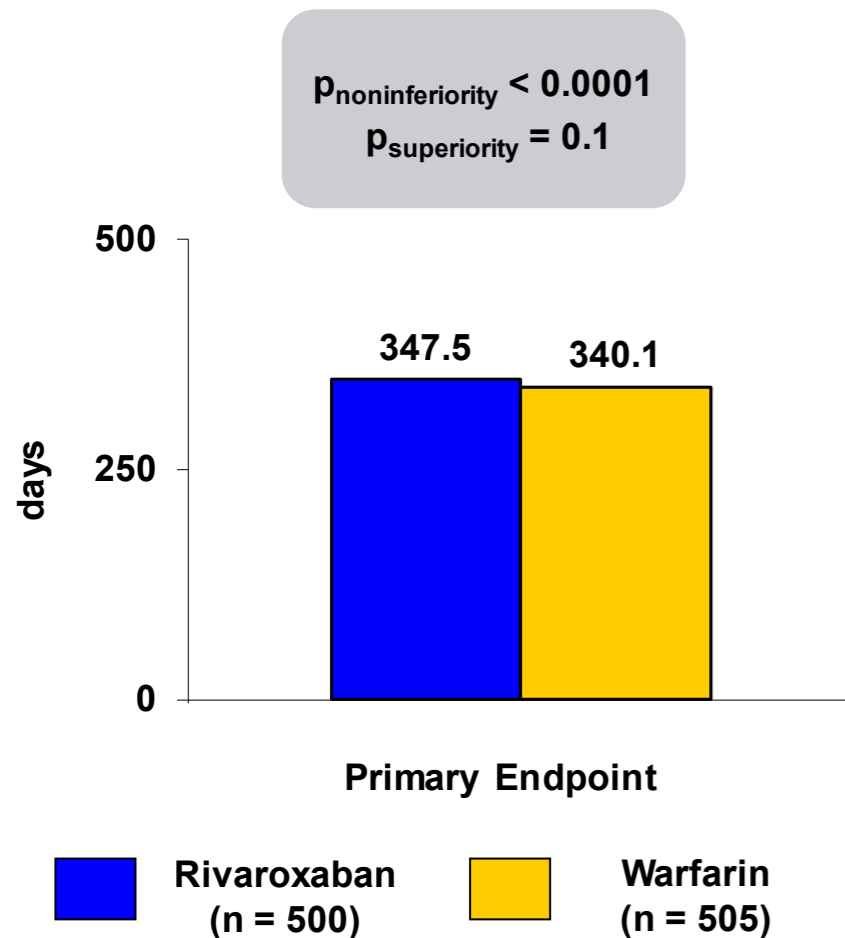


**Trial Description:** Patients with bioprosthetic mitral valve and AF or AFL were randomized in an open-label 1:1 fashion to either rivaroxaban 20 mg or warfarin with an INR goal of 2-3. Patients were followed for 1 year.



### RESULTS

- Primary endpoint, mean time to primary outcome (death, major bleeding, MACE) for rivaroxaban vs. warfarin: 347.5 vs. 340.1 days ( $p_{\text{noninferiority}} < 0.0001$ ,  $p_{\text{superiority}} = 0.1$ )
- CV death or thromboembolic event: 3.4% vs. 5.1% (HR 0.65, 95% CI 0.35-1.20)
- Any stroke: 0.6% vs. 2.4% (HR 0.25, 95% CI 0.07-0.88); valve thrombosis: 1% vs. 0.6%
- Any bleeding: 13.0% vs. 15.4% (HR 0.83, 95% CI 0.59-1.15)

### CONCLUSIONS

- Rivaroxaban is noninferior to warfarin for prevention of thromboembolic events among patients with AF/AFL and a bioprosthetic mitral valve
- All strokes were lower with rivaroxaban

Guimarães HP, et al. *N Engl J Med* 2020;Nov 14:[Epub].