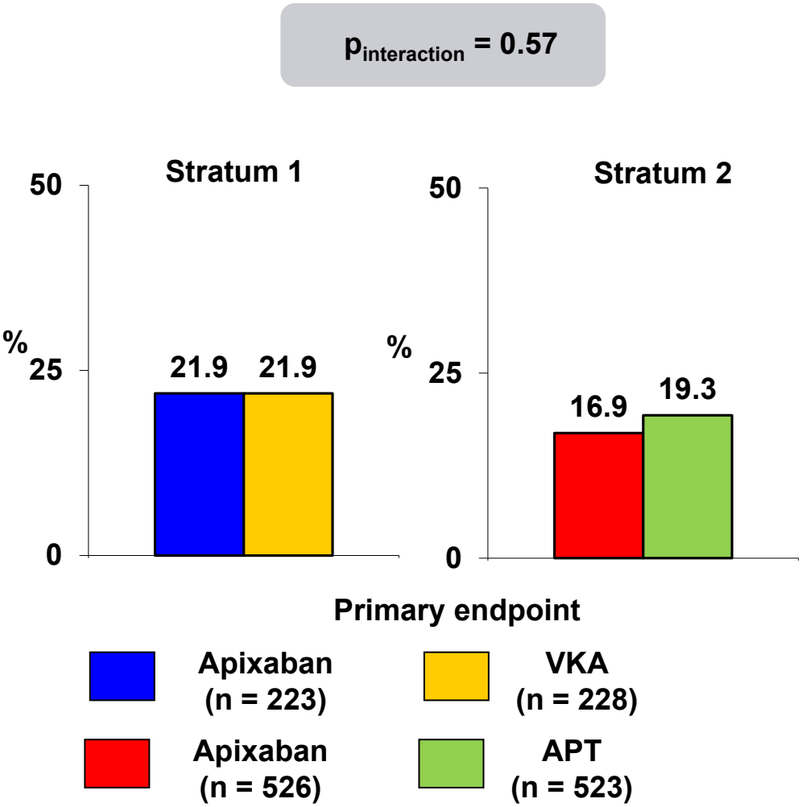
ATLANTIS

#ACC21

AMERICAN COLLEGE of CARDIOLOGY

Trial Description: Patients undergoing TAVR were randomized in a 1:1 fashion to either apixaban 5 mg BID vs. VKA (stratum 1, patients with an indication for OAC), or apixaban 5 mg BID vs. single APT or dual APT (stratum 2, patients without an indication for OAC). Patients were followed for 1 year.



RESULTS

- Primary endpoint, time to death, stroke, MI, systemic emboli, intracardiac or valve thrombosis, DVT/PE, or major bleeding for apixaban vs. standard of care: 18.4 vs. 20.1% (HR 0.92, 95% CI 0.73-1.16). Stratum 1: 21.9% vs. 21.9%; stratum 2: 16.9% vs. 19.3% ($p_{interaction}$ = 0.57)
- Bioprosthetic thrombosis: 1.1% vs. 4.7% ($p < 0.05$). Stratum 1: 0.9% vs. 1.3% ($p > 0.05$); stratum 2: 1.1% vs. 6.1% ($p < 0.05$)
- Noncardiovascular mortality for apxiaban vs. APT: 2.7% vs. 1.0% ($p < 0.05$)

CONCLUSIONS

- Apixaban is not superior to standard of care (VKA if indication for OAC; APT if no indication) among patients undergoing TAVR
- Valve leaflet thrombosis was lower with apixaban compared with APT, but this did not translate into an improvement in clinical outcomes; in fact, apixaban use resulted in higher noncardiovascular mortality compared with APT use

Presented by Dr. Jean-Philippe Collet at ACC.21