PRAGUE-17

Left Atrial Appendage Closure Versus Non-Warfarin Oral Anticoagulation in Patients With Atrial Fibrillation

AMERICAN COLLEGE of CARDIOLOGY

Multicenter, Prospective, Open-Label Noninferiority Trial

OBJECTIVE: To assess long-term outcomes of left atrial appendage closure (LAAC) to non-warfarin oral anticoagulants for preventing major neurological, cardiovascular (CV), or bleeding events in high-risk patients with atrial fibrillation (AFib).

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PATIENTS

INCLUSION CRITERIA: Non-valvular AFib at moderate or high risk for stroke or bleeding (CHA_2DS_2-VASc ≥ 3 plus HAS-BLED ≥ 2).

LAAC (N=201) vs. **NOAC (N=201)**

PRIMARY COMPOSITE OUTCOME

COMPOSITE OF CARDIOEMBOLIC EVENTS, CV DEATH, CLINICALLY-RELEVANT BLEEDING, OR PROCEDURE/DEVICE-RELATED COMPLICATIONS:
8.6 vs. **11.9 (P=0.006 FOR NONINFERIORITY)**
EVENTS PER 100 PATIENT-YEARS

SECONDARY OUTCOMES

CV DEATH:
3.0 vs. **4.4 (P=0.19)**
EVENTS PER 100 PATIENT-YEARS

ANNUALIZED RATE OF ALL-STROKE/TIA:
2.4% vs. **2.7% (P=0.72)**

ANNUALIZED RATE OF CLINICALLY-RELEVANT BLEEDING (PROCEDURAL AND NON-PROCEDURAL):
4.3% vs. **5.9% (P=0.28)**

CONCLUSION

LAAC remains noninferior to NOACs for preventing major CV, neurological, or bleeding events.

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