

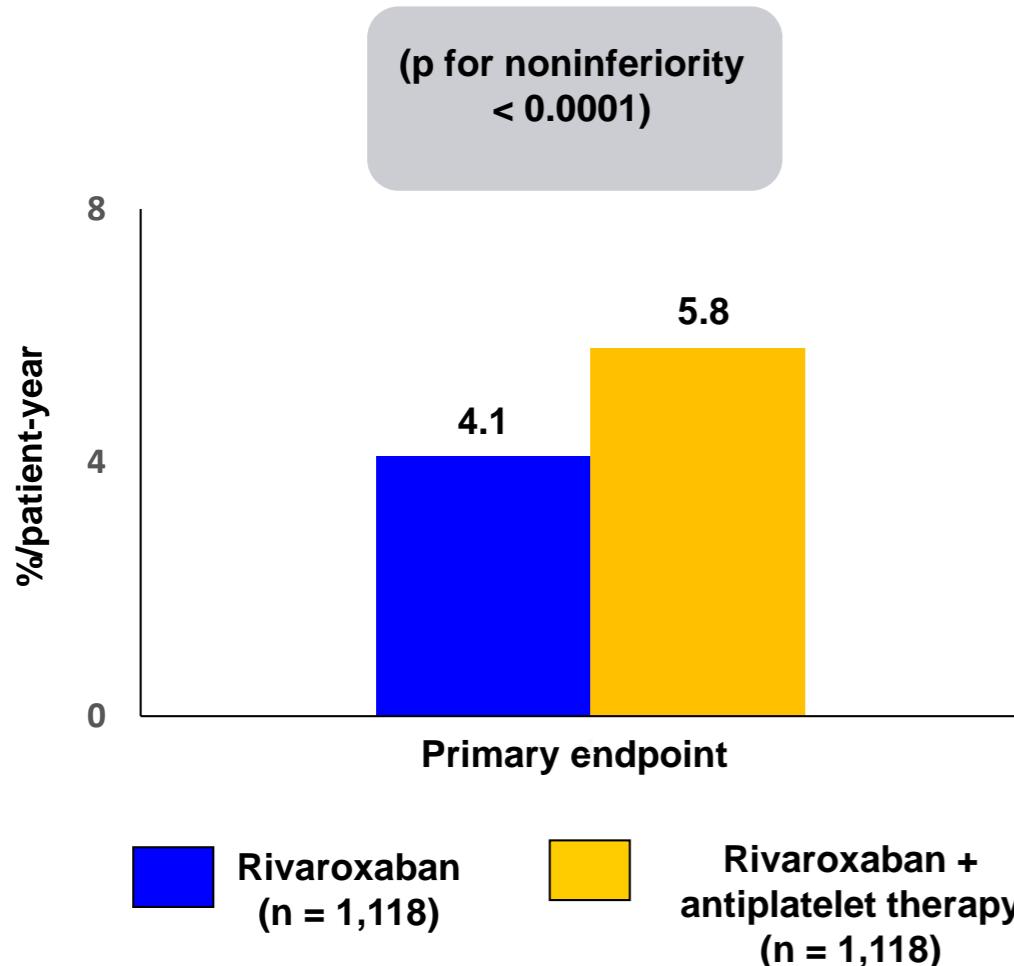
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CARDIOLOGY®

Trial Description: Patients with atrial fibrillation and stable coronary artery disease were randomized to rivaroxaban 15 mg daily (10 mg daily for creatine clearance 15-49 ml/min) versus rivaroxaban/antiplatelet therapy.



RESULTS

- Primary efficacy endpoint: all-cause mortality, myocardial infarction, stroke, unstable angina requiring revascularization, or systemic embolism occurred in 4.1%/patient-year in the rivaroxaban monotherapy group compared with 5.8%/patient-year in the rivaroxaban/antiplatelet therapy group (p for noninferiority < 0.0001)
- Primary safety endpoint: major bleeding (ISTH criteria) occurred in 1.6%/patient-year in the rivaroxaban monotherapy group compared with 2.8%/patient-year in the rivaroxaban/antiplatelet therapy group (p = 0.01)

CONCLUSIONS

- Among patients with atrial fibrillation and stable coronary artery disease, rivaroxaban monotherapy vs. rivaroxaban/antiplatelet therapy was noninferior for ischemia and superior for bleeding