

AUGUSTUS: Antithrombotic Therapy or PCI in Atrial Fibrillation



AMERICAN COLLEGE of CARDIOLOGY

Multicenter, two-by-two factorial, randomized controlled trial

Objective: To assess use of antithrombotics in patients with AFib and recent ACS or PCI in terms of clinical and safety outcomes.



4,614 patients (age >18 years) with persistent, permanent, or paroxysmal AFib and planned long-term use of an oral anticoagulant, recent ACS or PCI and planned use of a P2Y12 inhibitor for at least 6 months.



Apixaban
(n=2306)



Vitamin K antagonist
(n=2308)



Aspirin
(n=2307)



Aspirin-matched placebo
(n=2307)

Primary Outcome

major or clinically relevant nonmajor bleeding at 6 months

10.5%

Apixaban vs. vitamin K antagonist

HR 0.69 (95% CI, 0.58 to 0.81; NNT=24)

(P<0.001 for noninferiority, P<0.001 for superiority)

14.7%

Aspirin vs. placebo

HR 1.89 (95% CI, 1.59 to 2.24;

P<0.001, NNT=14)

16.1%

9.0%

Secondary Outcome

death or hospitalization

23.5%

Apixaban vs. vitamin K antagonist

HR 0.83 (95% CI, 0.74 to 0.93; P=0.002)

27.4%

Aspirin vs. placebo

HR 1.08 (95% CI, 0.96 to 1.21)

26.2%

24.7%

Among patients with AFib and recent ACS or PCI treated with P2Y12 inhibitors, apixaban without aspirin resulted in less bleeding and fewer hospitalizations without significant difference in incidence of ischemic events.