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.

Primary Outcome
major or clinically relevant nonmajor bleeding at 6 months

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)

Aspirin vs. placebo
HR 1.89 (95% CI, 1.59 to 2.24; P<0.001, NNT=14)

Secondary Outcome
death or hospitalization

Apixaban vs. vitamin K antagonist
HR 0.83 (95% CI, 0.74 to 0.93; P=0.002)

Aspirin vs. placebo
HR 1.08 (95% CI, 0.96 to 1.21)

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.