

ESC Stockholm 31.08.10:

HOT LINE III – Cardiovascular disease and rhythm disturbances

AVERROES

**Apixaban Versus Acetylsalicylic Acid (ASA)
to Prevent Strokes in patients with atrial fibrillation
who have failed or are unsuitable for vitamin K
antagonist treatment.**

Discussant:

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AVERROES”Editorial comment”

- ♥ Apixaban is a reversible inhibitor of f.Xa with a high oral bioavailability, rapid onset and a half-life of ~ 12 hours → 2 daily doses**
- ♥ No monitoring required**
- ♥ Obs! Drugs metabolised by CYP 3A4**
- ♥ AVERROES is a randomised, double-blind, event driven study with 5600 patients, estimated to give a 35% reduction in stroke or systemic emboli of apixaban vs ASA with at least 90% power and a 1-sided $\alpha = 0.025$, assuming a stroke rate of 3.3/100 subject-years in ASA-treated patients.**

AVERROES"Editorial comment" (cont)

♥ Study terminated after first protocolled interim analysis of efficacy, recommended by the DMC (4 SD).

♥ Baseline characteristics:

Age 70 years; Male ~60%; Diabetes ~20%; Prior stroke/TIA ~14%; CHF ~40%; Baseline ASA users ~75%; VKA "unsuitable" ~40%.

CHADS2 score 2.1(mean), 0-1 ~35%, 2 ~35%, 3+ ~30%.

AVERROES"Editorial comment" (cont)

♥ **Primary outcomes.**

♥ **Stroke: Apixaban 48 = 1.7 %/year**

ASA 100 = 3.6 %/year RR 0.48, p<0.001

NNT 53 /year

♥ **Major bleeding: Apixaban 47 = 1.6 %/year**

ASA 40 = 1.4 %/year RR 1.18, p=0.45

NNH 500 /year

♥ **Intracranial bleeding: Apixaban 13 = 0.5 %/year**

ASA 11 = 0.4 %/year RR 1.19, p=0.43

AVERROES"Editorial comment" (cont)

Conclusion

- ♥ AVERROES is a "landmark study", with impressing design, conduction and results!**
- ♥ The results from AVERROES will obviously have impact on guidelines in AF, and the use of ASA will probably be drastically reduced.**
- ♥ The "patients unsuitable for VKA therapy" should be clearly defined**
- ♥ With 2 daily oral doses of apixaban compliance will be a challenge, and surveillance studies should be planned.**