**ESTIMATING THE LIFETIME CLINICAL BENEFITS OF APIXABAN VERSUS CURRENT STANDARD OF CARE REGIMEN IN A UNITED STATES NON-VALVULAR ATRIAL FIBRILLATION POPULATION SIMILAR TO THAT ENROLLED IN ARISTOTLE AND AVERROES**

Poster Contributions
Hall C
Sunday, March 30, 2014, 3:45 p.m.-4:30 p.m.

Session Title: Arrhythmias and Clinical EP: New Observations Affecting Clinical Management
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**Background:** Apixaban is the only novel oral anticoagulant which has demonstrated superiority to current standard of care (SoC) therapies including vitamin K antagonist (VKA) and aspirin through the ARISTOTLE and AVERROES trials, respectively. This analysis aimed to assess the potential clinical benefit associated with the lifetime use of apixaban versus SoC in patients with non-valvular atrial fibrillation (NVAF) in the United States (US).

**Methods:** A Markov model was developed to extrapolate the observed clinical impact of apixaban versus VKA and aspirin to the lifetime horizon. Characteristics of the patient cohort (n = 1,000) entering the model were assumed to be similar to ARISTOTLE and AVERROES for comparisons to VKA and aspirin, respectively. Outcomes assessed included the number of clinical events avoided, number of patients needed to treat (NNT) to avoid one stroke, and number of patients needed to harm (NNH) with an additional major bleed. Key sources of inputs used to populate the model included: clinical event rates from ARISTOTLE and AVERROES; US life tables for life expectancy; and published literature for increased mortality related to events modeled.

**Results:** Table 1: Projected Clinical Benefits of Treating with Apixaban versus SoC

<table>
<thead>
<tr>
<th>Comparator</th>
<th>Expected increase in life-expectancy (discounted life-years [3%])</th>
<th>Strokes</th>
<th>Major Bleeds</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Expected reduction over life-time</td>
<td>Number needed to treat (NNT) over lifetime</td>
<td>Expected increase over life-time</td>
</tr>
<tr>
<td>VKA</td>
<td>192</td>
<td>18</td>
<td>55</td>
</tr>
<tr>
<td>Aspirin</td>
<td>325</td>
<td>57</td>
<td>18</td>
</tr>
</tbody>
</table>

**Conclusions:** Based on the results projected by the model, lifetime use of apixaban, versus VKA as well as aspirin, is projected to increase life-expectancy and provide substantial clinical benefit on stroke and major bleeding in patients with NVAF in the US.