overall group (33% vs. 20%; p < 0.0001) and versus the atorvastatin group (44% vs. 24%; p < 0.0001). NOACs: Propensity-matched analyses of HRs for patients initiating statins indicated that rosuvastatin was significantly more likely to reduce LDL-C compared with all other statins grouped together and compared with atorvastatin alone in this real world patient population.

PCV17 SYSTEMATIC REVIEW AND NETWORK META-ANALYSIS OF ALL AGENTS FOR STROKE PREVENTION IN PATIENTS WITH ATRIAL FIBRILLATION
Tatjana A1, Pechivanon F2, Bielecki J3, Krahn MD3
1University of Toronto, Toronto, ON, Canada, 2Toronto Health Economics and Technology Assessment (THTA) Collaborative, Toronto, ON, Canada
OBJECTIVES: To compare the relative effectiveness and safety of all stroke prevention agents in patients with atrial fibrillation (AF) through a systematic review and network meta-analyses. METHODS: A search of MEDLINE, EMBASE, and CENTRAL was conducted (through December 2015) to identify Phase III randomized controlled trials of AF patients, comparing any two of the following agents: placebo, aspirin, aspirin and clopidogrel combination therapy (A+C), adjusted-dose warfarin (target INR 2.0-3.0), dabigatran (110 mg and 150 mg), rivaroxaban, apixaban, and edoxaban (target INR 1.8-2.0). The HR for dabigatran 150 mg was significantly lower than warfarin (HR 0.80; 95% CI 0.74–0.87; p < 0.0001) and rivaroxaban (HR 0.75; 95% CI 0.71–0.80; p < 0.0001). The HRs for dabigatran 110 mg, rivaroxaban, apixaban, and edoxaban (target INR 1.8-2.0) were similar with respect to stroke and thromboembolism. Conclusions: Dabigatran 150 mg is more effective than warfarin and rivaroxaban. Apixaban and edoxaban are expected to be more efficacious than warfarin for the first 5 months and more efficacious up until 30 months; rivaroxaban and apixaban are expected to be more efficacious than warfarin for the first 11 and 12 months, respectively, and comparable to warfarin thereafter.

PCV18 COMPARATIVE EFFICACY OF NEW ORAL ANTICOAGULANTS FOR STROKE PREVENTION IN ATRIAL FIBRILLATION AMONG PATIENTS WITH PRIOR STROKE OR SYSTEMIC EMBOLISM
Chae S1, Kee A2, Park Y3, Bregman F2
1Mgic, Toronto, ON, Canada, 2Mgic, Boston, MA, USA
OBJECTIVES: Patients with atrial fibrillation (AF) and a previous stroke or transient ischemic attack (TIA) have a high risk of stroke and may have a different baseline risk than patients without previous stroke or TIA, which may act as a treatment effect modifier. Therefore, the comparative efficacy of new oral anticoagulants (NOACs) in patients with stroke or systemic embolism (SE) was assessed for the safety of stroke or TIA, death with a previous stroke or TIA. METHODS: A Bayesian network meta-analysis (NMA) was performed for patients with previous stroke or TIA from three pivotal randomized controlled trials: ARISTOTLE, RE-LY, and ROCKET-AF, which compared NOACs with aspirin, dabigatran, and warfarin, respectively. Parametric survival functions were used to model the hazard ratios (HR) over time for the compared interventions, and the difference in the shape and scale parameters of the functions were synthesized and compared. RESULTS: The NMA of NOACs compared with aspirin and dabigatran estimated similar HRs between NOACs and warfarin. The HRs for dabigatran 110 mg increased slightly over time (range: 0.09-1.17) and rivaroxaban (range: 0.75-0.97). The HR for dabigatran 150 mg decreased slightly over time (range: 0.78-0.56), whereas the HRs increased slightly over time for rivaroxaban (range: 0.59-1.17) and apixaban (range: 0.58-1.11). The HRs for dabigatran 110 mg and 150 mg were similar, and the HRs for dabigatran 110 mg and apixaban were expected to be comparable to warfarin for the first 5 months and more efficacious up until 30 months; rivaroxaban and apixaban are expected to be more efficacious than warfarin for the first 11 and 12 months, respectively, and comparable to warfarin thereafter.

PCV19 A NETWORK META-ANALYSIS EVALUATING THE CUMULATIVE HAZARD RATE OF STROKE OR SYSTEMIC EMBOLISM FOR NEW ORAL ANTICOAGULANTS IN STROKE PREVENTION FOR ATRIAL FIBRILLATION PATIENTS
Chae S1, Kee A2, Bregman F2, Chen M2
1Mgic, Toronto, ON, Canada, 2Mgic, Boston, MA, USA
OBJECTIVES: In order to indirectly compare new oral anticoagulants (NOACs) for patients with atrial fibrillation (AF) in a network meta-analyses (NMA) have compared the number of patients with stroke or systemic embolism (SE) at study end. The aim of the present analysis was to assess the comparative efficacy of NOACs in the prevention of the stroke or systemic embolism (SE) comparing the comparative efficacy over time, using the published cumulative hazard rates. METHODS: A Bayesian NMA was performed using a fractional polynomial model synthesizing data from three pivotal randomized controlled trials: ARISTOTLE, RE-LY, and ROCKET-AF, which compared aspirin, dabigatran, and warfarin, respectively. Parametric survival functions were used to model the hazard rate over time for the compared interventions and the difference in the shape and scale parameters of these functions was synthesized and compared. The efficacy of NOACs was evaluated and compared to constant HRs from previous.