EFFECTS OF REGIONAL DIFFERENCES IN ASIA ON EFFICACY AND SAFETY OF EDOXABAN COMPARED TO WARFARIN: INSIGHTS FROM THE ENGAGE AF-TIMI 48 TRIAL

Poster Contributions
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Background: ENGAGE AF-TIMI 48 was a randomized controlled trial in 21,105 patients with atrial fibrillation that showed edoxaban was at least as efficacious as warfarin (W) while reducing bleeding. We compared results in Japan with the rest of East Asia (EA).

Methods: We compared the clinical characteristics, time-in-therapeutic range (TTR) for warfarin, and outcomes (stroke or systemic embolic events [SEE] and major bleeding). Interaction p-values were used to assess for effect modification of treatment (higher dose edoxaban [HDE] vs W; lower dose edoxaban [LDE] vs W) by region with adjustments for baseline differences in patients enrolled in Japan vs EA.

Results: Patients in Japan (n=1010) were less likely to be female, taking aspirin or amiodarone at baseline, naïve to W (p<0.001 for each), have a prior history of stroke or transient ischemic attack (p=0.02), and more likely to need dose reduction (51% vs 42%, p<0.001). The TTR was higher in Japan (72% vs 61%, respectively, p<0.001). Evidence for statistical interactions were observed for HDE vs W by region for stroke/SEE (adjusted P-int=0.052) and major bleeding (adjusted P-int=0.048) (Figure). No interactions were observed for LDE vs W.

Conclusion: Patients in EA had higher rates of stroke/SEE and major bleeding compared to Japan. Differences in relative efficacy and safety between edoxaban and warfarin may be related to regional difference in baseline characteristics, prior W experience and/or TTR.