

 ATRIAL FIBRILLATION

A safe alternative to warfarin plus DAPT after PCI?

In patients with atrial fibrillation (AF) undergoing percutaneous coronary intervention (PCI), treatment with low-dose rivaroxaban plus the P2Y₁₂ antagonist clopidogrel, or very-low-dose rivaroxaban plus dual antiplatelet therapy (DAPT), reduces the rate of bleeding compared with the standard treatment (warfarin plus DAPT), according to the findings from the PIONEER AF-PCI trial. “We knew that patients treated with three drugs (warfarin, clopidogrel, and aspirin) faced unacceptable rates of major bleeding,” says Michael Gibson, corresponding author of the study. “We sought to reduce these rates by switching anticoagulants, reducing the dose of anticoagulants, and eliminating aspirin”.

In the international, multicentre, randomized PIONEER AF-PCI trial, 2,124 patients with nonvalvular AF who had received stent implantation

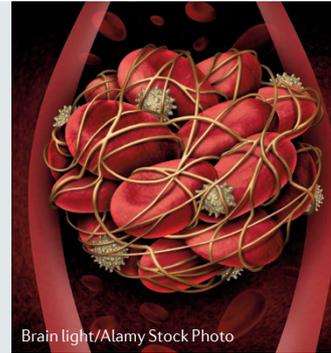
were randomly allocated to receive either: 15 mg rivaroxaban and 75 mg clopidogrel daily for 12 months (low-dose rivaroxaban group); 2.5 mg rivaroxaban and DAPT (75–100 mg aspirin plus 75 mg clopidogrel) daily for 1, 6, or 12 months (very-low-dose rivaroxaban group); or dose-adjusted warfarin and DAPT daily for 1, 6, or 12 months (standard therapy group). The primary end point of bleeding (a composite of bleeding according to the Thrombolysis in Myocardial Infarction [TIMI] criteria or bleeding requiring medical attention) occurred less frequently in the low-dose or very-low-dose rivaroxaban groups than in the standard therapy group, whereas the number of major adverse cardiovascular events (secondary end point) was similar among the three groups. In a post-hoc analysis reported in a separate paper, the investigators

found that the risk of all-cause death and rehospitalization in the low-dose and very-low-dose rivaroxaban groups (34.9% and 31.9%, respectively) were reduced compared with the standard therapy group (41.9%).

Although, as the investigators noted, the trial was underpowered to test the individual efficacy of these treatment strategies, these findings suggest that rivaroxaban combination therapy is a safe alternative to the standard therapy with warfarin plus DAPT in patients with AF undergoing PCI. “We are extending this work into those patients who just have an acute coronary syndrome and do not have AF by combining rivaroxaban with an antiplatelet agent,” remarks Gibson.

Dario Ummarino

ORIGINAL ARTICLES Gibson, C. M. *et al.* Prevention of bleeding in patients with atrial fibrillation undergoing PCI. *N. Engl. J. Med.* <http://dx.doi.org/10.1056/NEJMoa1611594> (2016) | Gibson, C. M. *et al.* Recurrent hospitalization among patients with atrial fibrillation undergoing intracoronary stenting treated with 2 treatment strategies of rivaroxaban or a dose-adjusted oral vitamin K antagonist treatment strategy. *Circulation* <http://dx.doi.org/10.1161/CIRCULATIONAHA.116.025783> (2016)



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