Edoxaban for stroke prevention in routine practice patients with atrial fibrillation with and without atherosclerotic disease: a *post hoc* sub-study of ETNA-AF-Europe

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BACKGROUND

- Atrial fibrillation (AF) and atherosclerotic disease are common[1,2]
- Patients with concomitant AF and coronary or peripheral artery disease (CAD or PAD) have an increased risk of major adverse events[1,2]
- Compared with warfarin, use of direct oral anticoagulants (apixaban, edoxaban, dabigatran and rivaroxaban) is associated with a lower risk of cardiovascular events in patients with AF and CAD/PAD in clinical trials[3,4]
- The annual rates of cardiovascular events for such patients treated with edoxaban in routine practice remain unclear

PURPOSE

- To estimate the annual rates of adverse events in patients with AF treated with edoxaban with and without CAD/PAD in routine practice

METHODS

- ETNA-AF-Europe was a multinational, prospective cohort study of unselected patients with AF treated with edoxaban (snapshot 24 March 2023)
- Follow-up was for 4 years; data were collected at baseline and yearly thereafter (±2 months)
- We estimated the event rates (per 100 patient-years) in patients with versus without CAD/PAD

RESULTS

Table 1. Baseline demographics and clinical characteristics

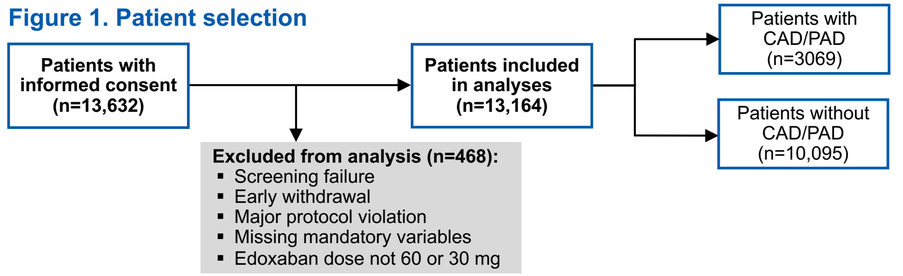
n (%) or mean ± SD	With CAD/PAD (n=3069)	Without CAD/PAD (n=10,095)
Edoxaban 30 mg	925 (30.1)	2117 (21.0)
Male	2180 (71.0)	5281 (52.3)
Age, years	75.2 ± 8.5	73.2 ± 9.7
CrCl, mL/min*	68.2 ± 25.7	73.0 ± 25.9
Modified CHA_2DS_2-VASc**	3.8 ± 1.5	3.0 ± 1.4
Modified HAS-BLED**	2.8 ± 0.9	2.4 ± 1.0
History of CV diseases		
CAD	2860 (93.2)	0 (0.0)
Unstable angina pectoris	199 (6.5)	0 (0.0)
Myocardial infarction	567 (18.5)	0 (0.0)
With intervention	437 (14.2)	0 (0.0)
PAD	432 (14.1)	0 (0.0)
Claudication at ≤200 m	301 (9.8)	0 (0.0)
Rest pain	69 (2.2)	0 (0.0)
Necrosis or limb gangrene	30 (1.0)	0 (0.0)
Hypertension	2564 (83.5)	7591 (75.2)
Congestive heart failure	994 (32.4)	1048 (10.4)
Valvular disease	550 (17.9)	1320 (13.1)
Diabetes mellitus	963 (31.4)	1918 (19.0)
Ischaemic stroke	187 (6.1)	510 (5.1)
Major bleeding	42 (1.4)	76 (0.8)
Use of antiplatelets	611 (19.9)	284 (2.8)

*Values out of 5−150 range are considered as missing for CrCl
**Derived version, assuming that - when adding up the single components of the score – missing components are contributing with 0
AF, atrial fibrillation; **CAD/PAD**, coronary/peripheral artery disease; **CrCl**, creatinine clearance; **CV**, cardiovascular; **SD**, standard deviation

CONCLUSIONS

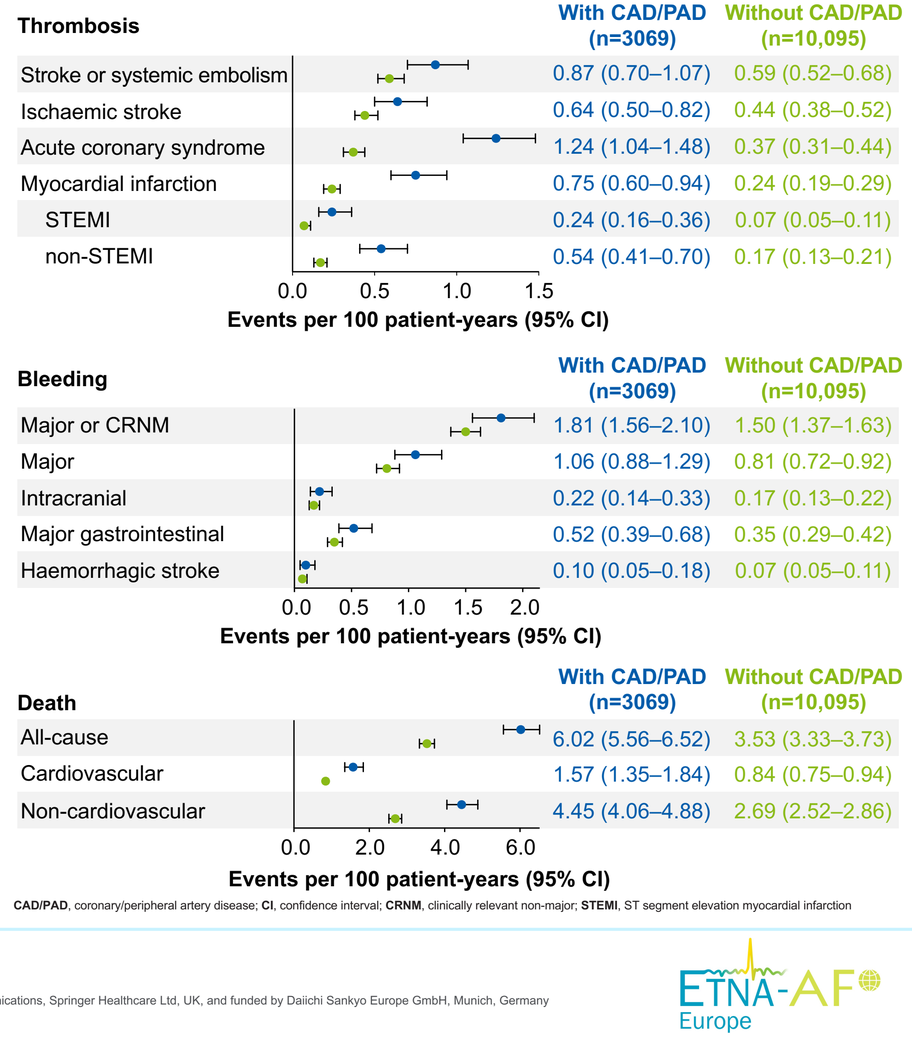
- Annual rates of thromboembolic and bleeding events were low for patients with AF treated with edoxaban in routine practice
- Higher rates of thrombotic and bleeding events in patients with vs without CAD/PAD may have been driven by differences in age, hypertension and a history of cardiovascular events
- The 3-fold higher rate of acute coronary syndrome and myocardial infarction in patients with vs without CAD/PAD warrants further investigation

Figure 1. Patient selection



CAD/PAD, coronary/peripheral artery disease

Figure 2. Annual rates of clinical outcomes during 4 years of follow-up



CAD/PAD, coronary/peripheral artery disease; **CI**, confidence interval; **CRNM**, clinically relevant non-major; **STEMI**, ST segment elevation myocardial infarction

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