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From clinical trials to general cardiology practice: How many patients could benefit from each NOAC?

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Statement of the Problem: The availability of Novel Oral Anticoagulants (NOACs) has caused a paradigm shift in non-Valvular Atrial Fibrillation (NVAF) management over the last few years. Clinical trials and evidence-based medicine are growing. New indications and/or new data from different patient profiles are becoming available. The goal of this study was to evaluate how many patients, evaluated through a general cardiovascular clinic, could benefit from a treatment with a NOAC (apixaban, dabigatran, edoxaban and rivaroxaban) based on the data available and on the patient's medical conditions.

Methodology & Theoretical Orientation: The main inclusion/exclusion criteria from completed and ongoing phase III-IV clinical trials were identified for each NOAC from the source clinicaltrials.gov. Data forms were completed for 103 consecutive patients seen in a general cardiology ambulatory clinic and statistical analysis was performed to evaluate the proportion of patient who could theoretically benefit from each NOAC.

Findings: Out of 103 patients, 33 (32%) could benefit from apixaban, dabigatran or edoxaban vs. 65 patients (63%) from rivaroxaban ($p < 0.001$) based on completed clinical trials. When including complete as well as ongoing clinical trials, 33% could benefit from apixaban and dabigatran, 35% from edoxaban and 66% from rivaroxaban ($p < 0.001$). An analysis of the number of trials each patient could benefit from was also performed, which showed that the majority of patients would benefit based on only 1 trial. However, 6%-19% could potentially benefit from 2 or more clinical trials with rivaroxaban having the highest number of such patients.

Conclusion & Significance: This study shows that more patients could benefit from a treatment with rivaroxaban compared to the other NOACs. This finding is explained by the fact that compared to other NOACs; clinical trials conducted with rivaroxaban targeted a wider population of patients with clinical conditions frequently seen in a general cardiology practice.

Biography

Benoit Coutu is a Cardiologist which specialized in Electrophysiology. He is passionate in improving the health and wellbeing of his patients. His field of expertise is cardiac arrhythmia (atrial fibrillation and sudden cardiac death). He has been involved in cardiology research as a Principal Investigator for over 20 years. He is the President of the Scientific Committee of the Centre Hospitalier de l'Université de Montréal. He is also a Clinical Assistant Professor at the Faculty of Medicine of the University of Montreal.

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