Network Meta-Analysis of Relative Efficacy and Safety of Edoxaban Versus Other Novel Oral Anticoagulants (NOACs) Among Atrial Fibrillation Patients With CHADS2 Score ≥ 2

BACKGROUND
- Treatment guidelines recommend the use of oral anticoagulation for the prevention of stroke in patients with atrial fibrillation (AF). The challenge is to balance the risks and benefits of oral anticoagulation. For example, ROCKET-AF (Apixaban) clinical trial showed that apixaban reduced the risk of composite of stroke/systemic embolism by 16% compared with warfarin. ROCKET-AF’s efficacy and safety were similar to those of RE-LY (Rivaroxaban). RE-LY showed that rivaroxaban reduced the risk of stroke and cardiovascular mortality by 21% vs. warfarin.

OBJECTIVE
- To compare the relative efficacy and safety of apixaban, dabigatran, and rivaroxaban as monotherapy as well as combination therapy in patients with atrial fibrillation as assessed by the CHADS2 score ≥ 2.

METHODS
- A network meta-analysis was performed using data from six randomized controlled trials, including ROCKET-AF, RE-LY, and ARISTOTLE.

RESULTS
- Key Efficacy Endpoints
  - Comparison of high- and low-dose edoxaban regimens versus other NOACs for various key secondary endpoints, based on available published data.
  - Significant differences in favor of high-dose edoxaban regimen versus apixaban and low-dose rivaroxaban.

- Key Safety Endpoints
  - Comparison of high- and low-dose edoxaban regimens with other NOACs for various key secondary endpoints, based on available published data.
  - No significant difference in major bleeding risk between high-dose edoxaban regimen and other NOACs.

DISCUSSION
- This study was funded by Daiichi Sankyo.

REFERENCES