Study design & references

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†ENGAGE AF-TIMI 48 Study (Effective Anticoagulation with Factor Xa Next Generation in Atrial Fibrillation – Thrombolysis In Myocardial Infarction)
An event-driven, Phase 3, multicentre, randomized, double-blind, double-dummy, parallel group, non-inferiority study to demonstrate the efficacy and safety of two dose regimens of LIXIANA® vs. warfarin for the prevention of stroke and systemic embolism in subjects with non-valvular AF and at moderate to high risk of stroke and systemic embolic events. 21,105 subjects (21,026 of which received the study drug), with a mean $CHADS_2$ score of 2.8, were randomized to receive either LIXIANA® 60 mg OD (30 mg dose-reduced), LIXIANA® 30 mg OD (15 mg dose-reduced), or warfarin. Subjects in both treatment groups had their doses halved if one or more of the following clinical factors were present: moderate renal impairment (CrCL 30–50 mL/min), low body weight (≤ 60 kg), or concomitant use of specific P-gp inhibitors (verapamil, quinidine, dronedarone). The recommended dose of LIXIANA® is 30 mg once daily in patients with concomitant use of P-gp inhibitors other than amiodarone and verapamil. The 30 mg (15 mg dose-reduced) dosing regimen is not authorized in Canada.
‡ Hokusai-VTE Study
A randomized, double-blind, parallel-group, non-inferiority study to demonstrate the efficacy and safety of LIXIANA® in the treatment of DVT and PE, and the prevention of recurrent DVT and PE. 8,292 subjects were randomized to receive initial heparin therapy (enoxaparin or unfractionated heparin), followed by LIXIANA® 60 mg OD or the comparator. In the comparator arm, subjects received initial heparin therapy concurrently with warfarin, titrated to a target INR of 2.0 to 3.0, followed by warfarin alone. Subjects in the LIXIANA® 60 mg treatment group had their dose halved if one or more of the following were present: moderate renal impairment (CrCL 30–50 mL/min); body weight ≤ 60 kg; concomitant use of specific P-gp inhibitors. Treatment duration was from 3 months up to 12 months, based on the patient's clinical features, as determined by the investigator.
§ ETNA-AF-Europe
A multinational, multicenter, post-authorization, observational study conducted to assess the risks and benefits of edoxaban in routine care for unselected patients with AF. 13,638 patients with non-valvular AF were treated with edoxaban, 76.6% of the patients received the standard dose of 60 mg and 23.4% received the reduced dose of 30 mg, for prevention of stroke and systemic embolism and enrolled in the study. Mean patient age was 73.6 years old; 50.7% of the patients were ≥ 75 years old. The mean $CHADS_2$ score was 1.7 and the mean HAS-BLED score was 2.6

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