



# Identification Of Atrial Fibrillation Patients With Favorable Outcomes On Warfarin

## An Individual Patient-Level Analysis Of 29,272 Warfarin Patients from the COMBINE-AF Study



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### BACKGROUND

- Warfarin has been in use for decades for stroke prevention in AF.
- Given the continued high prevalence of warfarin use globally, providing a contemporary global evaluation of outcomes with warfarin across various AF subgroups, and identifying patients who may do relatively well on warfarin would have substantial public health impact especially in resource-constrained environments.

### METHODS

- Patient-level data of 29,272 warfarin pts from COMBINE-AF (RE-LY, ROCKET-AF, ARISTOTLE, ENGAGE AF-TIMI 48).
- We assessed risks of stroke and systemic embolism, major bleeding, and net clinical outcome (NCO: death, disabling or fatal stroke, intracranial or fatal bleeding) in AF pts treated with warfarin overall, and in key pt subgroups.
- Outcomes examined using Cox models adjusted for the individual CHA2DS2-VASc and HAS-BLED score components.
- We evaluated the previously validated TIMI-AF risk score (Fanola, EHJ 2017;38:888-96) that included the following variables: (age, sex, race, systolic dysfunction, kidney dysfunction, AF or atrial flutter on baseline ECG, prior ischemic stroke, carotid disease, MI, diabetes, and anemia) for prediction of NCO.

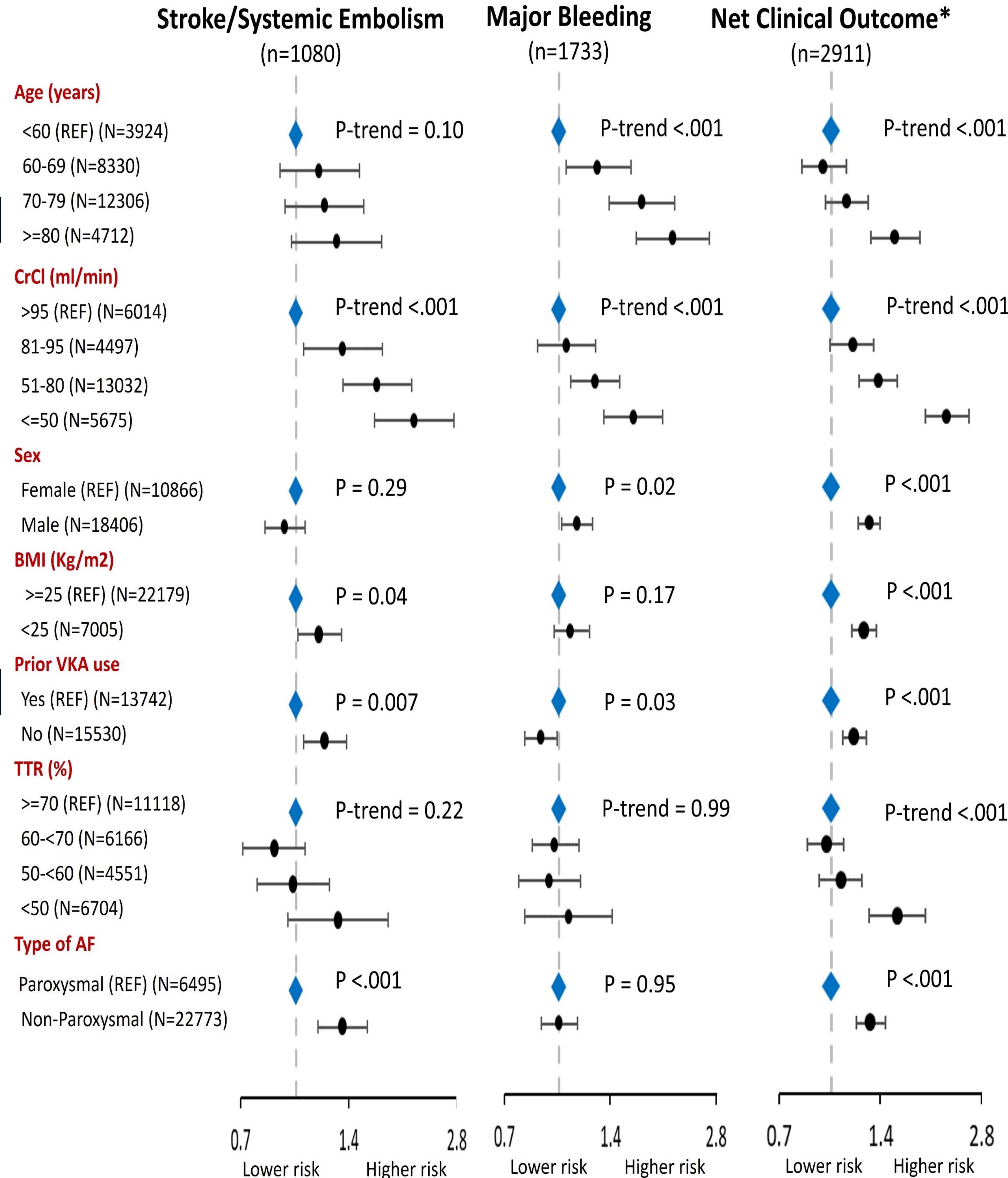
### RESULTS

29,272 warfarin pts from 53 countries and 6 continents analyzed.

Baseline Characteristics	Warfarin (N=29,272)
Age - (years)	72 (65 - 77)
Creatinine Clearance (CrCl) (ml/min)	70 (54 - 90)
Female sex (%)	37
Body Mass Index (BMI) (kg/m <sup>2</sup> )	28 (25 - 32)
VKA Experience (%)	47
Time in Therapeutic Range (TTR) (%)	65 (51 - 76)
Type of AF (Paroxysmal) (%)	22

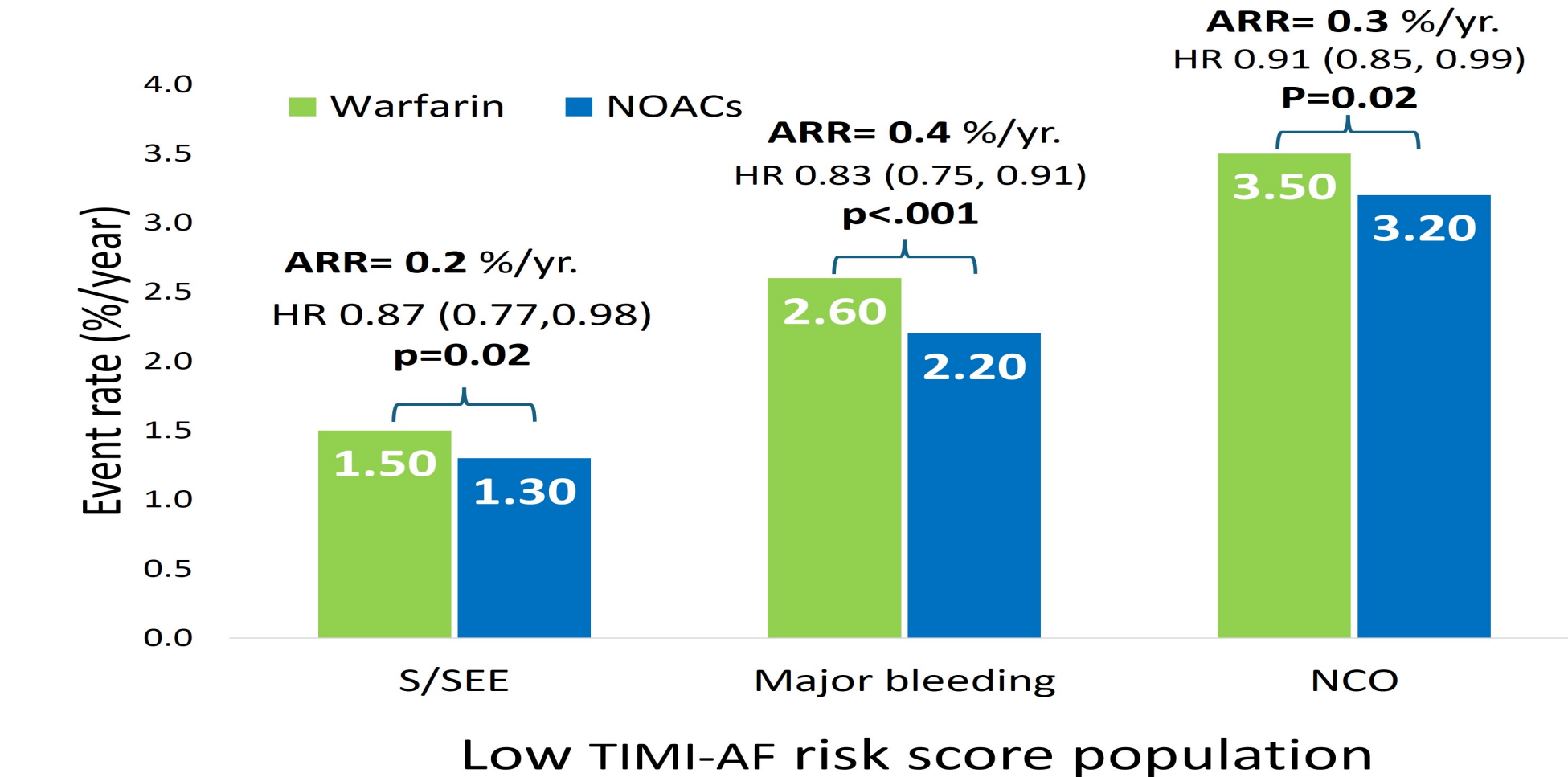
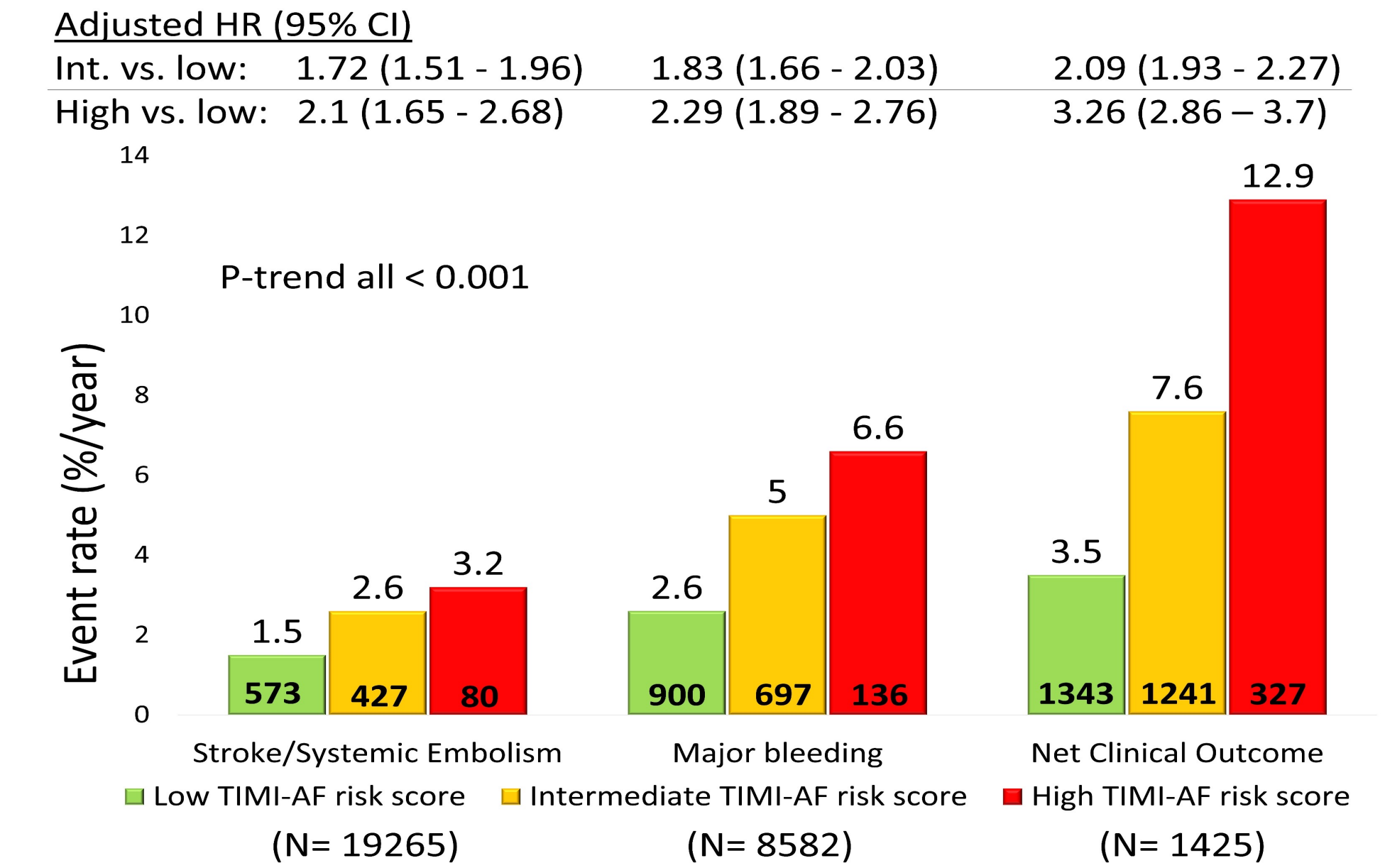
Data shown as Median (IQR) unless otherwise specified

### RESULTS



\*NCO: death, disabling or fatal stroke, intracranial or fatal bleeding

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### CONCLUSIONS

In resource-constrained environments, warfarin may be considered a reasonable option for patients with a low TIMI-AF risk score, as the differences in absolute risk reduction compared to DOACs are relatively modest in these low risk patients.

### DISCLOSURES

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