Clinical trials of antithrombotics for atrial fibrillation in secondary prevention of thromboembolic events

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1 anticoagulant

Trial	Treatments	Patients	Trials design and methods
oral anticoagulant vs placebo			
EAFT , 1993 n=225/214 follow-up: 2.3 years	Oral anticoagulation standard dose(target INR 3.0 (2.5-4.0)) the choice of anticoagulant type was free but most physicians choose coumarin derivatives. versus placebo	Patient with non rheumatic AF and recent TIA or minor ischaemic stroke(secondary prevention).	Parallel groups Open
dabigatran 100mg vs warfarin			
RE-LY 110mg (2nd prevention subgroup) , 2010 n=NA follow-up: 2 y	dabigatran 110mg daily versus warfarin	patients with a prior stroke or transient ischemic attack	Parallel groups open
dabigatran 150mg vs warfarin			
RE-LY 150mg (2nd prevention subgroup) n=NA follow-up: 2 y	dabigatran 150mg daily versus warfarin	patients with a prior stroke or transient ischemic attack	Parallel groups open
rivaroxaban vs warfarin			
ROCKET (2nd prevention subgroup) , 2011 n=3892/3875 follow-up:	rivaroxaban versus warfarin INR 2-3	patients with a prior stroke or transient ischemic attack	Parallel groups double-blind

References

EAFT, 1993:

Secondary prevention in non-rheumatic atrial fibrillation after transient ischaemic attack or minor stroke. EAFT (European Atrial Fibrillation Trial) Study Group. Lancet. 1993 Nov 20;342(8882):1255-62 [7901582]

RE-LY 110mg (2nd prevention subgroup) , 2010:

1.Diener HC, Connolly S, Ezekowitz MD, et al. Dabigatran compared to warfarin in patients with atrial fibrillation and prior TIA or stroke: Results of RE-LY American Stroke Association International Stroke Conference 2010; February 26, 2010; San Antonio, TX. Abstract 195

RE-LY 150mg (2nd prevention subgroup) , :

1.Diener HC, Connolly S, Ezekowitz MD, et al. Dabigatran compared to warfarin in patients with atrial fibrillation and prior TIA or stroke: Results of RE-LY American Stroke Association International Stroke Conference 2010; February 26, 2010; San Antonio, TX. Abstract 195

ROCKET (2nd prevention subgroup) , 2011:

2 platelet aggregation inhibitors

Trial	Treatments	Patients	Trials design and methods
aspirin vs placebo			
EAFT , 1993 n=404/378 follow-up: 2.3 years	aspirin 300 mg/d versus placebo	Patient with non rheumatic AF and recent TIA or minor ischaemic stroke(secondary prevention).	Parallel groups Double blind europe,israel
aspirin vs placebo (on top fluidione)			
FFAACS , 2001 n=76/81 follow-up: 0.84 y	fluidione standard dose (target INR: 2-2.6) + aspirin low dose 100 mg versus fluidione standard dose(target INR:2-2.6) + placebo	high risk patients with non valvular atrial fibrillation	Parallel groups Double blind France
Indobufen vs warfarin			
SIFA , 1997 [NCT00244426] n=462/454 follow-up: 12 months	indobufen 200 mg (the dose was lowered to 100 mg if impaired renal function:cc<80 ml/mn) versus warfarin standard dose(target INR 2.0-3.5)	non rhumatismal AF and recent cerebral ischemic episode(<or =15 days)	Parallel groups Open Italy

References

EAFT, 1993:

Secondary prevention in non-rheumatic atrial fibrillation after transient ischaemic attack or minor stroke. EAFT (European Atrial Fibrillation Trial) Study Group. Lancet. 1993 Nov 20;342(8882):1255-62 [7901582]

FFAACS , 2001:

Lechat P, Lardoux H, Mallet A, Sanchez P, Derumeaux G, Lecompte T, Maillard L, Mas JL, Mentre F, Pousset F, Lacomblez L, Pisica G, Solbes-Latourette S, Raynaud P, Chaumet-Riffaud P Anticoagulant (fluindione)-aspirin combination in patients with high-risk atrial fibrillation. A randomized trial (Fluindione, Fibrillation Auriculaire, Aspirin et Contraste Spontane; FFAACS). Cerebrovasc Dis 2001;12:245-52 [11641591]

SIFA, 1997:

Morocutti C, Amabile G, Fattapposta F, Nicolosi A, Matteoli S, Trappolini M, Cataldo G, Milanesi G, Lavezzari M, Pamparana F, Coccheri S Indobufen versus warfarin in the secondary prevention of major vascular events in nonrheumatic atrial fibrillation. SIFA (Studio Italiano Fibrillazione Atriale) Investigators. Stroke 1997 May;28:1015-21 [9158644]

3 About TrialResults-center.org

TrialResults-center is an innovative knowledge database that collects the results of RCTs and provides dynamic interactive systematic reviews and meta-analysis in the field of all major heart and vessels diseases.

The TrialResults-center database provides a unique view of the treatment efficacy based on all data provided directly from clinical trial results, offering a valuable alternative to personal bibliographic search, published meta-analysis, etc. Furthermore, it would allow comparing easily the various concurrent therapeutic for the same clinical condition.

Rigorous meta-analysis method is used to populate TrialResults-center: widespread search of published and non published trials, study selection using pre-specified criteria, data extraction using standard form.

TrialResults-center is continually updated on a weekly basis. We continually search all new results (whatever their publication channel) and these news results are immediately added to the database with a maximum of 1 week.

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