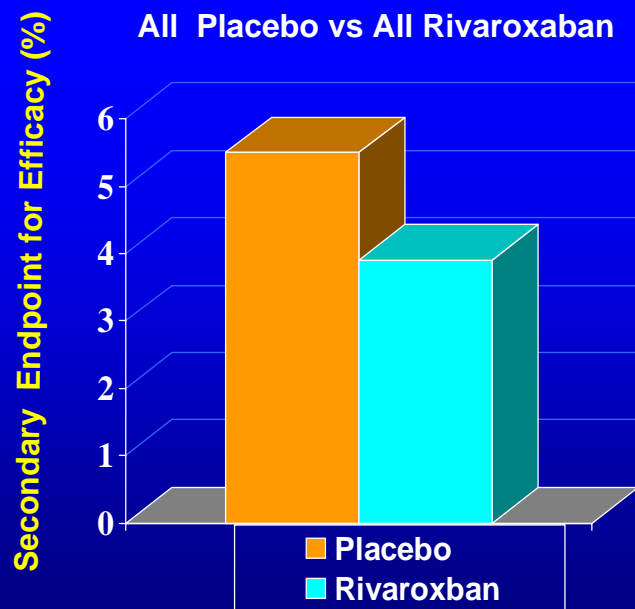




ATLAS ACS TIMI 46 Trial

Anti-Xa Therapy to Lower cardiovascular events in addition to Aspirin with or without thienopyridine therapy in Subjects with Acute Coronary Syndrome – Thrombolysis in Myocardial Infarction 46 Trial

BACKGROUND: Even with current treatment strategies, there is a 10% residual risk of having another myocardial infarction. **PURPOSE:** To evaluate for appropriate dosing of the anti-fibrin agent rivaroxaban and drug efficacy. **DESIGN:** A phase II, international, randomized, double-blind, placebo-controlled, dose-escalation study conducted in post-ACS patients with rivaroxaban in combination with aspirin (Stratum 1) or aspirin + thienopyridine (Stratum 2). Patients received rivaroxaban (total daily dose: 5, 10, 15, or 20 mg once-daily or twice-daily) or placebo for 6 months.



Primary Endpoint: Safety: Composite of TIMI major bleeding, TIMI minor bleeding and any bleeding requiring medical attention

Efficacy: Primary- Death, MI, Stroke, Urgent revascularization;
Secondary-Death, MI, stroke

Results

Safety: Bleeding increased with dosing but w/o TIMI major bleeding.

Efficacy Endpoints: Primary - 21% RRR (HR 0.79, p=0.10) for death, MI, stroke, or severe recurrent ischemia requiring revascularization;

Secondary - 31% RRR for risk of death, MI, or stroke (HR 0.69, p=0.028)

Conclusion

Further study is needed to determine the precise balance between dosing of anti-platelet agents in combination with an anti-thrombin.