

# ANTIDOTES POUR ANTICOAGULANT ORAL DIRECT :

## ACTUALITÉS ET PRATIQUES

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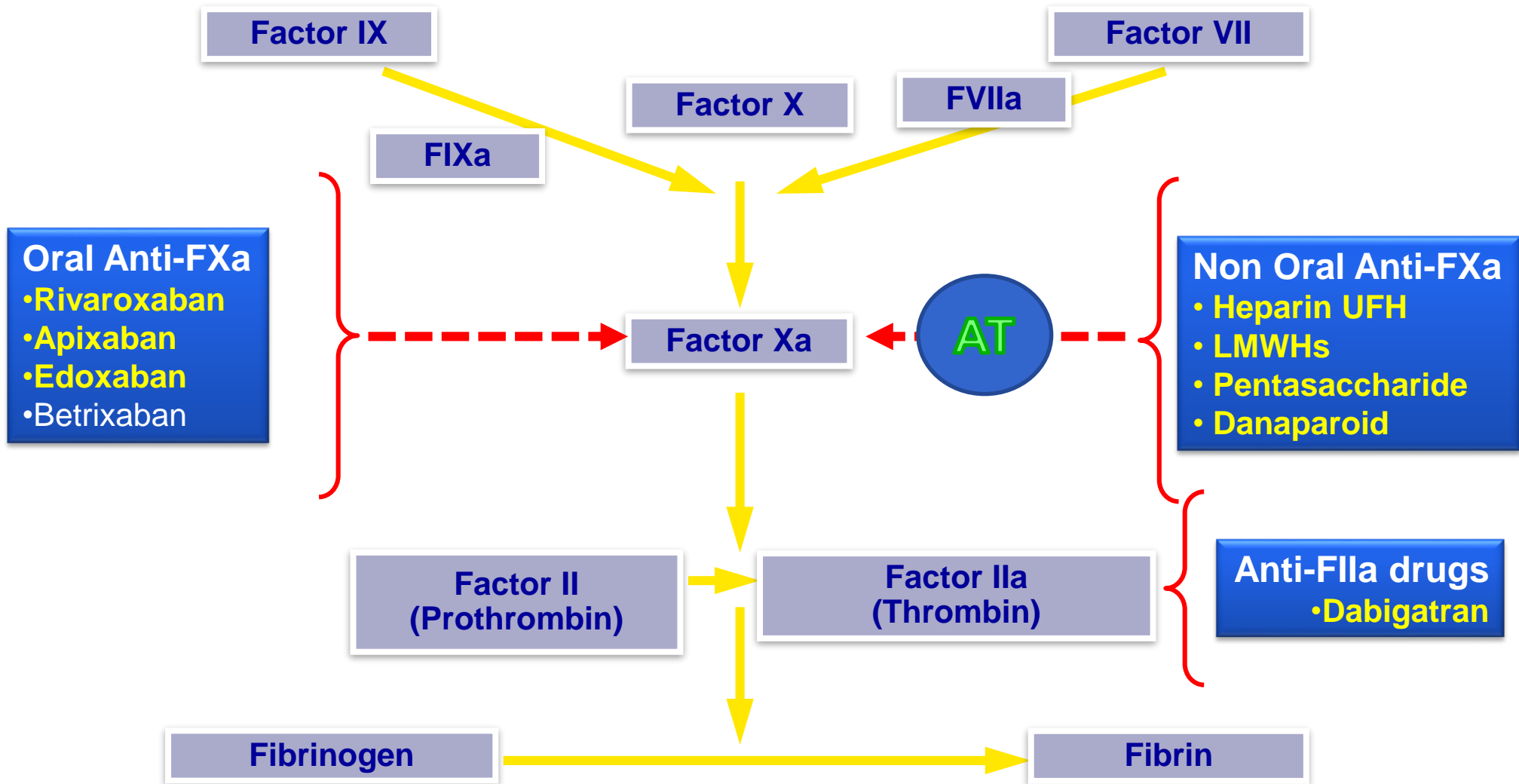
I. ELALAMY  
Service d'Hématologie Biologique  
HOPITAL TENON – UPMC PARIS – INSERM U938

# LIENS D'INTÉRÊT PROFESSIONNEL PR I ELALAMY

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- Daiichi-Sankyo, Boehringer-Ingelheim, Bayer, Sanofi-Aventis, BMS, Pfizer, Astra-Zeneca, Eli-Lilly

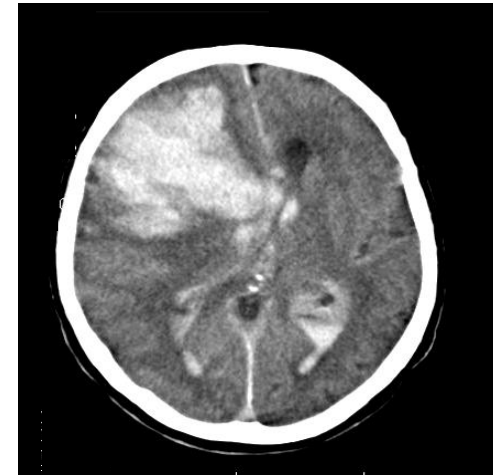
# ANTICOAGULANT TARGET SITES



# QUESTIONS PRATIQUES CHEZ LES PATIENTS AODS : COMPLICATIONS HÉMORRAGIQUES

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- Interrompre
- Mesures de Base :
  - Hémostase locale.
  - Remplissage (éviter colloïdes, si possible)
  - Traitement de Support
  - produits (CG, FFP, si nécessaire)
  - Agents anti-fibrinolytiques (Tranexamic acid)  
(Surtout muqueux hyper-fibrinolytique )
  - Maintien d'une diurèse



- PCC 25-50 IU/kg
  - ▶ **Bases : mêmes mesures que pour les hémorragies sous AVK menaçant le pronostic vital (excepté administration de Vit.K-)**

# Qu'est-ce qui caractérise un véritable antidote?

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**A true  
antidote**



- is efficacious
- provides immediate, complete, and sustained reversal

**A specific  
antidote**



- acts only against the target drug
- provides benefits in terms of safety
- no other interactions
- no prothrombotic effects

# Qu'est-ce qui caractérise un véritable antidote?

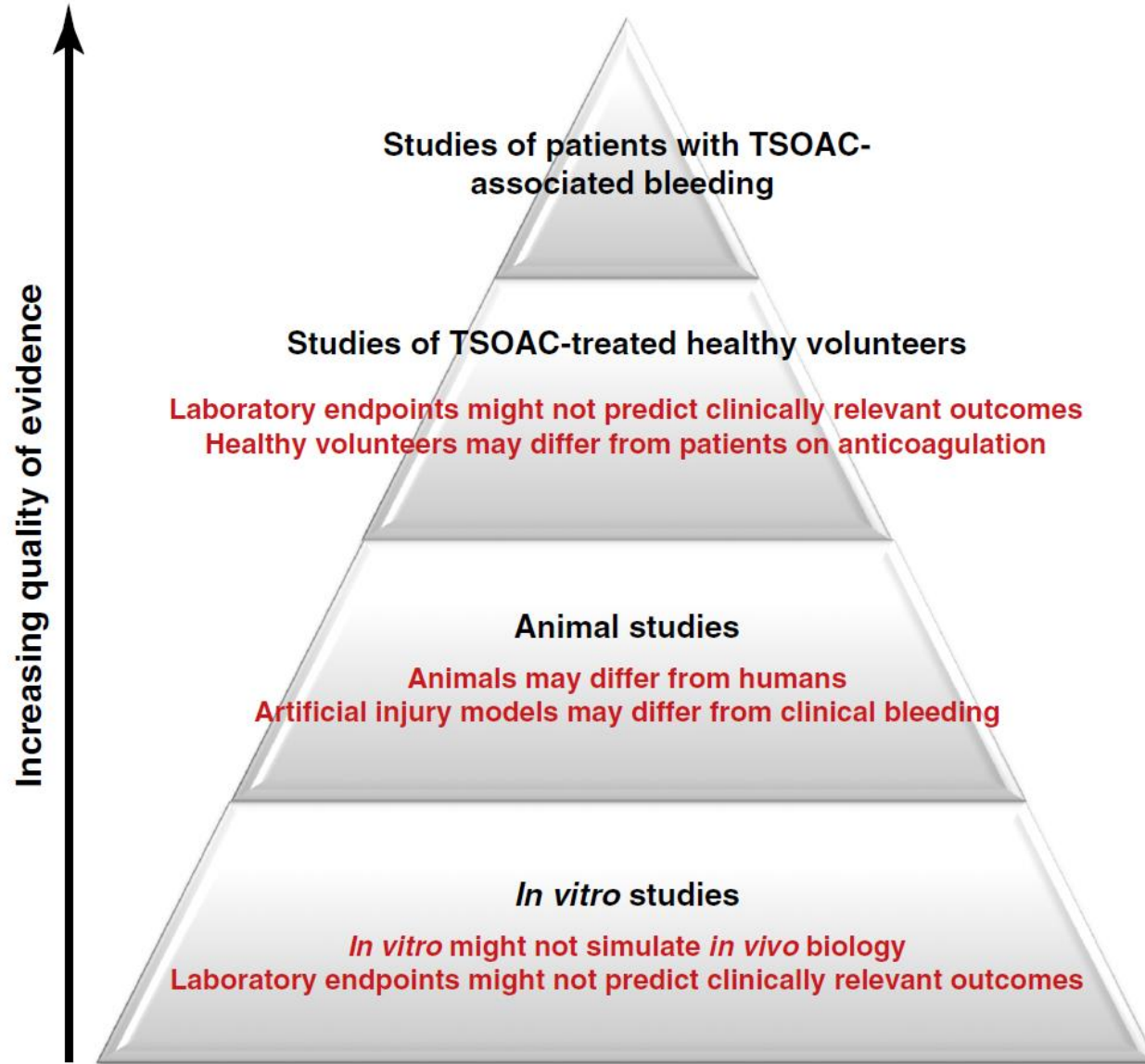
	Target	Mechanism of action	Investigation status
<b>Idarucizumab</b> <b>Praxbind®</b>	Dabigatran	Humanized Fab: specifically binds dabigatran (binding affinity ~350× higher than binding of dabigatran to thrombin)	Bleeding patients and surgical patients <sup>2</sup>
<b>Andexanet alfa</b> <b>(PRT064445)</b>	FXa inhibitors	Recombinant human FXa variant: competitive affinity for direct FXa inhibitors	Healthy volunteers <sup>3-5</sup>
<b>Aripazine</b> <b>(PER977)</b> <b>Ciraparantag</b>	Universal	Synthetic small molecule: charge–charge interactions (heparin); hydrogen bonds (NOACs) <sup>6</sup>	Phase I <sup>7</sup>

**Idarucizumab is currently in development and is not approved for use in any country. The information presented here is intended for medical education purposes only**

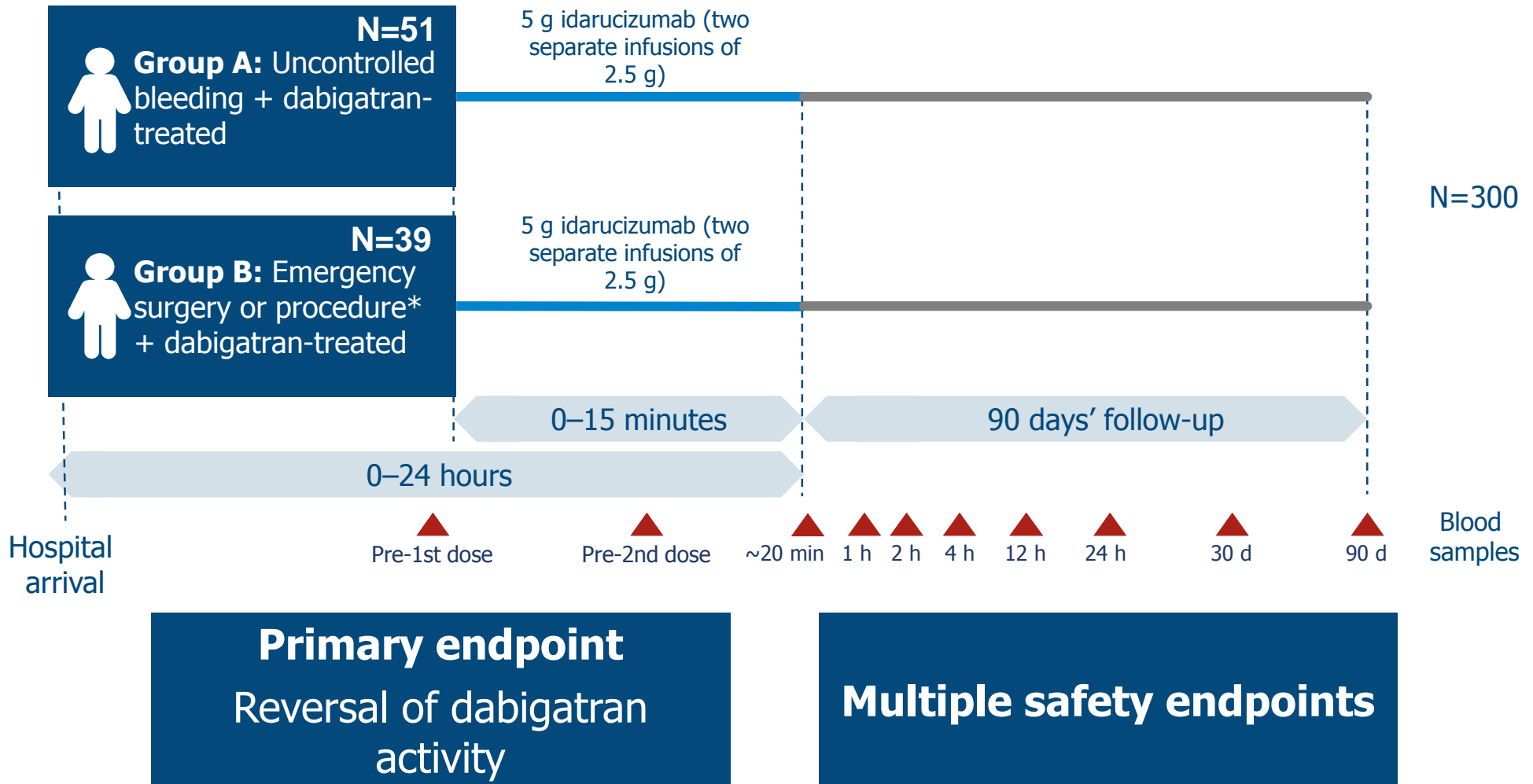
Fab, fully humanized antibody fragment; FXa, Factor Xa

1. Adapted from Lauw M et al. Can J Cardiol 2014;30:381–4; 2. Clinicaltrials.gov: NCT02104947;
3. Clinicaltrials.gov: NCT02220725; 4. Clinicaltrials.gov: NCT02207725; 5. Bakhru S et al. AHA 2013; abstr 11395;
6. Crowther et al. S100ab - Session CS.03 - Management of Cardiovascular Disease. AHA 2014, Chicago, USA;
7. <http://www.perosphere.com/content/news/httpwww.perosphere.comcontentnewsreleases042513.htm> accessed September 2014

# STRATÉGIE DE DÉVELOPPEMENT DES ANTIDOTES



# RE-VERSE AD™ is a multicentre, open-label, single-arm Phase III trial

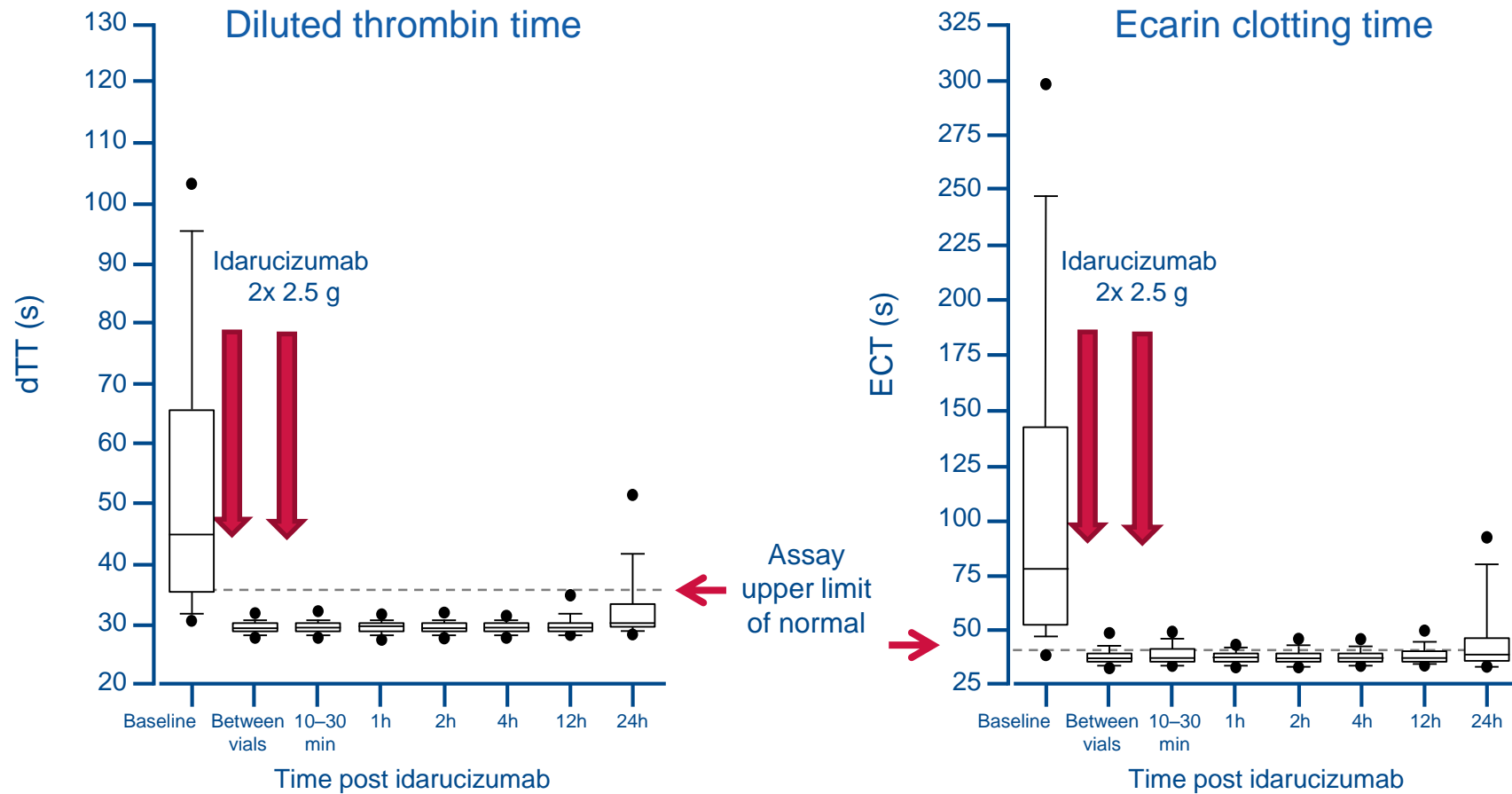


**Idarucizumab is currently in development and is not approved for use in any country. The information presented here is intended for medical education purposes only**

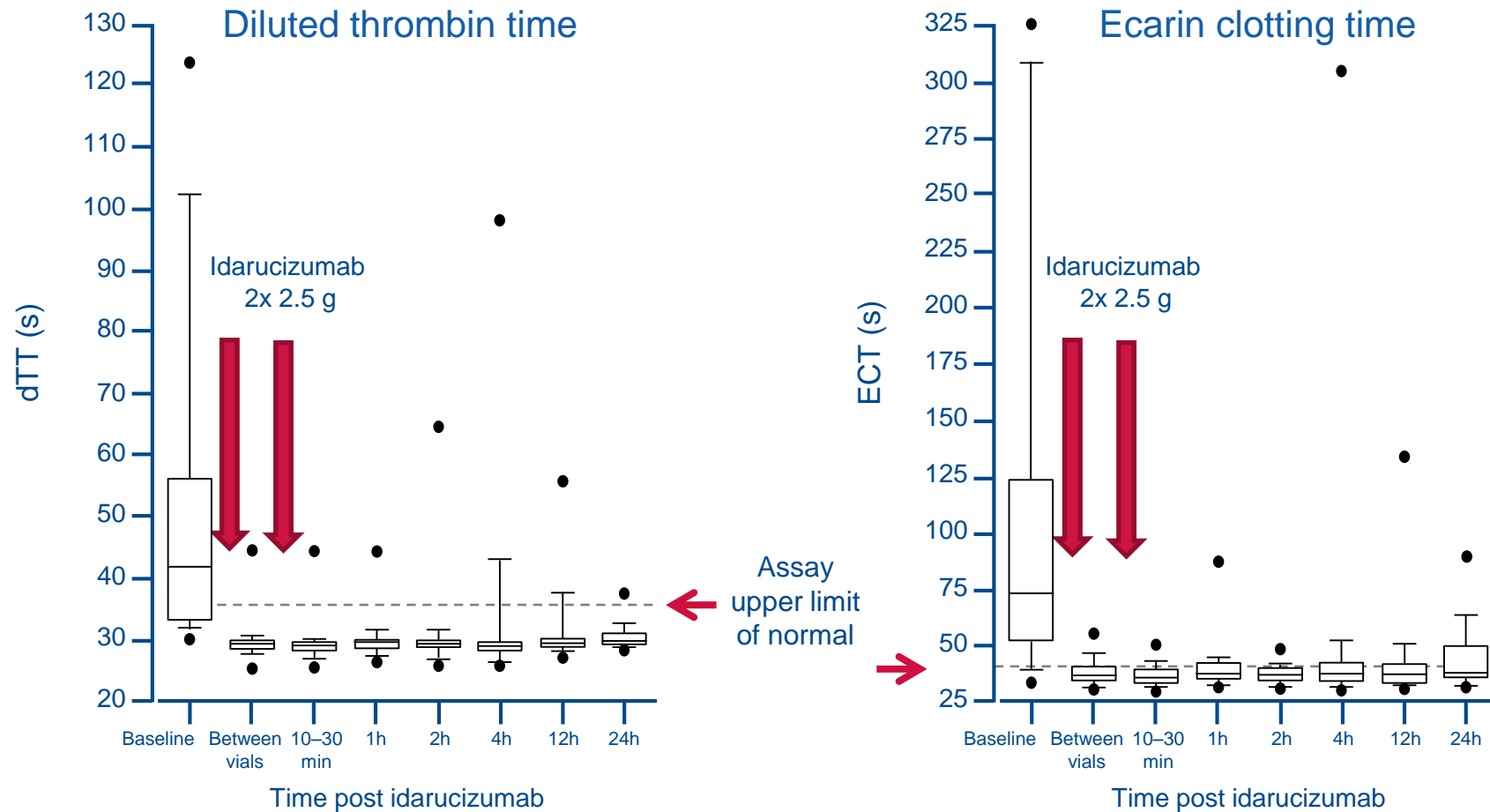
\*Other than bleeding; Pollack et al. Thromb Haemost 2015



# RESULTS: Primary endpoint in Group A: dTT and ECT Reversal of dabigatran-anticoagulation with idarucizumab



# RESULTS: Primary endpoint in Group B: dTT and ECT Reversal of dabigatran-anticoagulation with idarucizumab



## RE-VERSE AD™: thrombotic events



Thrombotic events reported in only five patients over a period of 90 days of follow up

- 1 early event (DVT + PE) 2 days after idarucizumab administration

**25 sept 2015**

**CHMP of EMA issued a positive opinion recommending EUROPEAN APPROVAL of Idarucizumab**

**If final EU approval adopted => grant marketing authorization in EU by the end of November 2015...**

None of these 5 patients were receiving any antithrombotic therapy when the events occurred

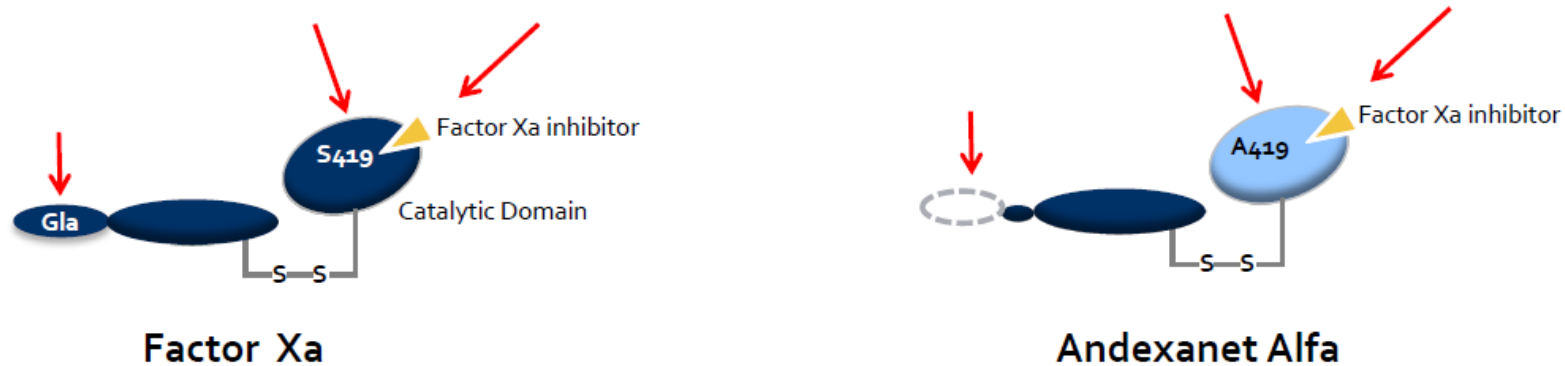
These events reflect the underlying thromboembolic potential of these patients when not on anticoagulation therapy

# Andexanet: Designed to Reverse Activity of Factor Xa Inhibitors

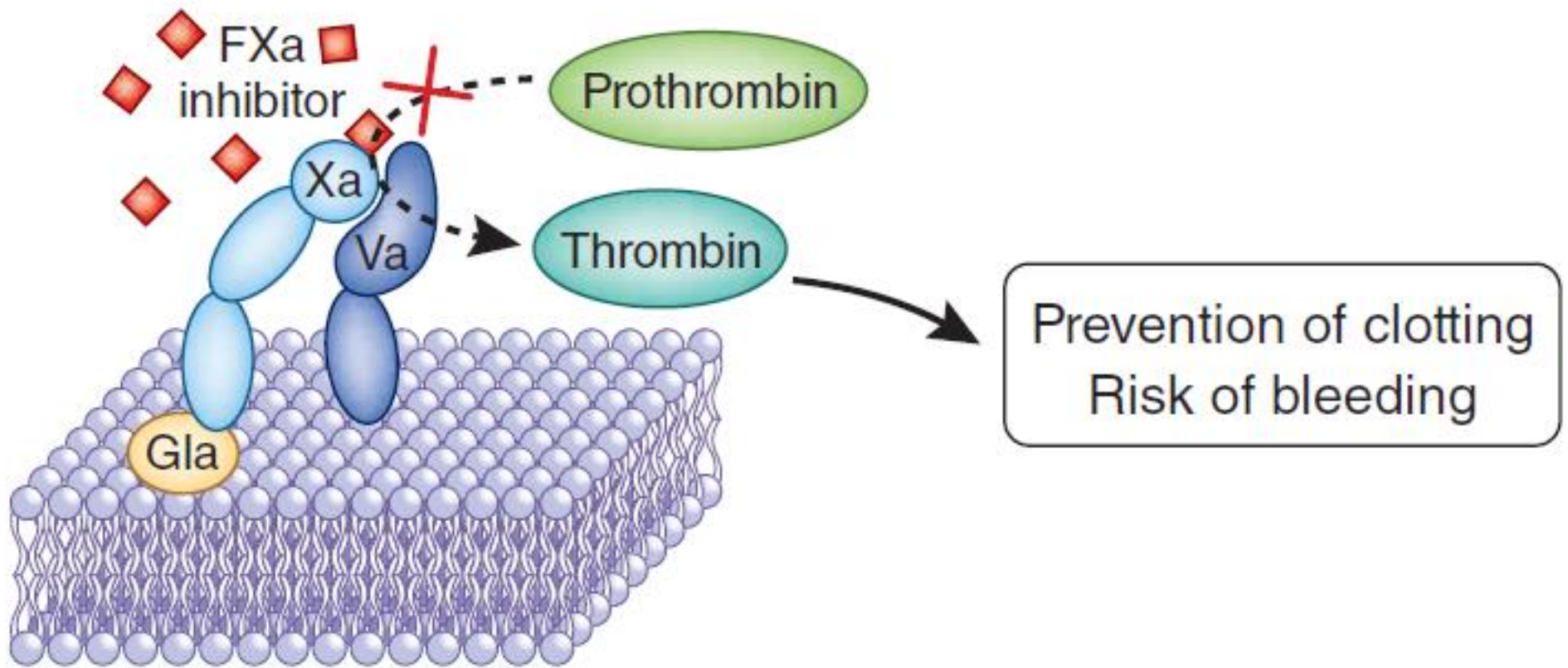
*Nature Medicine* (2013),19(4): 446-51

## Recombinant engineered version of human factor Xa produced in CHO cells

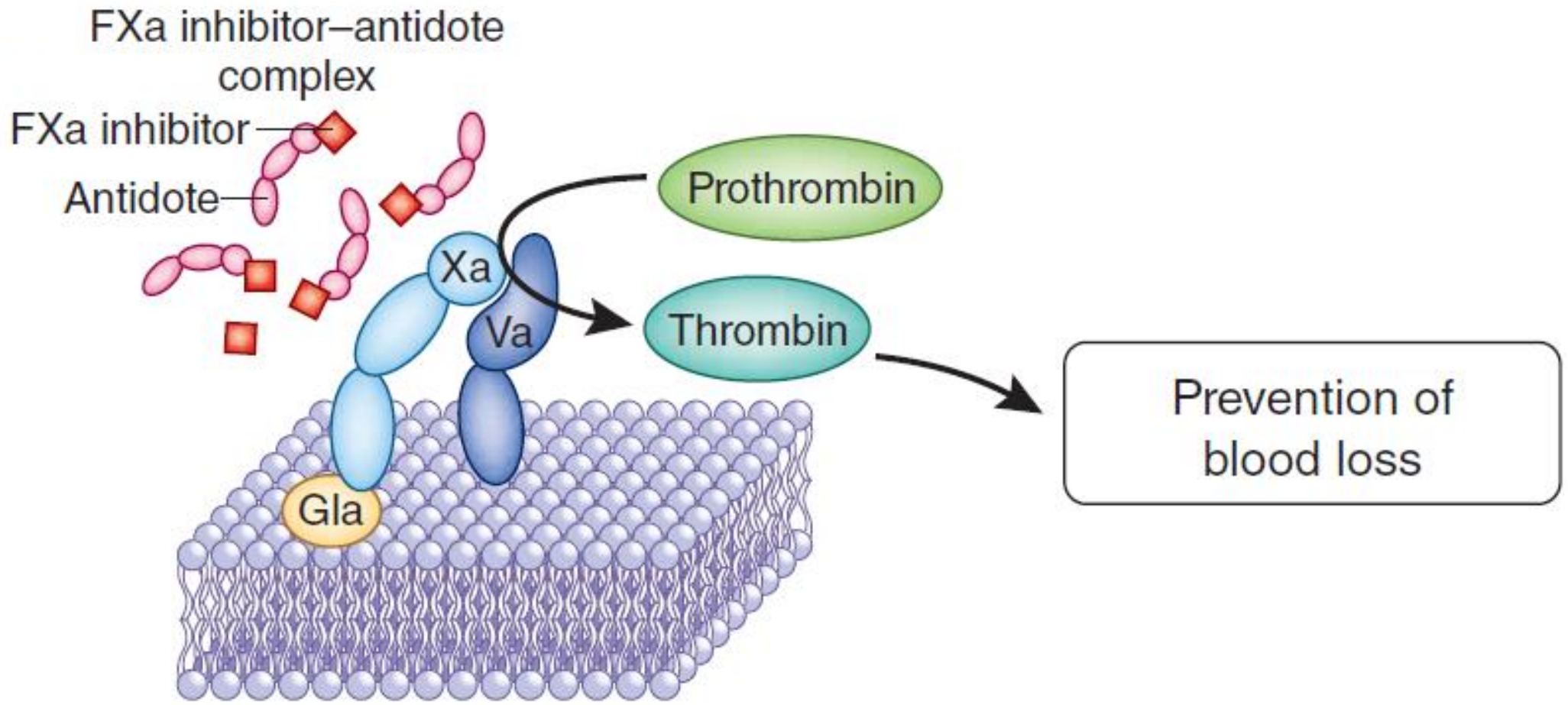
- Acts as a fXa decoy and retains high affinity for all direct fXa inhibitors
- Change of Serine to Alanine to eliminate catalytic activity and prevent prothrombin cleavage
- GLA domain removed to prevent anticoagulant effect



- No known interaction with other coagulation factors except Tissue Factor Pathway Inhibitor (TFPI)
- Retains high affinity for Antithrombin III-inhibitor complex and can reverse ATIII-dependent anticoagulant effects of enoxaparin and fondaparinux in vitro and in vivo



FXa inhibitor binds activated FX and prevents thrombin generation



Antidote binds free  
FXa inhibitor and allows activated  
FX to convert prothrombin to  
thrombin and restore coagulation

# ANDEXANET ALPHA FOR THE REVERSAL OF FACTOR XA INHIBITOR ACTIVITY

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**ANDEXANET ALFA A NOVEL ANTIDOTE  
TO THE ANTICOAGULANT EFFECTS OF FXA INHIBITORS**

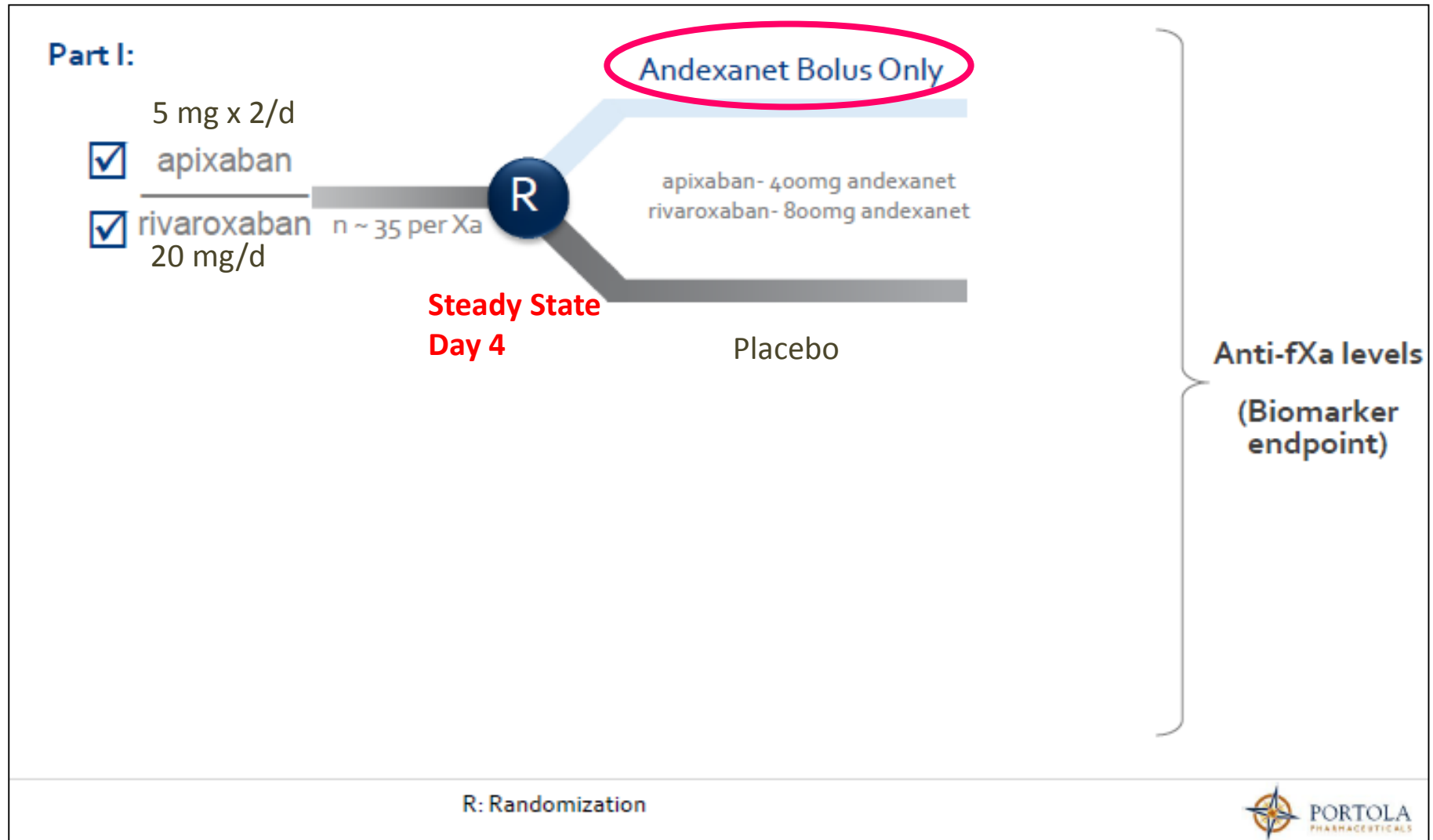
**ANNEXA-A** : Apixaban

**ANNEXA-R** : Rivaroxaban

*Siegal et al N Engl J Med 2015;373: 2413-2424*

*On July 7, 2014, Portola announced that it has entered into another clinical collaboration agreement with Daiichi Sankyo, to study andexanet alfa with edoxaban in a Phase III program called **ANNEXA-E***

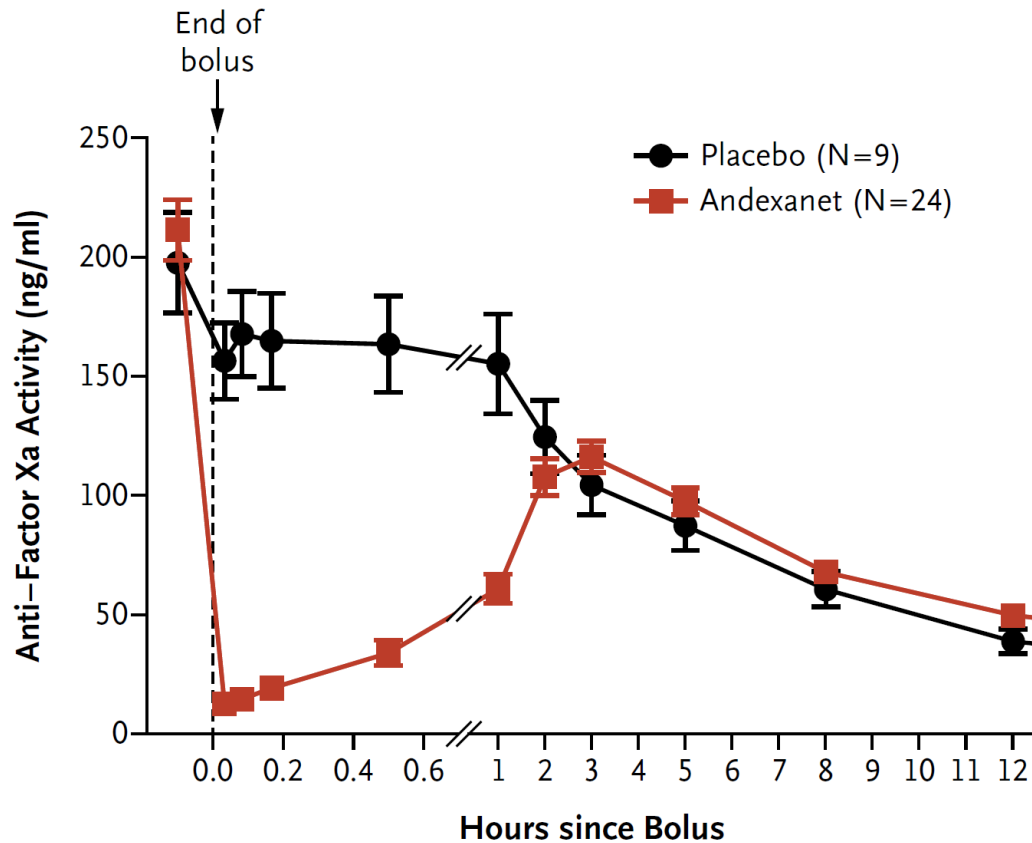
# ANNEXA studies - Design





# RESULTS: PRIMARY END-POINTS

**A** Apixaban Study, Andexanet Bolus



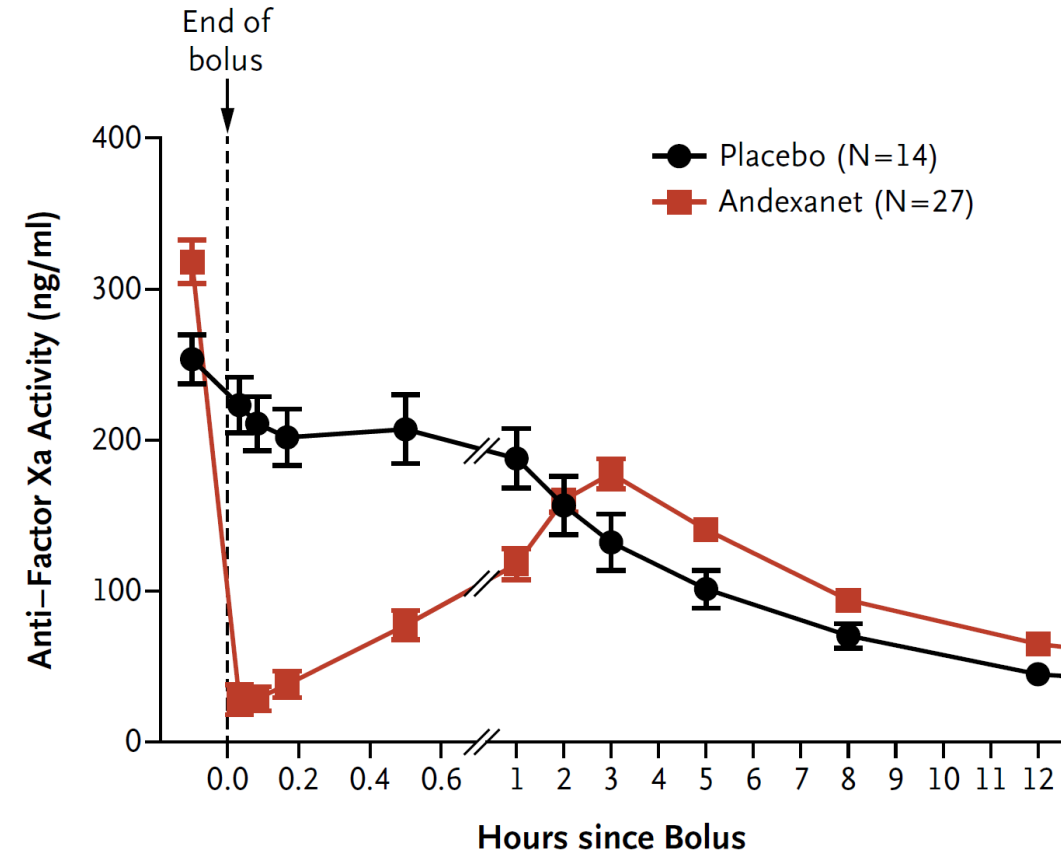
## Anti-Xa activity Reduction

94 ± 2% Andexanet

21 ± 9% placebo

p<0.001

**B** Rivaroxaban Study, Andexanet Bolus



## Anti-Xa activity Reduction

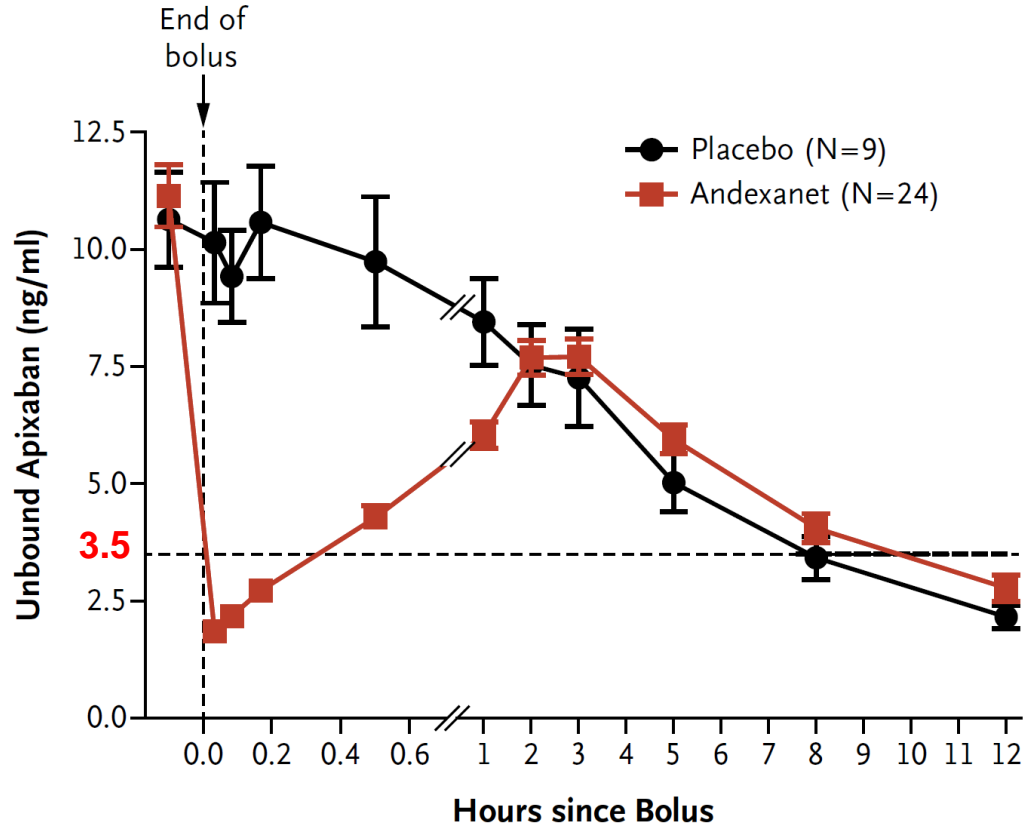
92 ± 11% Andexanet

18 ± 15% placebo

p<0.001

# RESULTS: SECONDARY END-POINTS

## A Apixaban Study, Andexanet Bolus



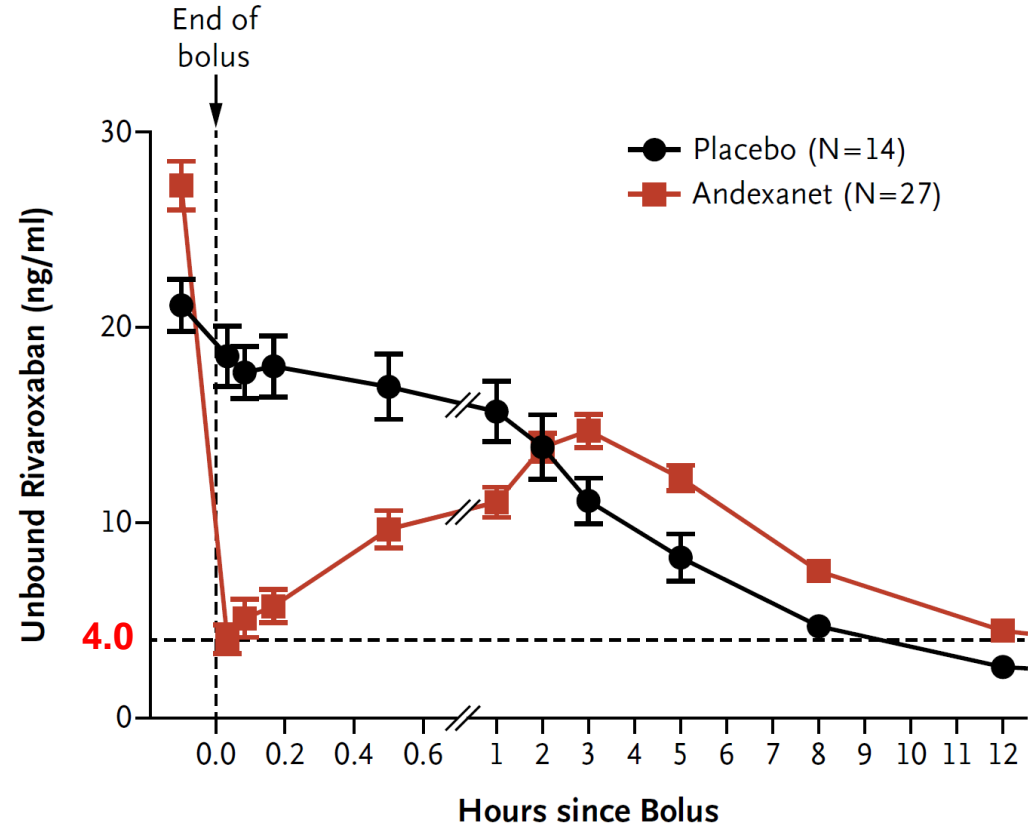
### Unbound Xa Inhibitor Reduction

83% Andexanet

13% placebo

$p < 0.001$

## B Rivaroxaban Study, Andexanet Bolus



### Unbound Xa Inhibitor Reduction

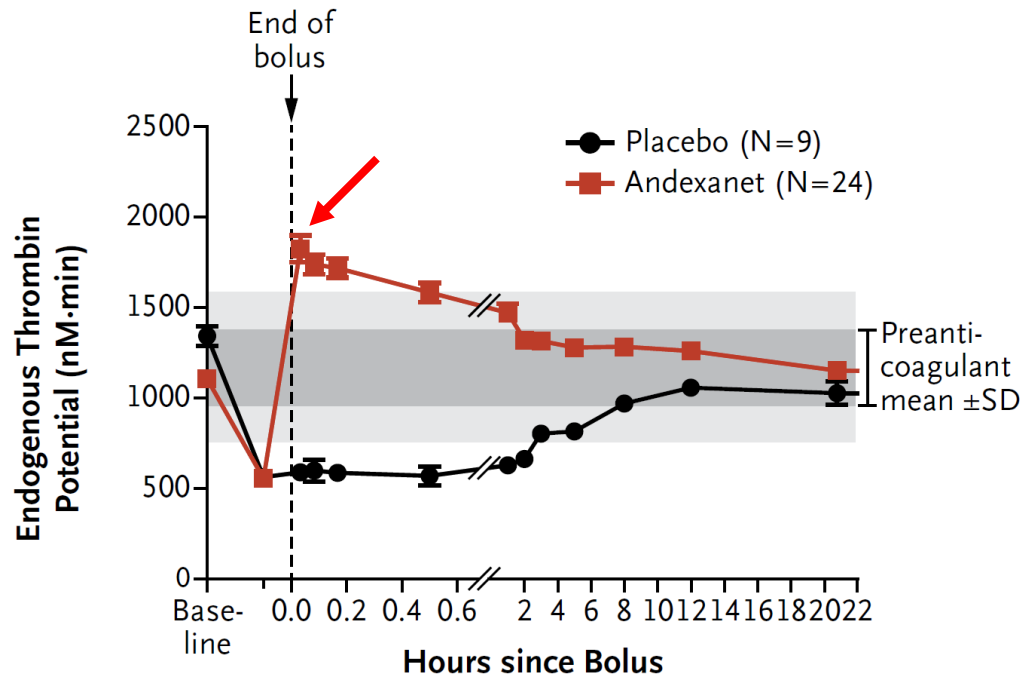
86% Andexanet

19% placebo

$p < 0.001$

# RESULTS: SECONDARY END-POINTS

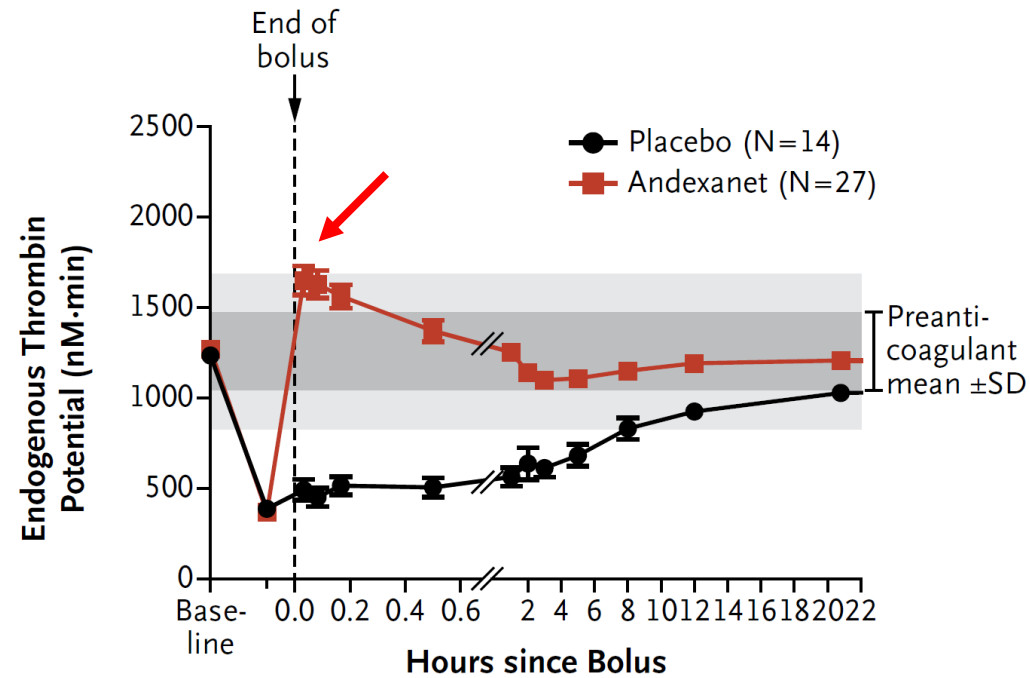
**A** Apixaban Study, Andexanet Bolus



## Restored Thrombin Generation

$1323 \pm 335$  nM.min Andexanet  
 $88 \pm 125$  nM.min placebo  
 $p < 0.001$

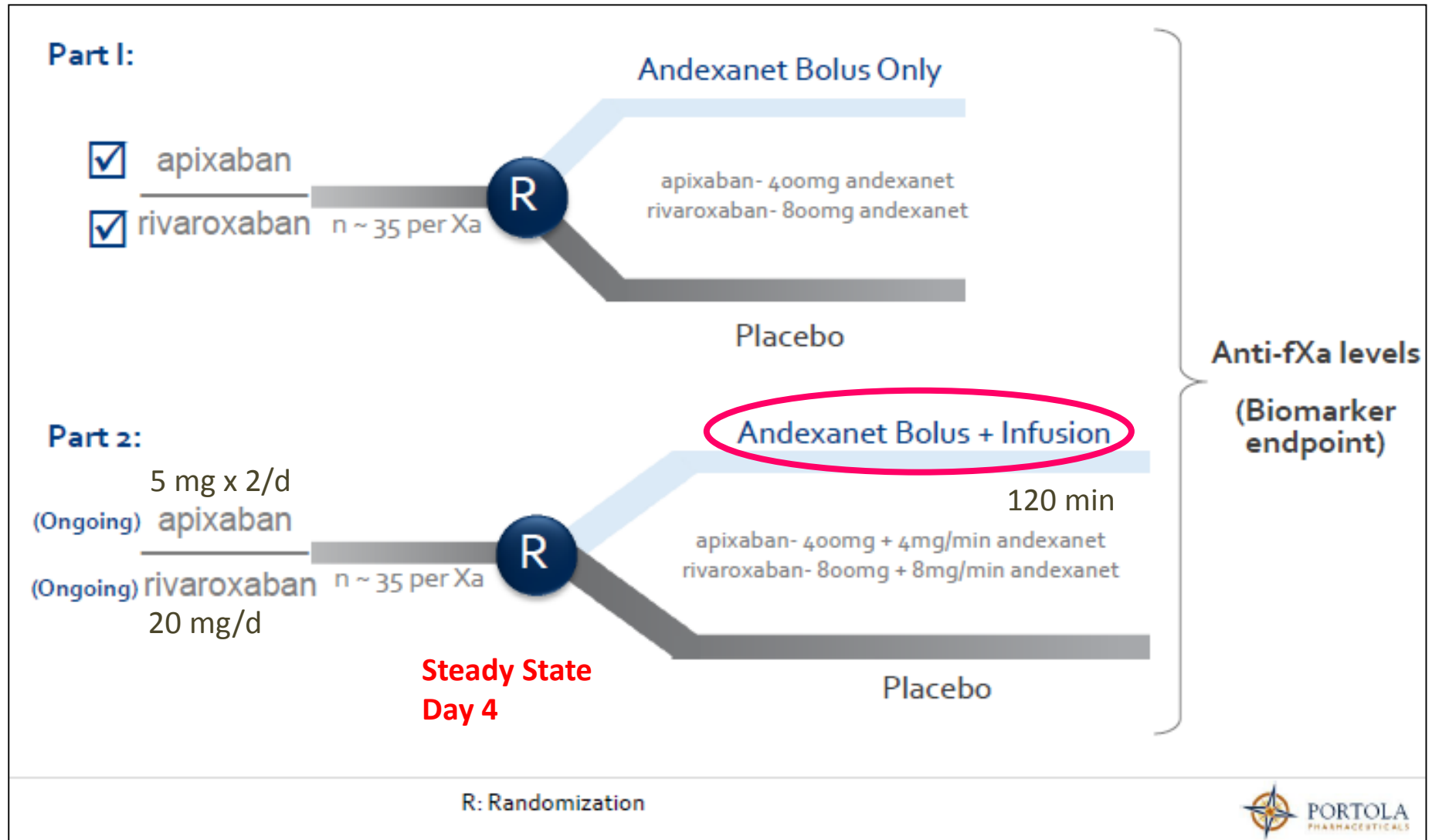
**B** Rivaroxaban Study, Andexanet Bolus



## Restored Thrombin Generation

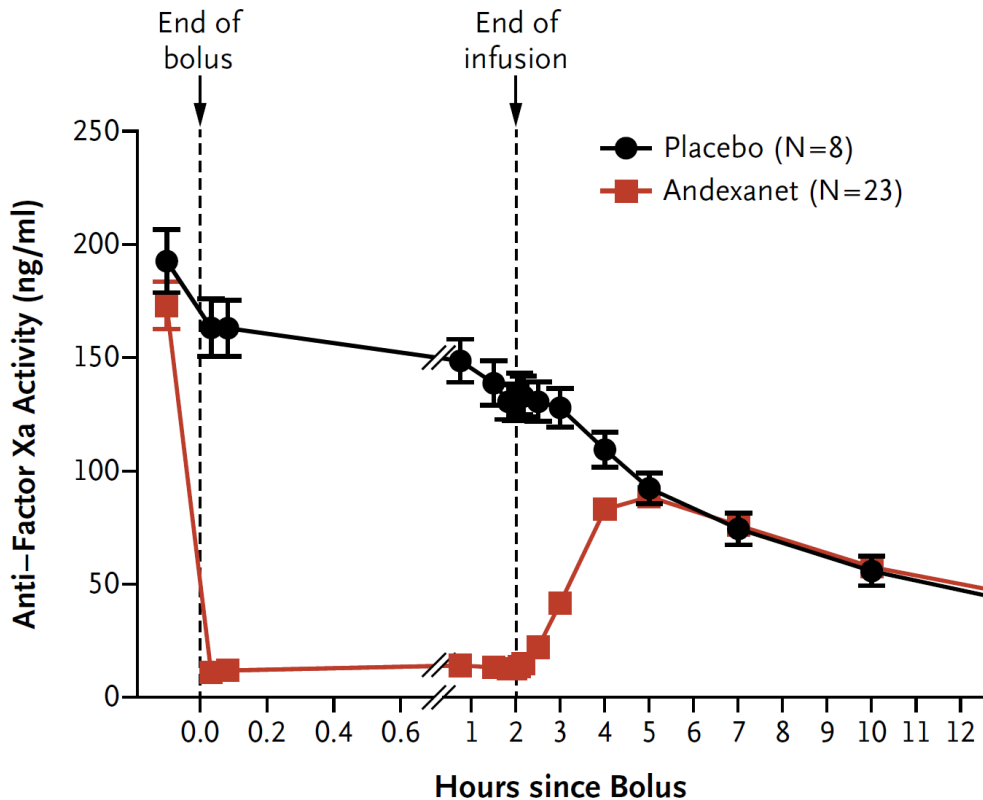
$1314 \pm 331$  nM.min Andexanet  
 $174 \pm 104$  nM.min placebo  
 $p < 0.001$

# ANNEXA studies - Design



# RESULTS: PRIMARY END-POINT

**C** Apixaban Study, Andexanet Bolus plus Infusion



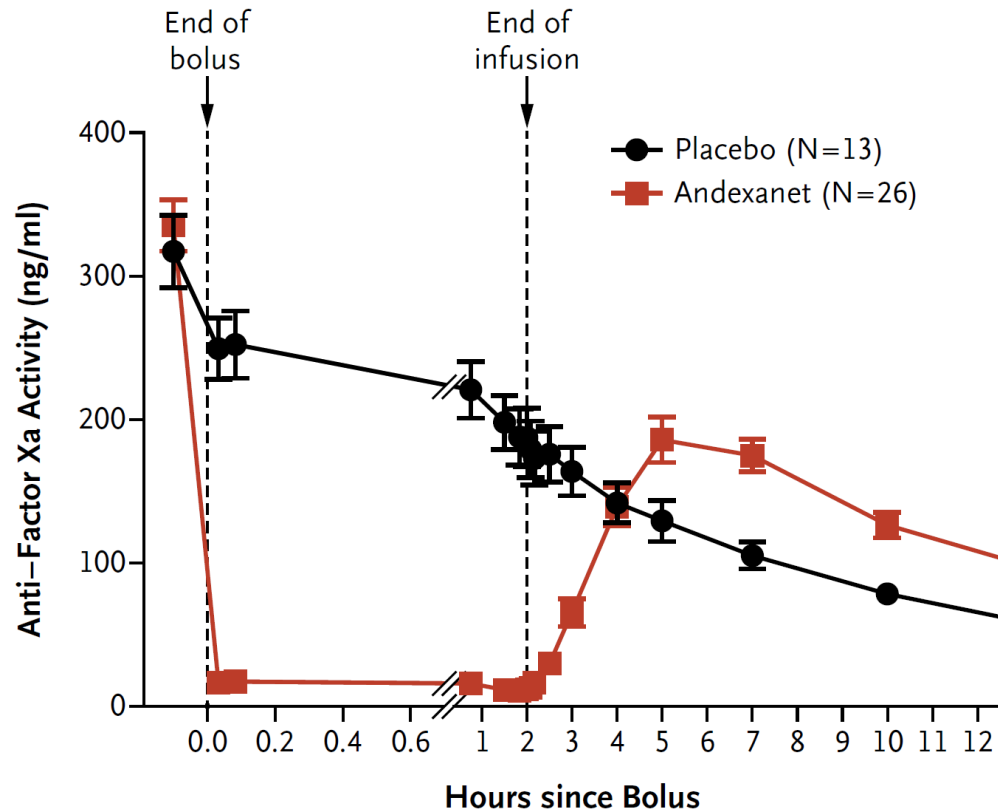
**Anti-Xa activity Reduction**

92 ± 3% Andexanet

33 ± 6% placebo

p<0.001

**D** Rivaroxaban Study, Andexanet Bolus plus Infusion



**Anti-Xa activity Reduction**

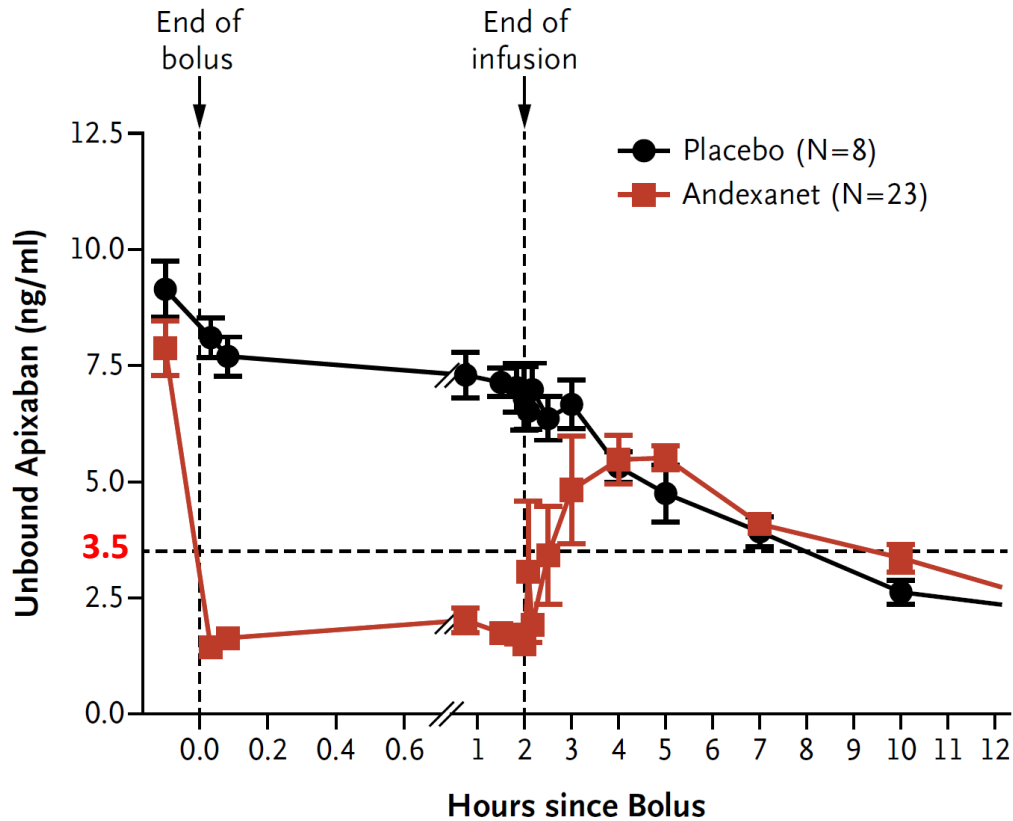
97 ± 2% Andexanet

45±12% placebo

p<0.001

# RESULTS: SECONDARY END-POINT

**C** Apixaban Study, Andexanet Bolus plus Infusion



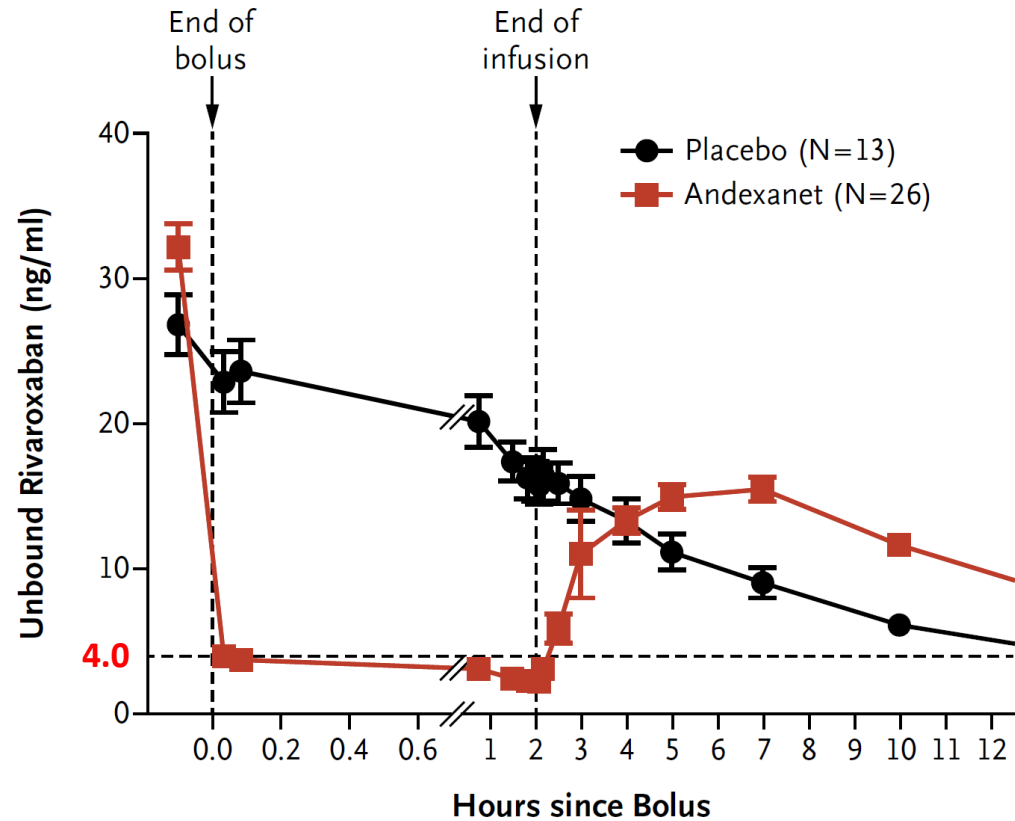
## Unbound Xa Inhibitor Reduction

82% Andexanet

16% placebo

$p < 0.001$

**D** Rivaroxaban Study, Andexanet Bolus plus Infusion



## Unbound Xa Inhibitor Reduction

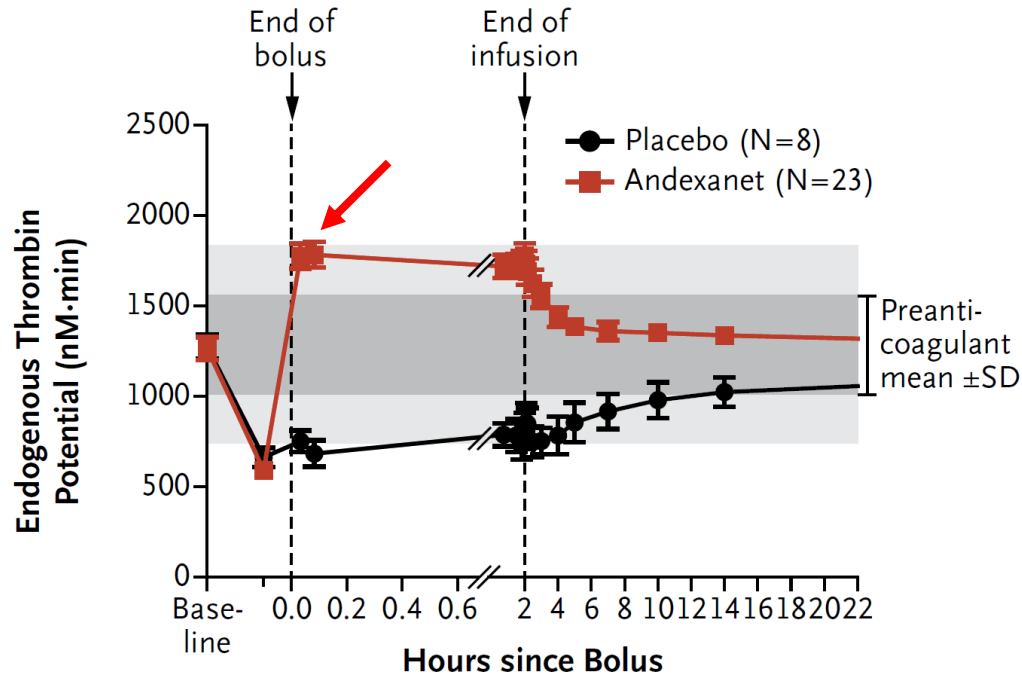
90% Andexanet

19% placebo

$p < 0.001$

# RESULTS: SECONDARY END-POINT

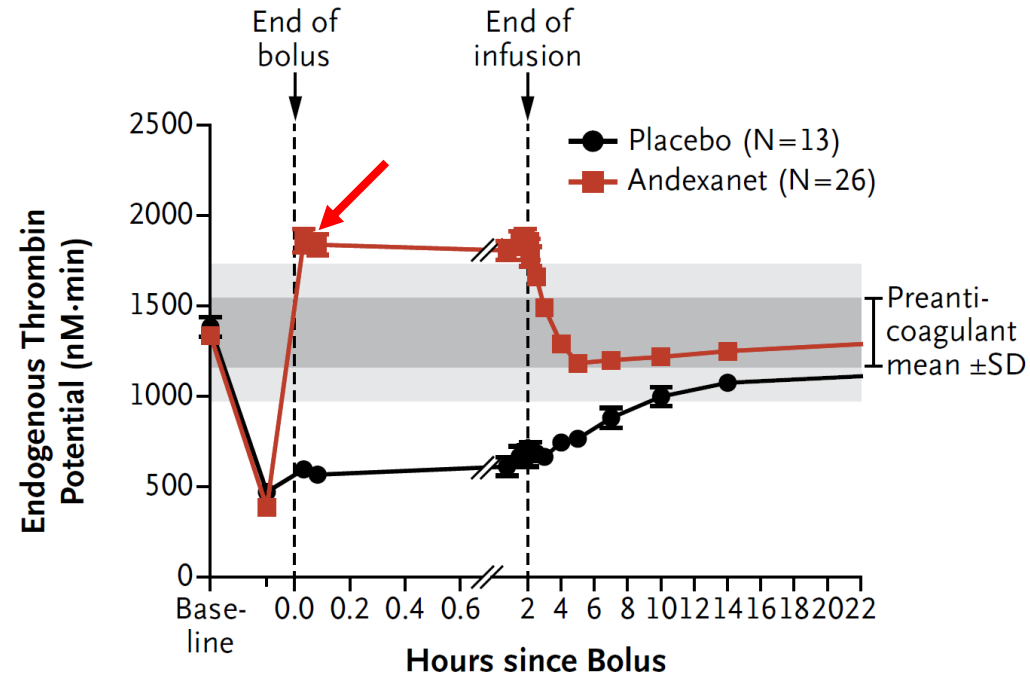
**C** Apixaban Study, Andexanet Bolus plus Infusion



## Restored Thrombin Generation

1193 ± 263 nM.min Andexanet  
 189 ± 185 nM.min placebo  
 p<0.001

**D** Rivaroxaban Study, Andexanet Bolus plus Infusion

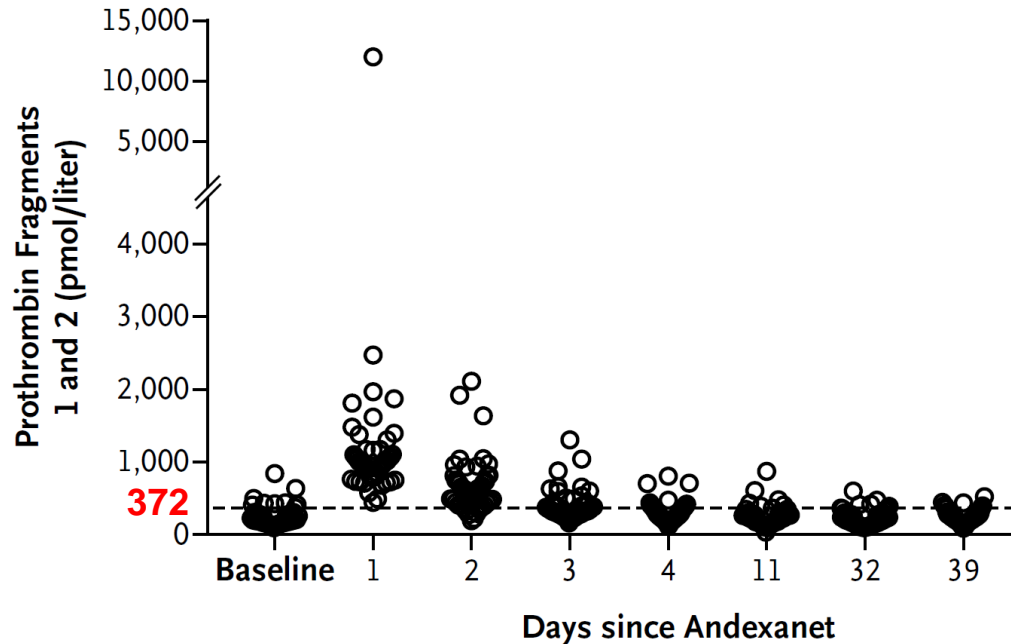


## Restored Thrombin Generation

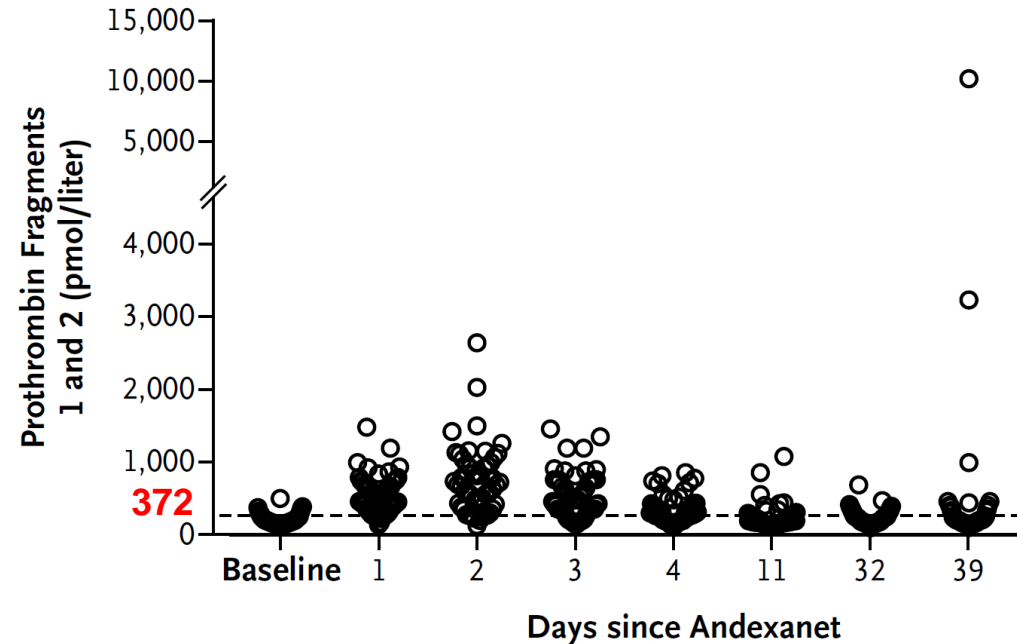
1510 ± 345 nM.min Andexanet  
 264 ± 141 nM.min placebo  
 p<0.001

# RESULTS: SAFETY OUTCOMES

**A** Apixaban Study, Prothrombin Fragments 1 and 2



**B** Rivaroxaban Study, Prothrombin Fragments 1 and 2



**Transient elevations and return to normal range in 24 to 72 hours**

**No clinical thrombotic event**

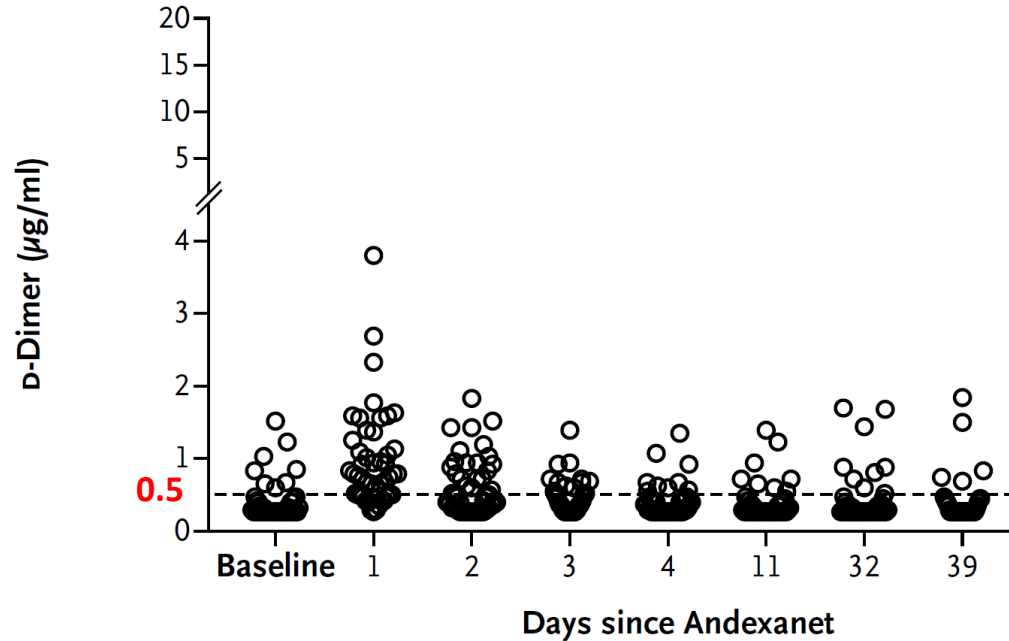
**No correlation with increased thrombin generation**

(All Part1 and Part2 Andexanet patients)

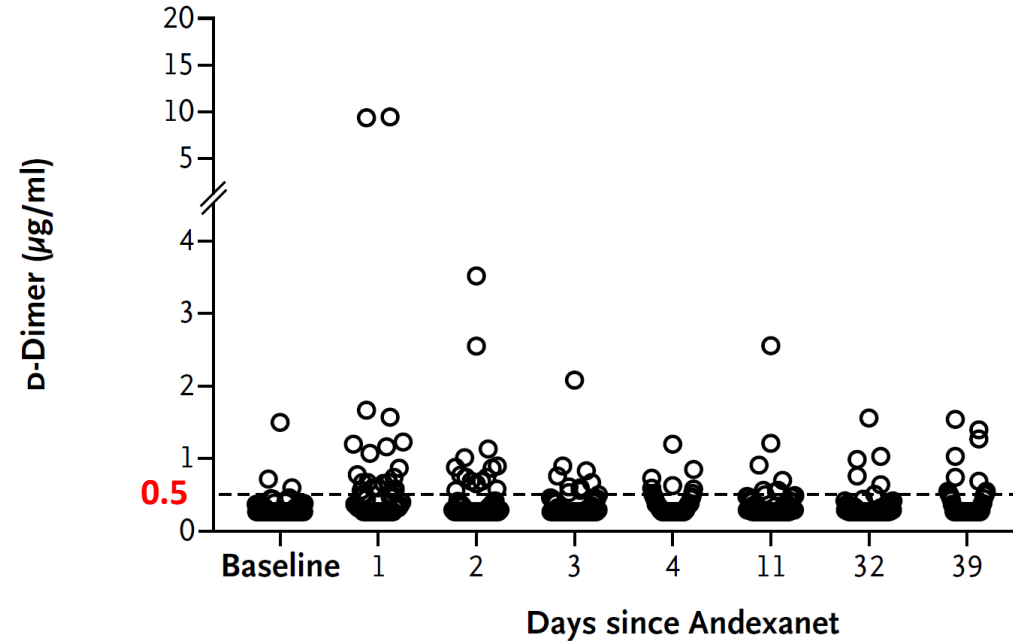


# RESULTS: SAFETY OUTCOMES

C Apixaban Study, D-Dimer



D Rivaroxaban Study, D-Dimer



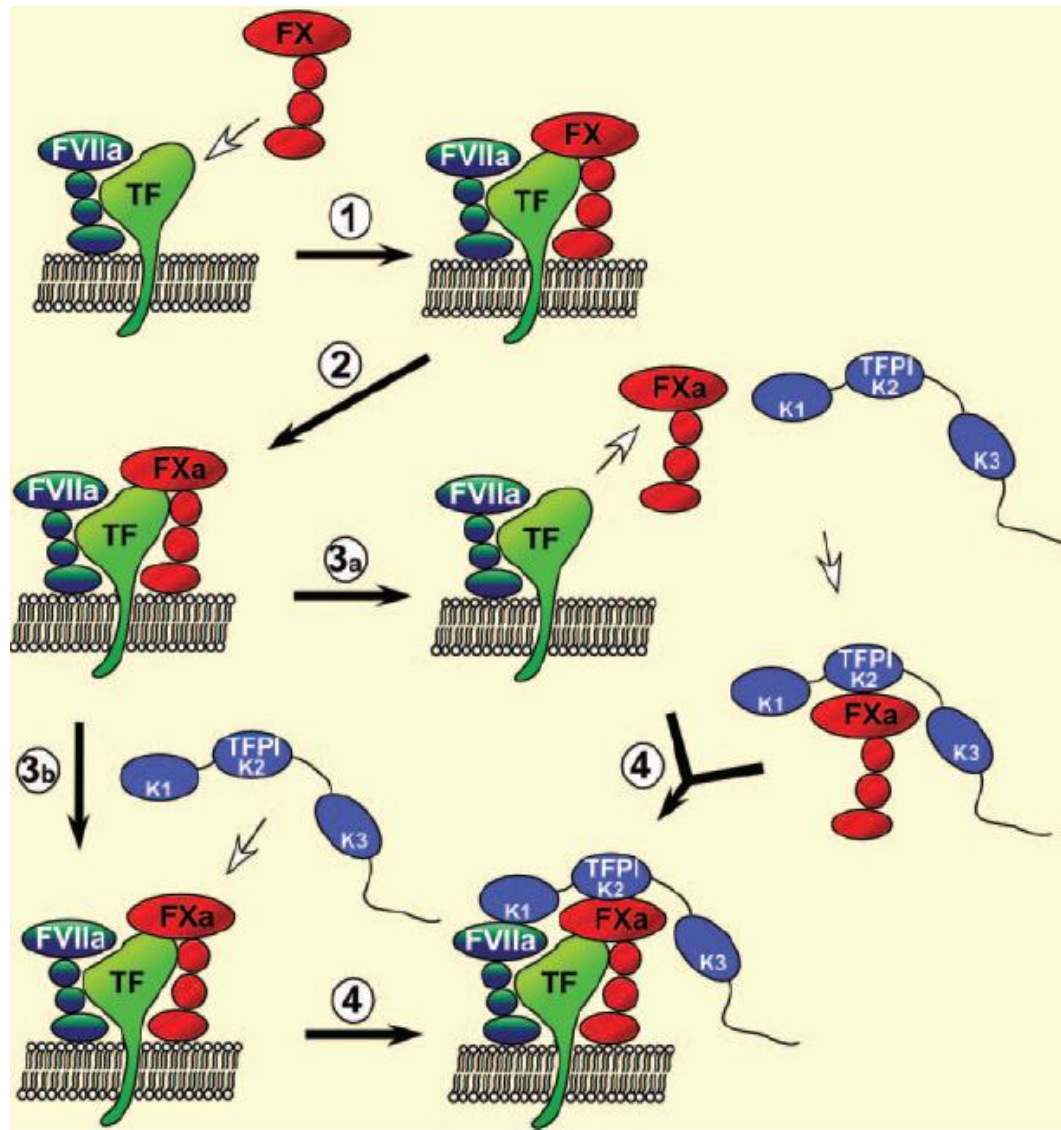
**Transient elevations and return to normal range in 24 to 72 hours**

**No clinical thrombotic event**

**No correlation with increased thrombin generation**

(All Part1 and Part2 Andexanet patients)

# INHIBITION OF TF-DEPENDENT COAGULATION BY TFPI



# **ANNEXA 4** *(to be conducted)*

## **Phase IV in bleeding patients**

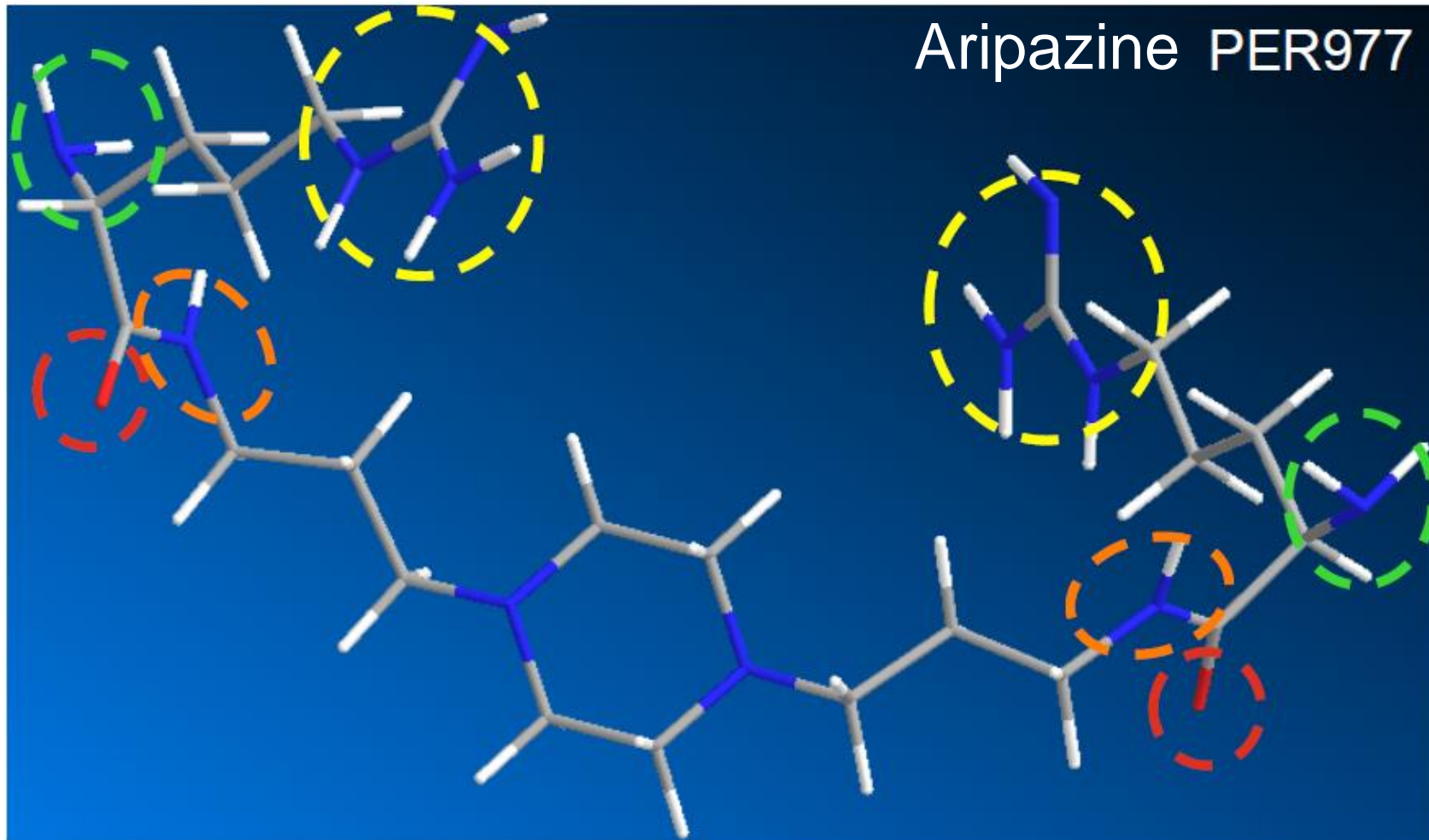
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### **ANNEXA™-4 on Apixaban, Rivaroxaban and Enoxaparin**

- ▶ **An open-label, multinational study in patients receiving fXa inhibitors presenting with acute major bleeding**
  - ▶ Two Primary Endpoints
    - ▶ First primary: Percent change from baseline in anti-fXa activity
    - ▶ Second primary: Occurrence of patients achieving “effective hemostasis” as adjudicated by an Independent Endpoint Adjudication Committee
  - ▶ **Study is ongoing; to be conducted at over 50 sites in North America and Europe**
  - ▶ **Plan to add edoxaban to study by mid-2015**

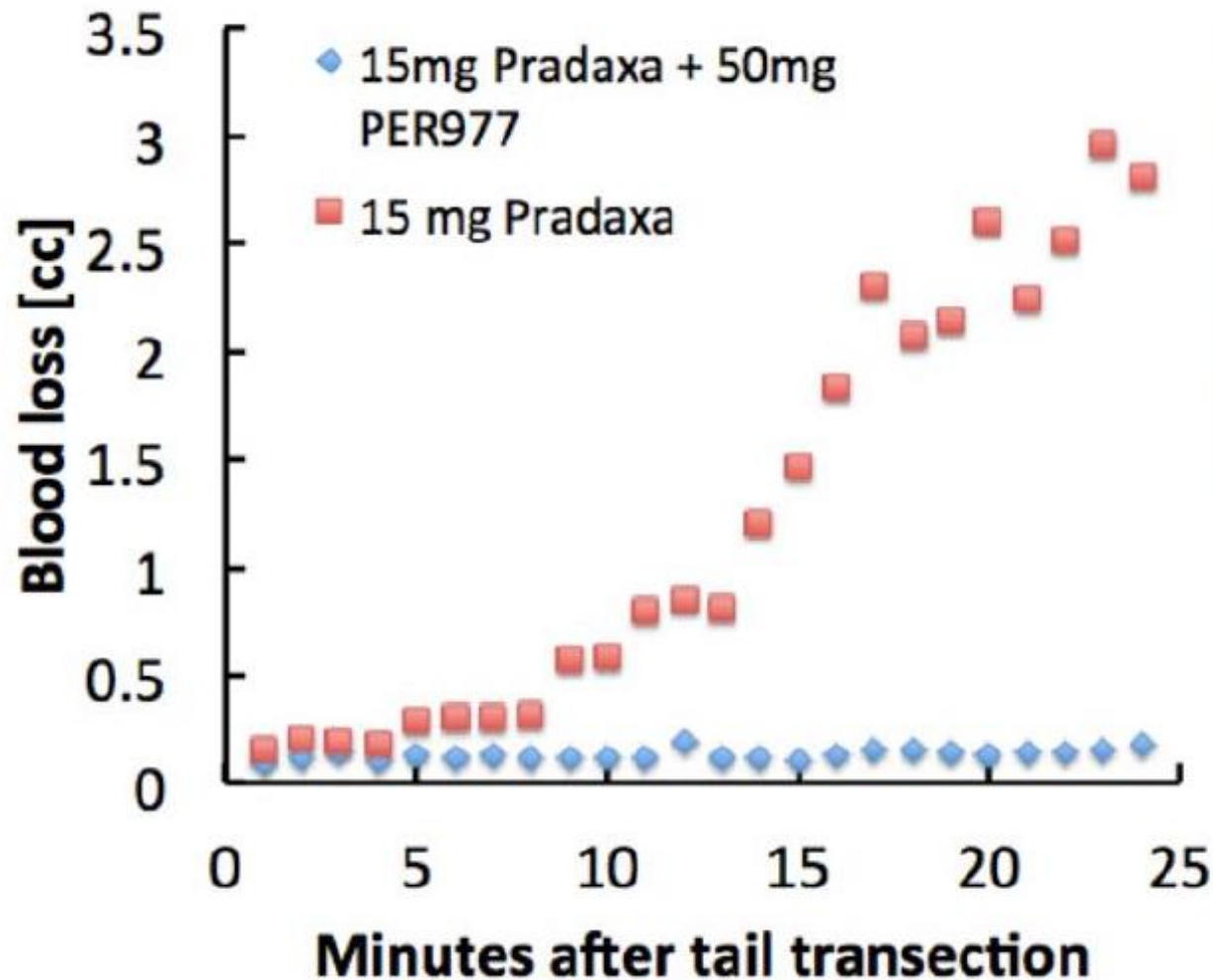
*phase 3b–4 study “Prospective, Open-Label Study of Andexanet Alfa in Patients Receiving a Factor Xa Inhibitor Who Have Acute Major Bleeding”  
(ClinicalTrials.gov number, NCT02329327)*

500 Da  
Synthetic  
Water soluble  
Cationic  
Stable >1y RT



- H-bonds edoxaban, dabigatran, rivaroxaban and heparins
- H-bonds dabigatran, rivaroxaban, apixaban, argatroban and heparins
- H-bonds dabigatran, rivaroxaban, and heparins
- H-bonds edoxaban and apixaban

# PER977 reverses ~100x overdose of dabigatran etexilate (15mg p.o.) in a rat tail transection model

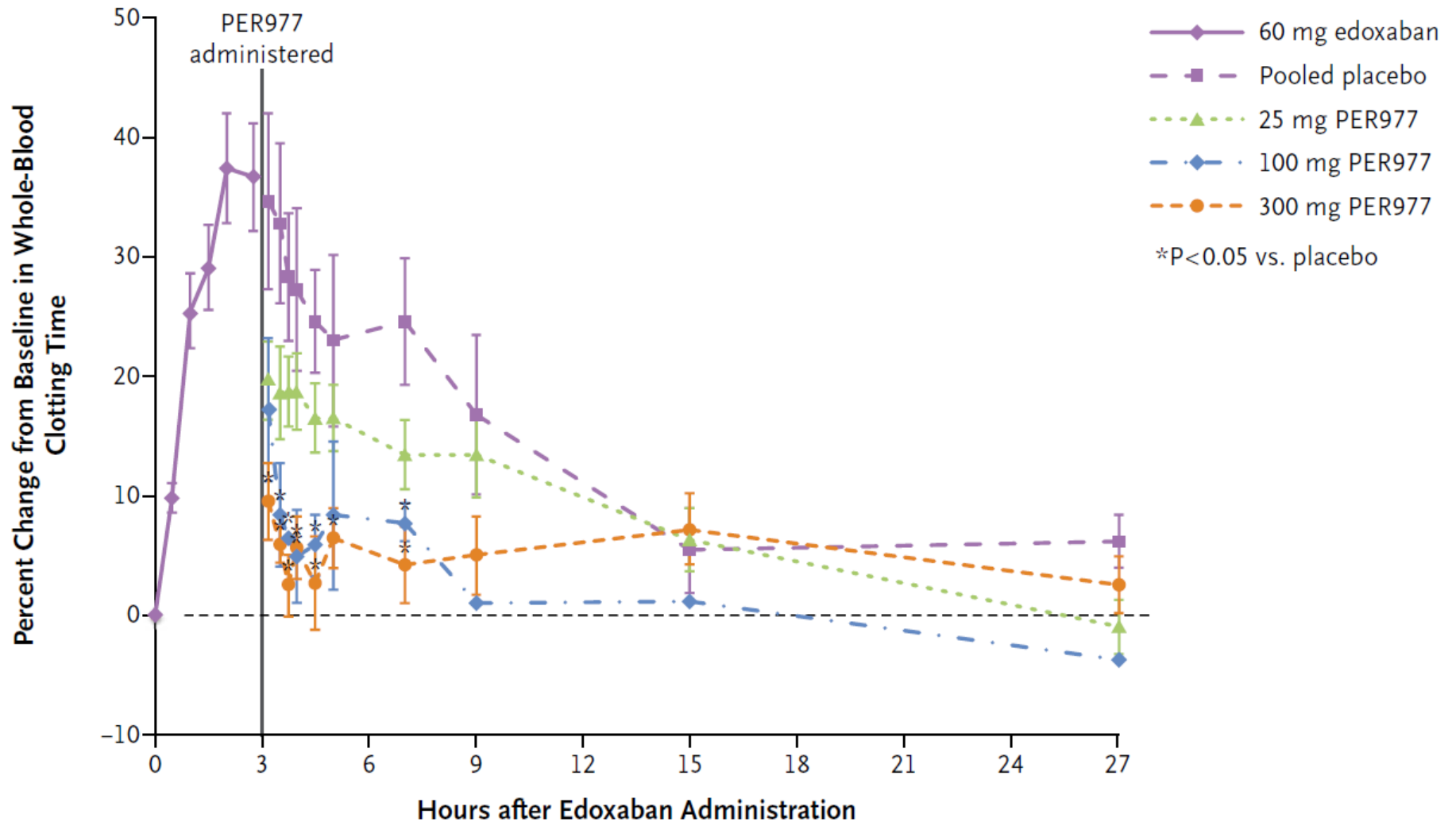


No PER977

50mg PER977

# 80 healthy volunteers

## 60 mg Edoxaban po and bolus IV PER977 at peak



# AOD ET ANTIDOTES ... ANTIDOUTES?

Co-morbidités +++  
Confirmation en pratique?  
Co-administration et Coût...

**RESPECT BONNES PRATIQUES**

**NEUTRALISATION  
CIBLÉE**

**REVERSION**

**STOP SAIGNEMENT?**

Modèles Animaux  
Hétérogénéité+++

Ex-vivo Testing  
Modèles Animaux  
Volontaires Sains

**CAPACITE  
HEMOSTATIQUE**

Rapide  
Totale  
Soutenue