

Le Rivaroxaban dans la TVP et l'EP: Deux études pour deux pronostics différents

Marc LAMBERT

Service de Médecine Interne

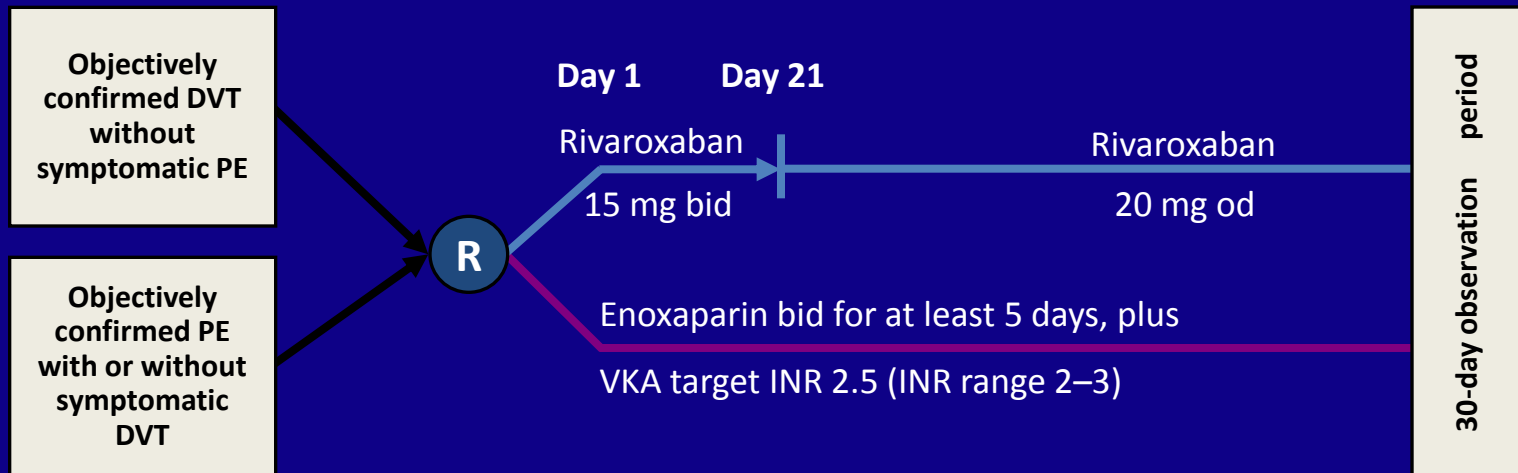
CHRU LILLE

Liens d'intérêt

- BAYER
- LEO PHARMA
- GSK

EINSTEIN - DVT

Design ENSTEIN - DVT



Données démographiques

	Rivaroxaban (n=1,731)	Enoxaparin/VKA (n=1,718)
Males (%)	57	56
Age, mean (years)	56	56
Body mass index, mean (kg/m²)	28	28
Creatinine clearance (%)		
<50 ml/min	7	7
50–<80 ml/min	23	23
≥80 ml/min	69	68
Patients with secondary DVT (%)	39	37
Patients with active cancer (%)	7	5
Intended treatment duration (%)		
3 months	12	12
6 months	63	63
12 months	25	25
Pre-treatment for maximum 48 hours with LMWH/fondaparinux (%)	73	71

Primary efficacy outcome analysis

	Rivaroxaban (n=1,731)	Enoxaparin/VKA (n=1,718)
	n (%)	n(%)
First symptomatic recurrent VTE	36 (2.1)	51 (3.0)
Recurrent DVT	14 (0.8)	28 (1.6)
Recurrent DVT + PE	1 (<0.1)	0 (0)
Non-fatal PE	20 (1.2)	18 (1.0)
Fatal PE/unexplained death where PE cannot be ruled out	4 (0.2)	6 (0.3)



Rivaroxaban
superior

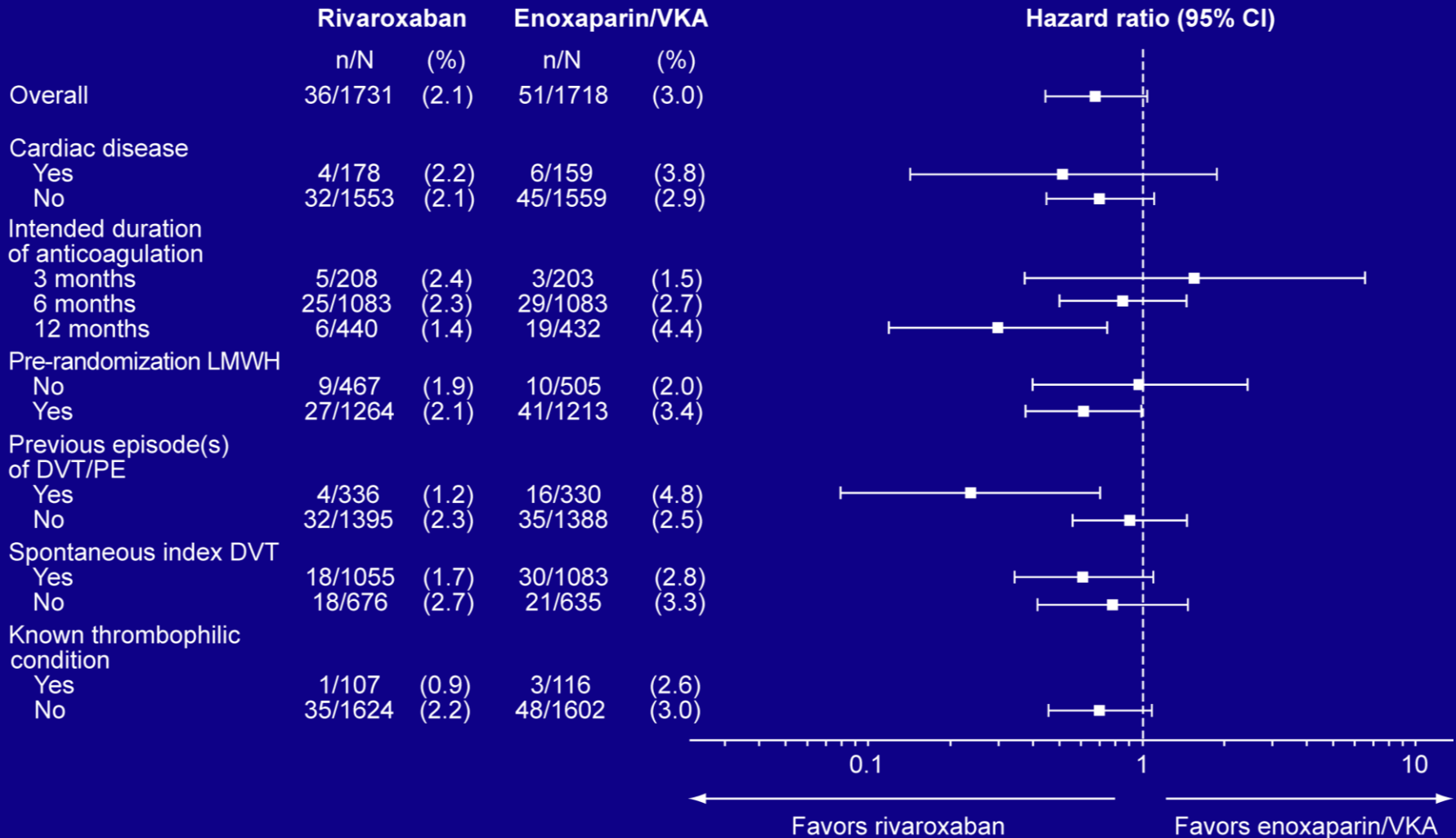
$p=0.076$ for superiority (two-sided)

Rivaroxaban
non-inferior

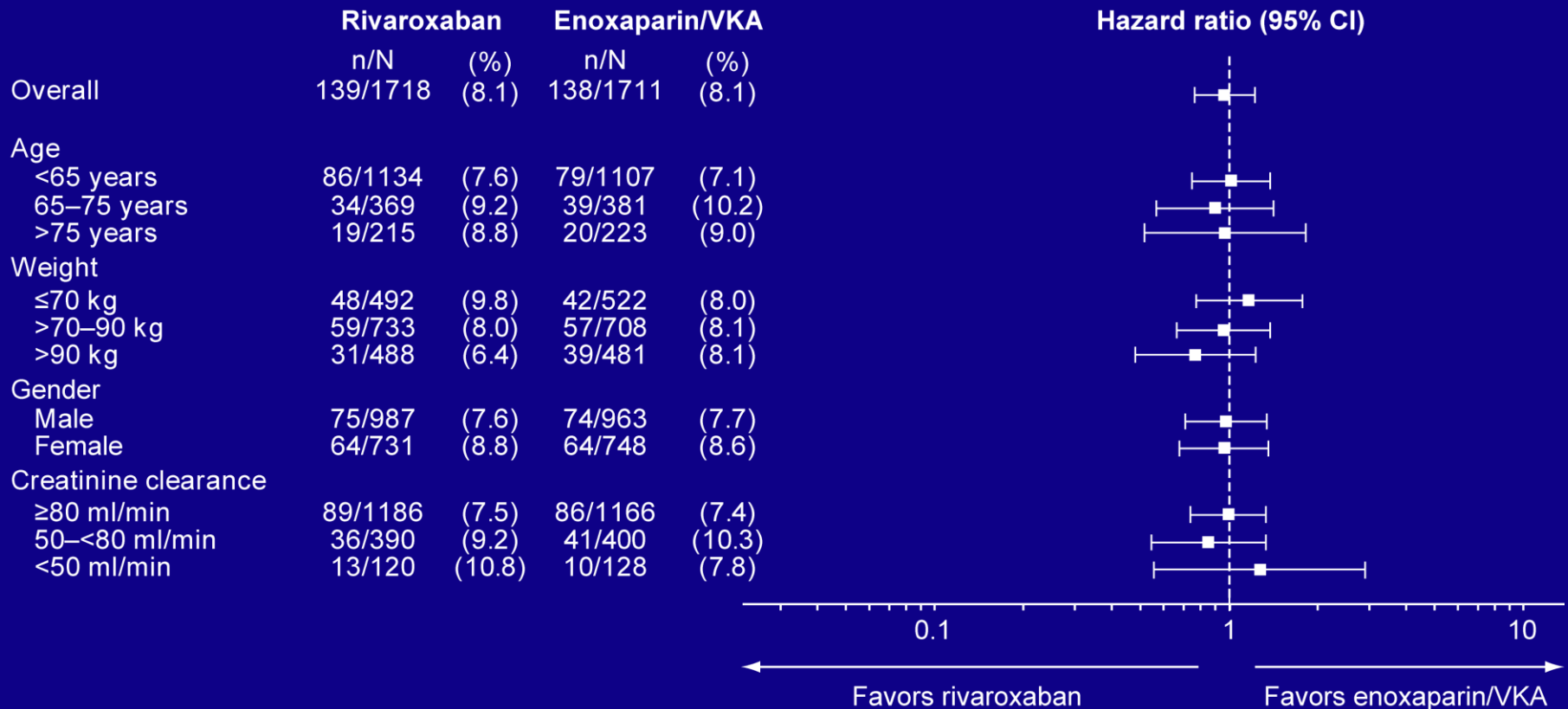
$p<0.0001$ for non-inferiority
(one-sided)

Rivaroxaban
inferior

Critère de jugement principal: récurrences de thrombose veineuse profonde, embolie pulmonaire fatale ou non fatale



Hémorragies majeures ou cliniquement significatives



Population fragile

Définition:

- age >75 ans
- poids \leq 50 kg
- clairance à la créatinine <50 ml/min

Patients fragiles vs non-fragiles dans le groupe rivaroxaban:

- Récidives thromboemboliques HR 0.57 (0.23–1.44)
- Hémorragies majeures HR 0.27 (0.07–0.96)

Effets secondaires

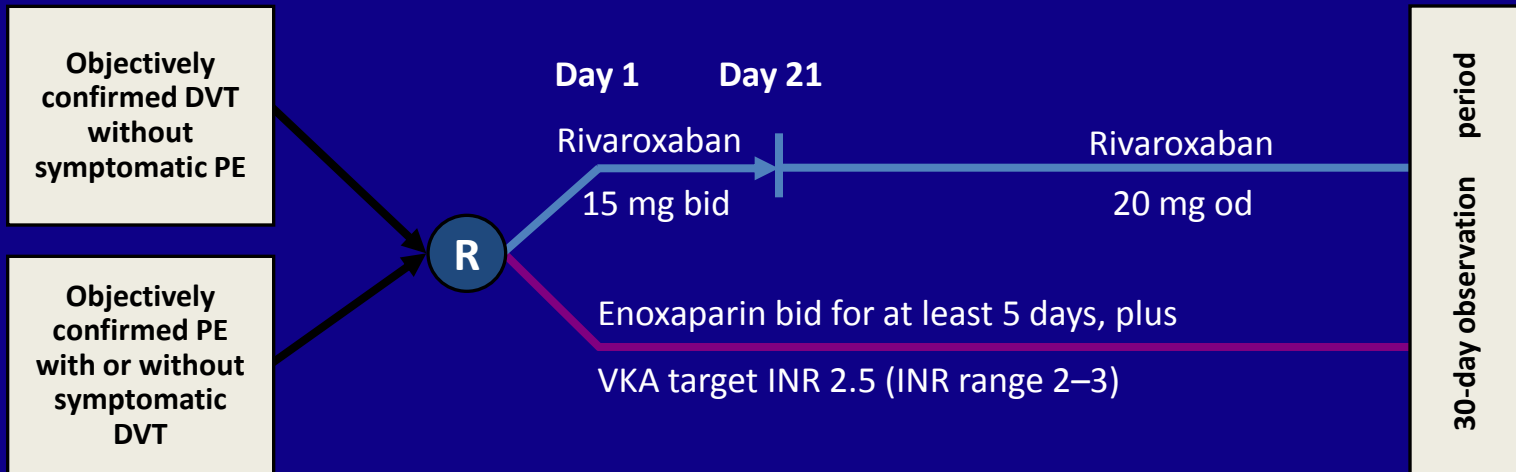
	Rivaroxaban (n=1,718)	Enox/VKA (n=1,711)	HR (95% CI)
	n (%)	N (%)	p value
First major or clinically relevant non-major bleeding	139 (8.1)	138 (8.1)	0.97 (0.76–1.22) p=0.77
Major bleeding	14 (0.8)	20 (1.2)	
Contributing to death	1 (<0.1)	5 (0.3)	
In a critical site	3 (0.2)	3 (0.2)	
Associated with fall in Hb \geq 2 g/dl and/or transfusion of \geq 2 units	10 (0.6)	12 (0.7)	
Clinically relevant non-major bleeding	129 (7.5)	122 (7.1)	

Objectifs secondaires

Outcome	Rivaroxaban		Enoxaparin/VKA		HR (95% CI)
	n/N	(%)	n/N	(%)	
Net clinical benefit: primary efficacy outcome + major bleeding	51/1,731	(2.9)	73/1,718	(4.2)	0.67 (0.47–0.95)
Total mortality	38/1,731	(2.2)	49/1,718	(2.9)	0.67 (0.44–1.02)
Cardiovascular events	12/1,718	(0.7)	14/1,711	(0.8)	0.79 (0.36–1.71)
ALT >3 x ULN + bilirubin >2 x ULN	2/1,682	(0.1)	4/1,648	(0.2)	
% time INR in range					
	<2.0				24.4
	[2.0–3.0]				57.7
	>3.0				16.2

EINSTEIN - PE

Design ENSTEIN - PE



Données démographiques

	Rivaroxaban (n=2419)	Enoxaparin/VKA (n=2413)
Males, %	54.1	51.7
Age, mean, years	57.9	57.5
Body mass index, mean, kg/m ²	28.3	28.4
Creatinine clearance, %		
<30 ml/min	0.2	<0.1
30–49 ml/min	8.6	7.9
50–79 ml/min	26.3	24.6
≥80 ml/min	64.3	67.0
Active cancer, %	4.7	4.5
Intended treatment duration, %		
3 months	5.3	5.1
6 months	57.3	57.5
12 months	37.4	37.5
Anatomical extent baseline PE, %		
Limited (single lobe, ≤25% of vasculature)	12.8	12.4
Intermediate	57.5	59.0
Extensive (multiple lobes, >25% of entire vasculature)	24.7	23.9

ITT population

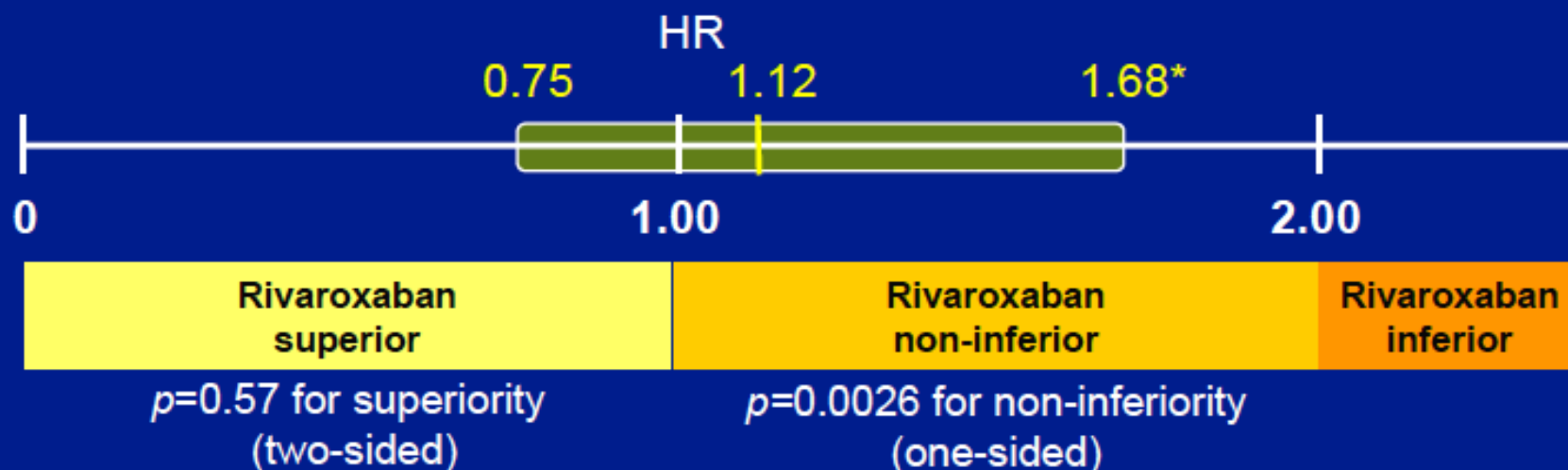
Données démographiques

	Rivaroxaban (n=2419)		Enoxaparin/VKA (n=2413)	
Prerandomization/initial treatment, n (%)	2237	(92.4)	2410	(99.9)
Median, days	1		8	
Mean study duration, days	263		268	
Mean treatment duration, days	216		214	
Compliance with study medication, n (%)				
<50%	31	(1.3)	64	(2.7)
≥50% to <80%	78	(3.2)	115	(4.8)
≥80%	2279	(94.2)	2226	(92.3)
Concomitant symptomatic DVT, %	25.1		24.5	
Hospitalization, % (median, days)	89.7	(6.0)	89.9	(7.0)
ICU	14.7	(4.0)	13.8	(4.0)

ITT population

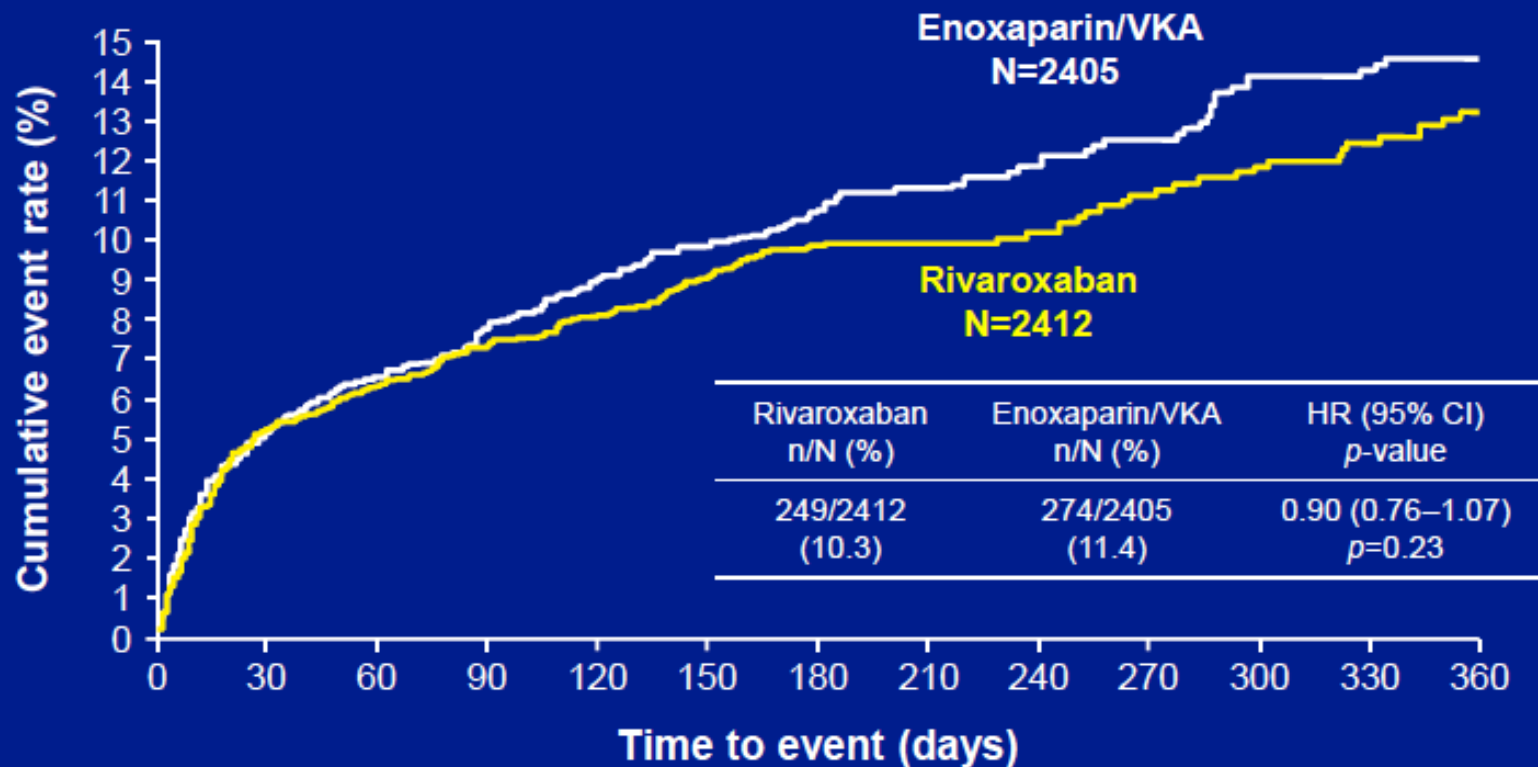
EINSTEIN PE: primary efficacy outcome analysis

	Rivaroxaban (N=2419)		Enoxaparin/VKA (N=2413)	
	n	(%)	n	(%)
First symptomatic recurrent VTE	50	(2.1)	44	(1.8)
Recurrent DVT	18	(0.7)	17	(0.7)
Recurrent DVT + PE	0		2	(<0.1)
Non-fatal PE	22	(0.9)	19	(0.8)
Fatal PE/unexplained death where PE cannot be ruled out	10	(0.4)	6	(0.2)



*Potential relative risk increase <68.4%; absolute risk difference 0.24% (-0.5 to -1.02)

EINSTEIN PE: principal safety outcome – major or non-major clinically relevant bleeding

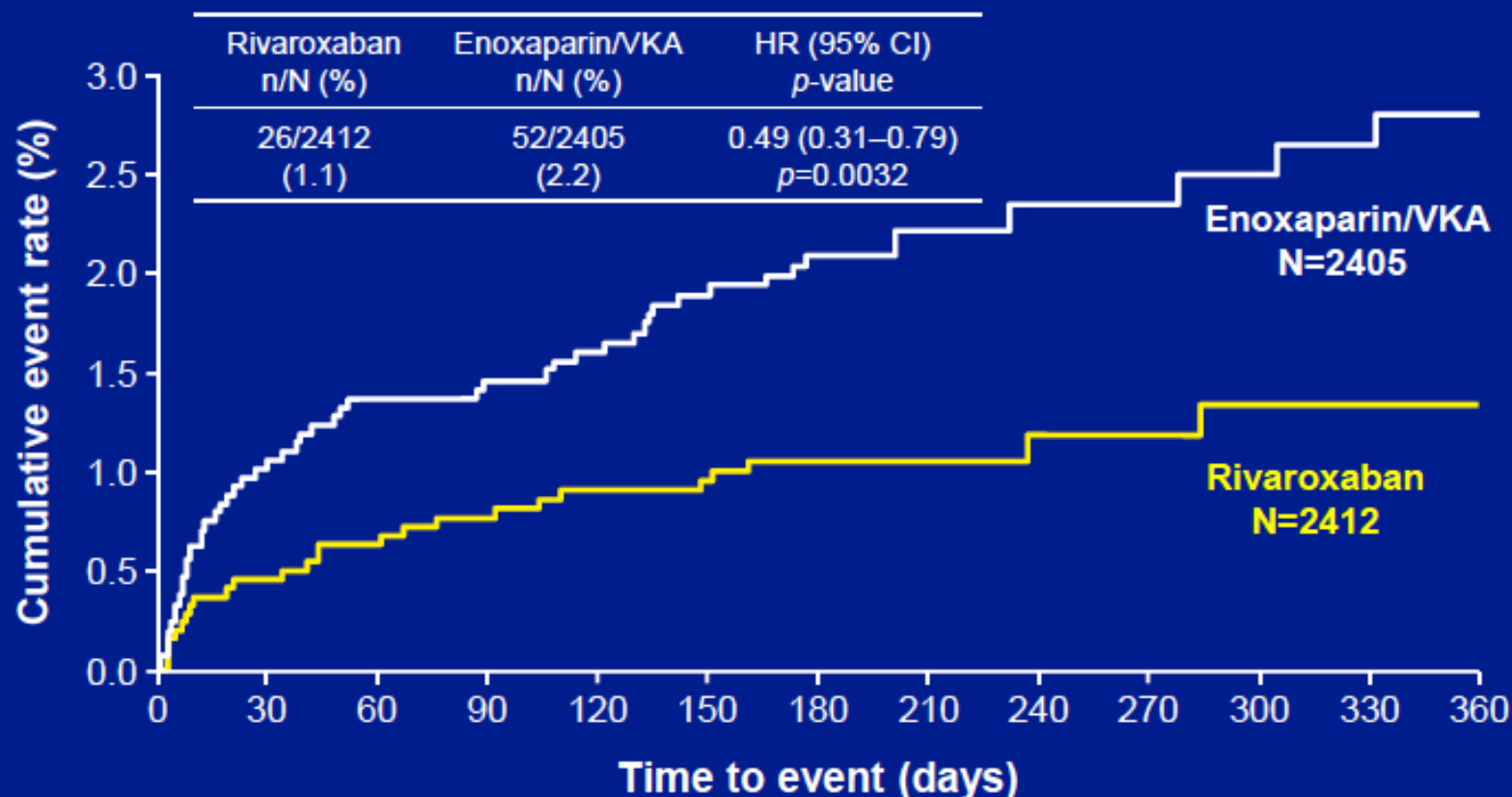


Number of patients at risk

Rivaroxaban	2412	2183	2133	2024	1953	1913	1211	696	671	632	600	588	313
Enoxaparin/VKA	2405	2184	2115	1990	1923	1887	1092	687	660	620	589	574	251

Safety population

EINSTEIN PE: major bleeding

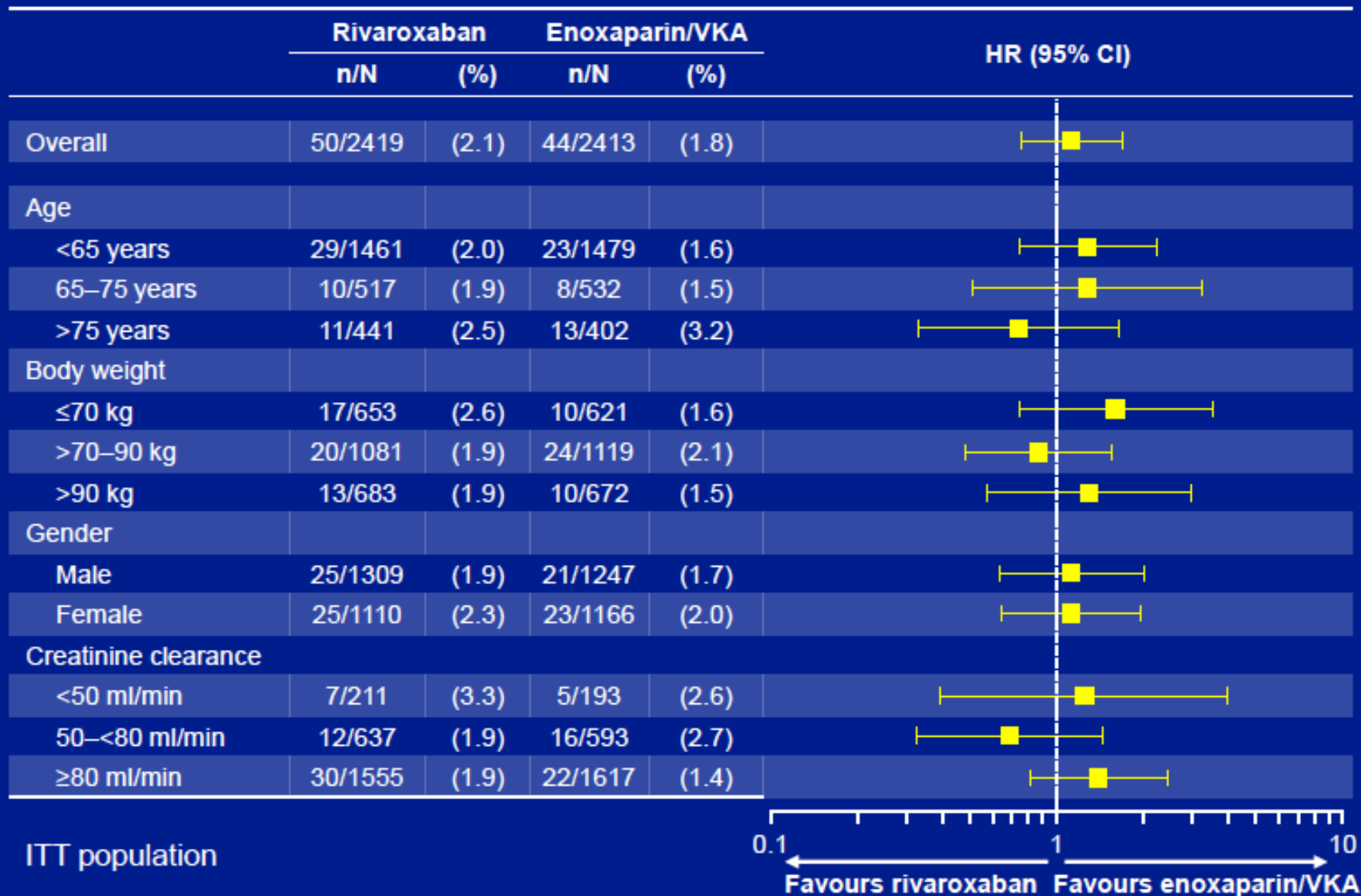


Number of patients at risk

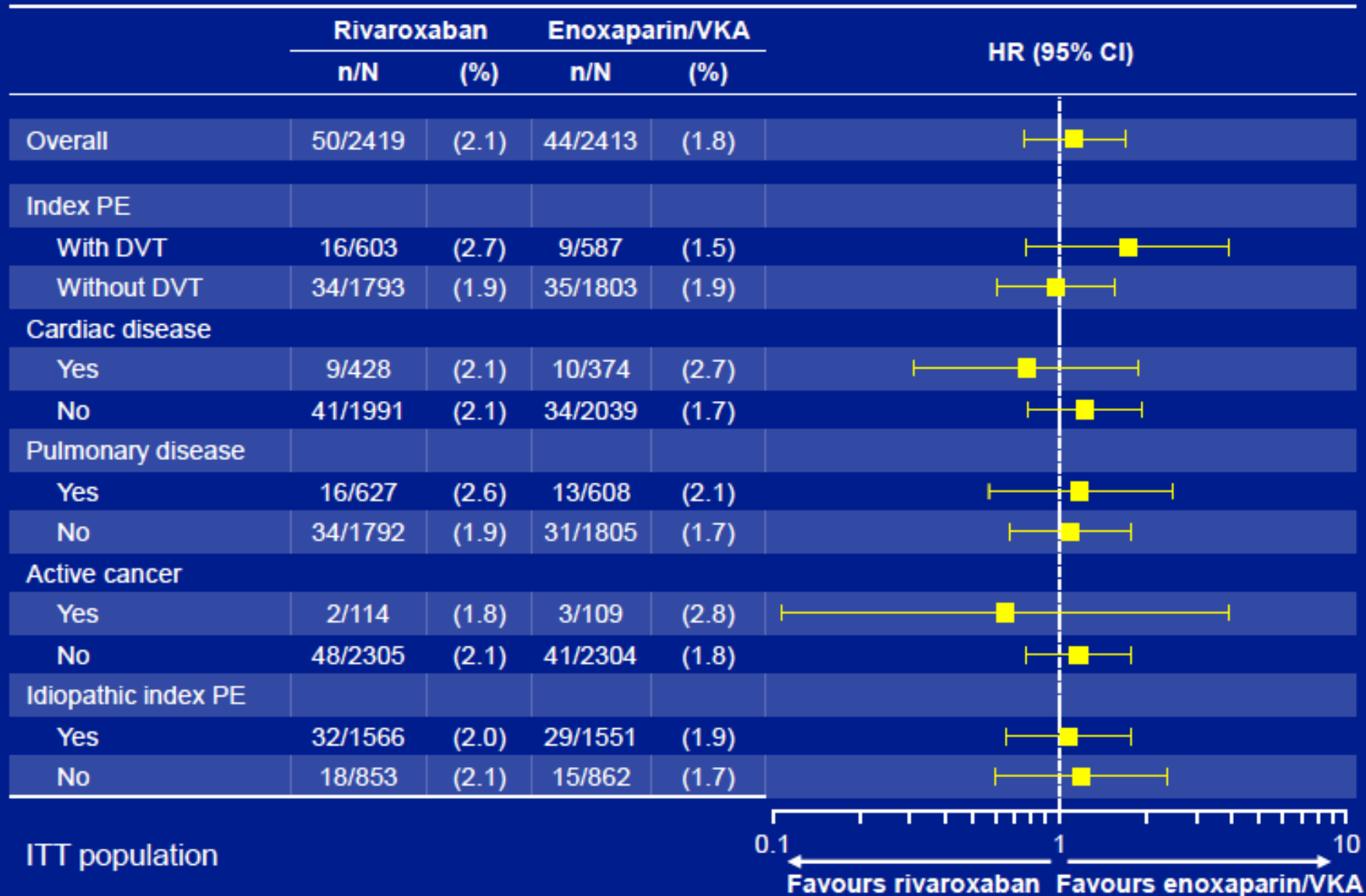
Rivaroxaban	2412	2281	2248	2156	2091	2063	1317	761	735	700	669	659	350
Enoxaparin/VKA	2405	2270	2224	2116	2063	2036	1176	746	719	680	658	642	278

Safety population

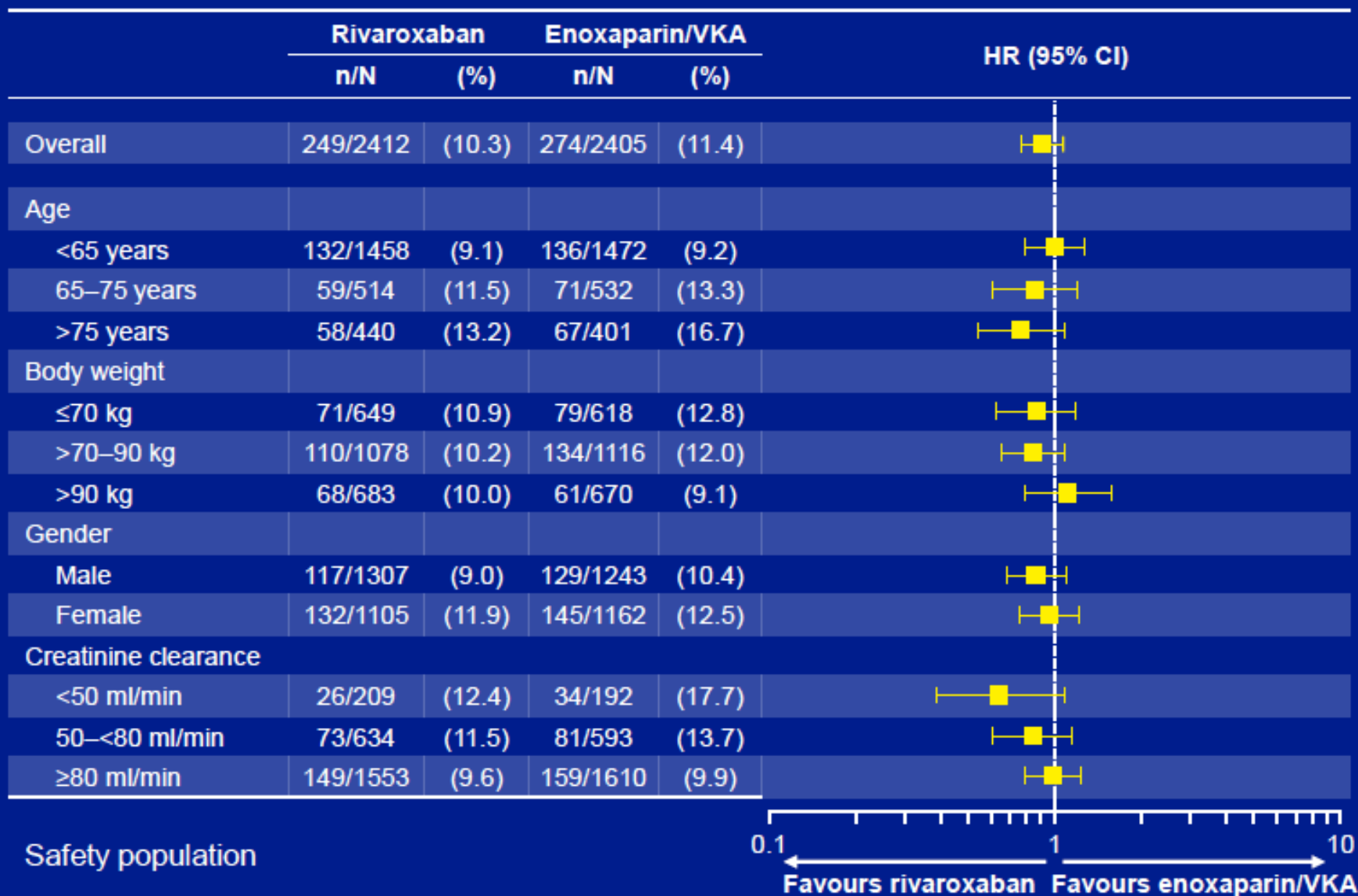
EINSTEIN PE: primary efficacy outcome by subgroup



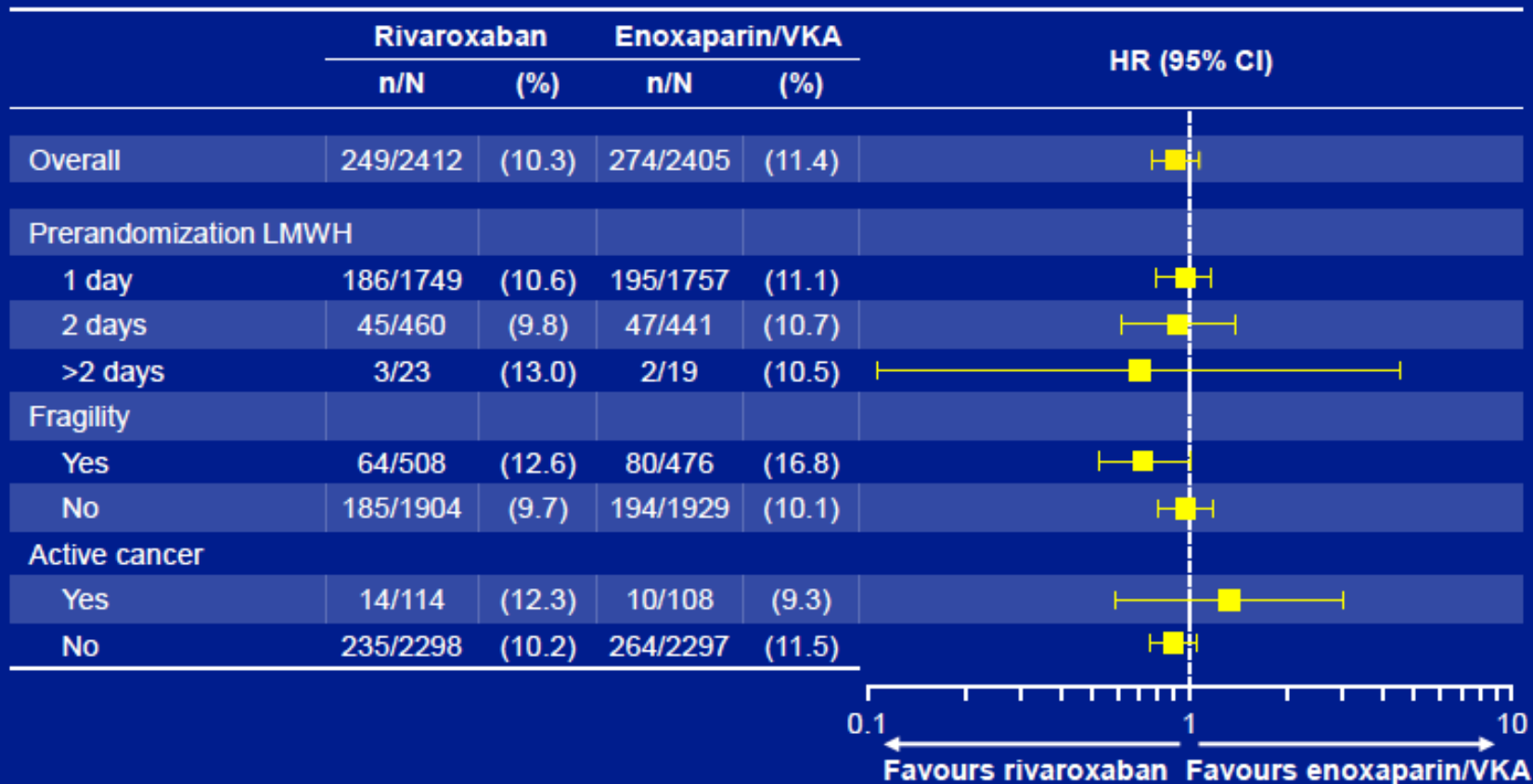
EINSTEIN PE: primary efficacy outcome by subgroup



EINSTEIN PE: principal safety outcome by subgroup



EINSTEIN PE: principal safety outcome by subgroup



Safety population

Outcomes in fragile patients and its components

	Rivaroxaban		Enoxaparin/VKA		Hazard ratio	95% CI
	n/N	(%)	n/N	(%)		
CrCl <50 ml/min						
Major bleeding	2/209	(1.0)	6/192	(3.1)	0.29	(0.06–1.45)
Principal safety	26/209	(12.4)	34/192	(17.7)	0.64	(0.38–1.06)
Body weight <50 kg						
Major bleeding	0/22	(0)	1/28	(3.6)	N.D.	
Principal safety	1/22	(4.5)	6/28	(21.4)	0.18	(0.02–1.54)
Age >75 years						
Major bleeding	5/440	(1.1)	23/401	(5.7)	0.19	(0.07–0.50)
Principal safety	58/440	(13.2)	67/401	(16.7)	0.76	(0.53–1.07)

Deux facettes d'une même maladie

- Efficacité équivalente aux AVK
- Une tolérance
 - Équivalente dans la population TVP
 - Meilleure dans la population EP
- Quelle place en pratique ?