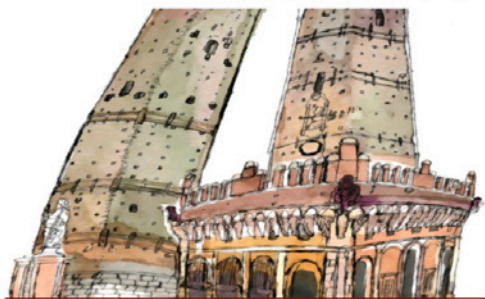


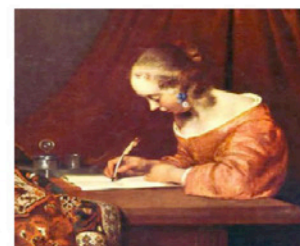


Per quali pazienti i centri FCSA preferiscono AVK o NAO

Emilia Antonucci, Ludovica Migliaccio, Gualtiero Palareti



Bologna 25-26 gennaio 2018



The following Investigators and Centers, affiliated to the Italian Federation of Anticoagulation Clinics (FCSA), participated to the FCSA-START-Registry

Giuliana Guazzaloca-Bologna	Salvatore Bradamante-Taranto
Sophie Testa, Oriana Paoletti-Cremona	Giuseppe Malcangi- Bari
Vittorio Pengo-Padova	Catello Mangione-Galatina (LE)
Daniela Poli , Rossella Marcucci-Firenze	Walter Ageno-Varese
Anna Falanga, Teresa Lerede-Bergamo	Nicola Lucio Liberato-Pavia
Antonietta Piana,-Genova	Alberto Tosetto-Vicenza
Francesco Marongiu, Doris Barcellona-Cagliari	Domenico Lione-Brindisi
Lucia Ruocco-Pisa	Maria Lombardi-Parma
Giuliana Martini, Giovanni Scovoli- Brescia	Rosella Sangiorgio-Lecco
Simona Pedrini, Federica Bertola-Brescia	Vincenzo Oriana-Reggio Calabria
Serena Rupoli-Ancona	Enrica Agostinelli-Treviglio (Bg)
Claudio Vasselli-Roma	Maddalena Loredana Zighetti- Milano
Lucilla Masciocco, Angelo Benvenuto-Lucera (FG)	Paolo Gresele-Perugia
Andrea Toma, Pietro Barbera-Arzignano (Vicenza)	Giuseppe Meduri-Reggio Calabria
Eugenio Bucherini-Faenza	Piera Sivera-Torino
Antonio Insana (Torino)	Pasquale Pignatelli- Roma
Carmelo Paparo-Chieri (TO)	Vincenzo Toschi, Maria Grazia Gagliano- Milano
Paola Casasco-Tortona (AL)	Rita Duce-Galliera (Genova)
Giovanni Nante-Padova	Elvira Grandone- San Giovanni Rotondo (FG)
Domizio Serra- Genova	Rita C.Santoro-Catanzaro



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Purpose

To analyze the baseline characteristics of the cohort of patients treated with VKA in comparison to the cohort of patients treated with DOACs enrolled in FCSA-START study



Data from 29 FCSA AC from June 2013 to May 2017
All Naive patients treated with VKA or DOACs

NVAF 

	VKA* 2566	DOACs 1216	P
Median Age, y (IQR)	76 (69,81)	77 (71,83)	0.05
Males (%)	55.5	52.5	0.001
Age > 75 years (%)	56	61	0.005
CHADS (m±SD)	2.0±1.2	2.2±1.3	0.002
CHADSVasc (m±SD)	3.5±1.6	3.7±1.5	0.003
HASBLED (m±SD)	2.2±1.0	2.0±0.8	0.002
Comorbidities			
Previous Stroke/TIA	13.9	21.1	0.001
History of Major Bleeding	2.5	5.6	0.001
Hypertension	74.7	79.5	0.001
Diabetes	20.8	16.2	0.1
CAD	20.4	12.3	0.001
CrCL < 30ml/min	7.4	2.6	0.001

*98% treated with warfarin
Antiplatelet Drugs, Amiodarone, PPI were significantly more frequent in VKA patients (p=0.001)

Data from 29 FCSA AC from June 2013 to May 2017 Patients who remained on VKA treatment vs those shifted

	VKA* 2412	Switched to DOACs* 921	P
Median Age, y (IQR)	76 (69,81)	77 (72,82)	0.05
Males (%)	55.8	56.8	0.6
Age > 75 years (%)	56.6	60.0	0.04
TTR %, median (IQR)	69 (57,79)	67(57,79)**	0.2
CHADS (m±SD)	2.0±1.2	2.3±1.2	0.001
CHADS _{vasc} (m±SD)	3.5±1.6	3.8±1.5	0.001
HASBLED (m±SD)	2.2±1.0	2.2±0.8	0.9
Comorbidities			
Previous Stroke/TIA	14.9	19.2	0.001
Hystory of Major Bleeding	2.6	6.5	0.001
Hypertension	74.4	85.3	0.001
Diabetes	20.9	22.5	0.3
CAD	20.7	16.6	0.007
CrCL < 30ml/min	7.7	1.1	0.001

*98% treated with warfarin

** available for patients switched during the study period

Antiplatelet Drugs and Amiodarone were significantly more frequent in VKA patients (p=0.001)

Data from 29 FCSA AC from June 2013 to May 2017 All Naive patients treated with VKA or DOACs

	VKA* 619	DOACs 953	P
Median Age, y (IQR)	68 (53,77)	64 (49,75)	0.02
Males (%)	49.8	52.5	0.056
Age < 50 years (%)	22.3	27.9	0.001
Age > 75 years (%)	29.7	24.2	0.02
DVT	43.9	64.6	0.001
PE (±DVT)	52.3	32.4	0.001
Recurrent SVT	3.7	2.9	0.4
Comorbidities			
Previous Stroke/TIA	6.0	3.3	0.01
Hystory of Major Bleeding	2.4	2.6	0.9
Hypertension	47.7	39.7	0.002
CAD	8.7	3.5	0.03
CrCL < 30ml/min	3.7	0.6	0.05
Active cancer	6.8	4.4	0.001

*98% treated with warfarin;

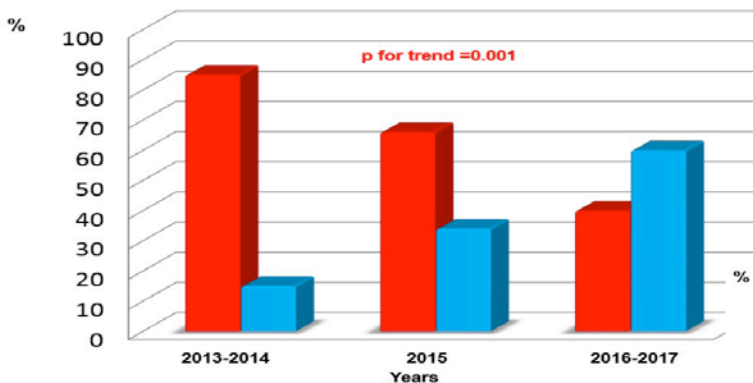
Antiplatelet Drugs and PPI were significantly more frequent in VKA patients (p=0.001)

	VKA* 596	Switched to DOACs* 301	P
Median Age, y (IQR)	68 (53,77)	65 (50,74)	0.05
Males (%)	49.3	55.8	0.08
Age < 50 years (%)	22.1	25.2	0.3
Age > 75 years (%)	30.4	21.6	0.02
TTR (%) median IQR	68.5 (53,81)	77.5(48,89)**	0.7
DVT	44.0	54.8	0.005
PE (±DVT)	52.3	41.5	0.005
Recurrent SVT	3.7	3.7	1.0
Comorbidities			
Previous Stroke/TIA	5.9	4.7	0.5
History of Major Bleeding	2.3	4.7	0.07
Hypertension	47.7	43.2	0.2
Diabetes	9.9	7.6	0.3
CrCL < 30ml/min	3.7	1.0	0.02
Active cancer	6.9	1.0	0.001
Thrombophilia	17.3	31.2	0.001
Recurrent VTE	10	41	0.001

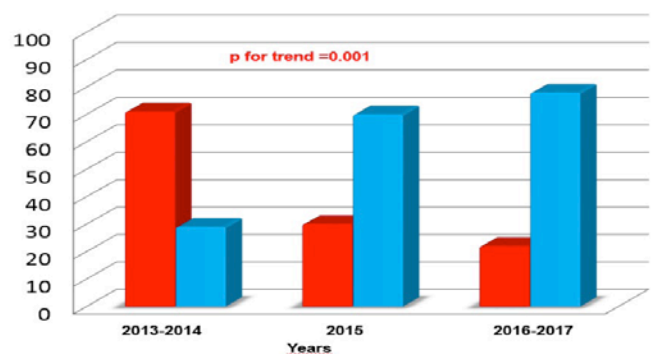
*98% treated with warfarin; ** available for patients switched during the study period
 Antiplatelet Drugs and PPI were significantly more frequent in VKA patients (p=0.001)

Proportion of naive patients enrolled during the study period

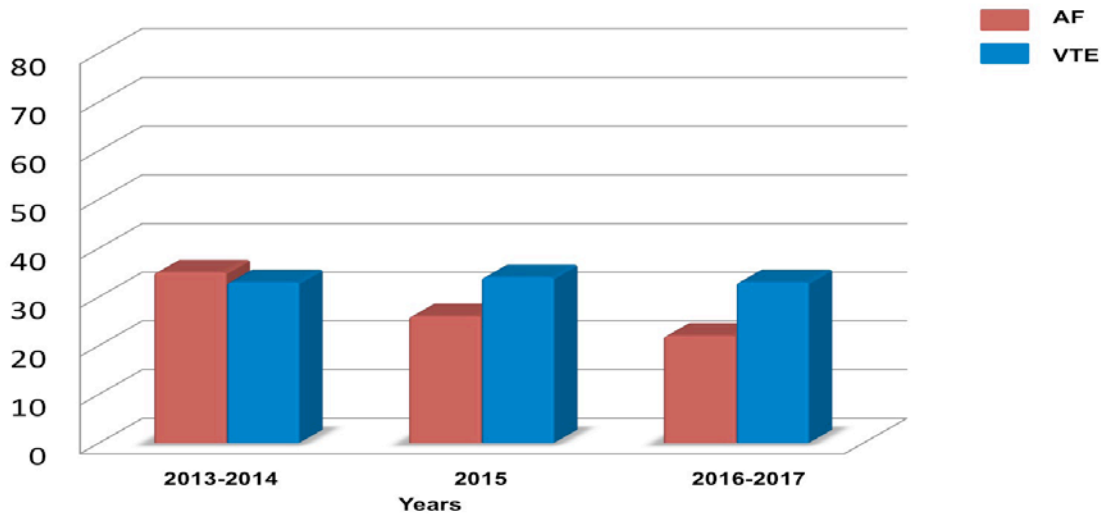
Atrial fibrillation patients



VTE patients



Proportion of patients who switched from VKA to DOACs during the study period



AF p for trend =0.05
VTE p for trend =1

Conclusioni

- Mercato incremento** nel tempo di prescrizione DOACs, sia in FA che TEV; diminuzione AVK
- In generale, **switch** verso DOACs:
Diminuisce nel tempo in FA (dall'iniziale 40% al 28%)
Stazionario nel TEV
- Pazienti AF**
- DOACs preferiti in anziani e pregresse complicanze (Ictus, EM); pochi con IR severa
- Switch: non rilevante il TTR; più frequente se complicanze (Ictus, EM)
- Pazienti TEV**
- DOACs preferiti in giovani e in TVP; molto meno se EP, meno se fattori di rischio, pochi con IR severa
- Switch: non rilevante il TTR; meno anziani; più frequenti EM ; molto frequenti se trombofilia e recidiva

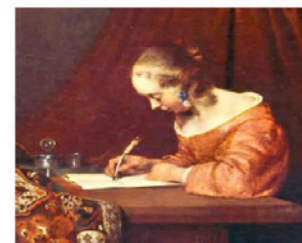




<http://www.start-register.org>

Start-Register

**Emilia Antonucci
Ludovica Migliaccio
Serena Zorzi**



Indirizzo mail: start2@fondazionearianna.org

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