Treatment pathways of oral anticoagulants for stroke prevention in atrial fibrillation patients – Patterns from multiple countries

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### **INTRO:**

 Gradual introduction of non-vitamin K antagonist oral anticoagulants (NOACs) provided new treatment options for stroke prevention of atrial fibrillation (SPAF). The aim is to characterize the treatment pathways for SPAF in a real world setting across a network of databases.

## **METHODS**

- This retrospective cohort study analyzed multiple data sources (Belgium, France, Germany, UK and US) using an adaptation of the OHDSI Treatment Pathway Tool.
- Patients aged ≥18 years with a diagnosis of AF and first prescription of oral anticoagulants (OACs) with one year look back period from 2010 through 2016 were included.
- 3. Sequence of treatments changes are presented as sunburst graphs with a2-year follow-up after the index date.

### **RESULTS**

- More than 3.0 million patients were analyzed across data sources from five countries in which the majority of patients were aged 65 and over.
- Treatment pathways (Figure) from multiple countries reflect the uptake of NOACs and clinical practice in the respective countries.
- Compared to the European countries, the uptake of NOACs was fastest in US and also had more switchers within two years of follow-up.
- The uptake of NOACs was slowest in UK relative to other countries. Early uptake of edoxaban is seen in Germany compared to other countries.
- Rivaroxaban seems to be the leading treatment choice for SPAF since 2013 and shared by Apixaban from 2015 onwards.

# The majority of AF patients currently receive apixaban and rivaroxaban as the first line of treatment for SPAF

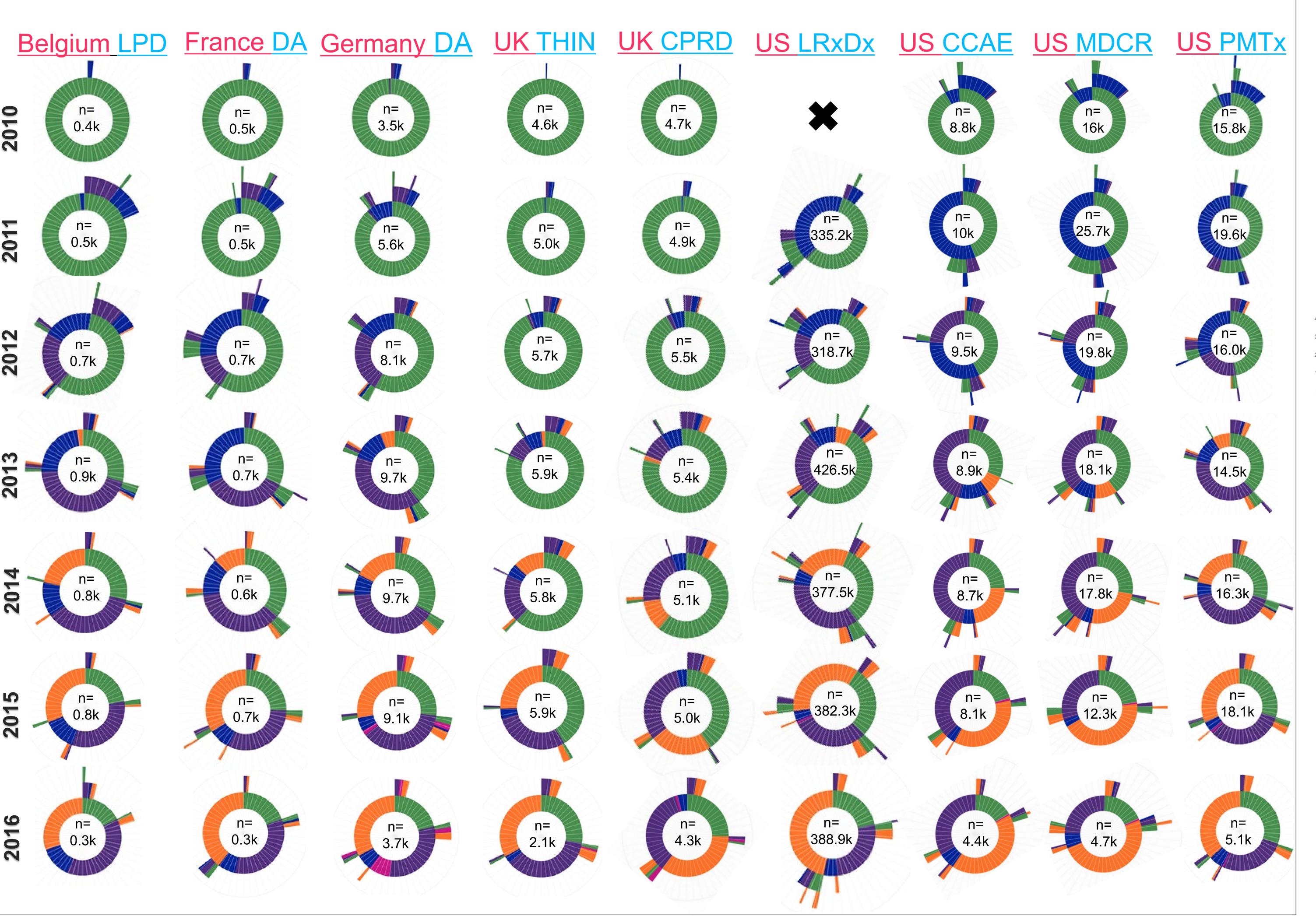
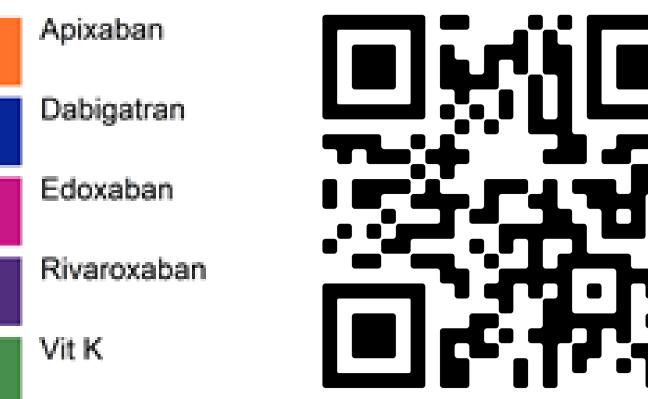
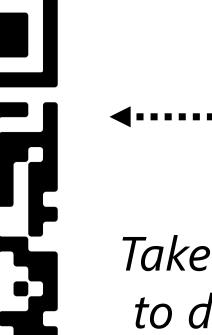


Figure. Treatment pathway for new users of OACs within two years of follow-up in AF patients by index year of treatment. It depicts proportions of drug used for treatment and sequences between lines of treatment. LPD – Longitudinal Patient Database; CCAE – MarketScan Commercial Claims and Encounters; CPRD – Clinical Practice Research Datalink; DA – Disease Analyzer; LRxDx – Longitudinal Prescription Diagnosis database; THIN – The Health Improvement Network; MDCR – Medicare; PMTX – Pharmetrics











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# Cohort age and Gender distribution

