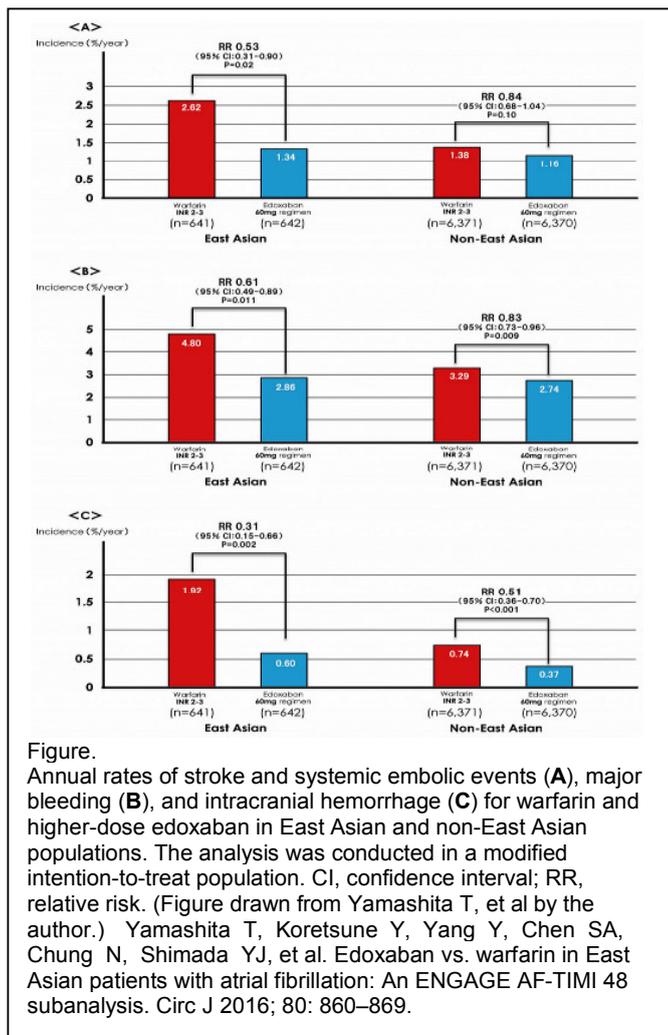


Edoxaban's significant advantage over warfarin in East Asia



Choosing the right anticoagulants for patients with atrial fibrillation is no longer a simple matter. A half dozen years ago, there was only warfarin. But that vitamin K antagonist's five-decade monopoly has since come to an end, and the anti-coagulant market has gotten crowded. Doctors must now decide whether to opt instead for one of a handful of novel oral anticoagulants (NOACs), and the relative advantages of the alternatives are not always clear-cut. A study published in the *Circulation Journal* by Takeshi Yamashita et al. in February might make that choice easier, at least in East Asia.

The study retrospectively reclassified patients in the Effective Anticoagulation with Factor Xa Next Generation in Atrial Fibrillation–Thrombolysis in Myocardial Infarction 48 (ENGAGE AF-TIMI 48) study as East Asian or non-East Asian. The results were striking. For East Asian patients, edoxaban, a direct factor Xa inhibitor and the most recent addition to the NOAC roster, was significantly better both in efficacy and safety endpoints.

Warfarin has always had its drawbacks. It requires strict monitoring and frequent dose adjustments. It is also linked to major bleeding events. Compared to warfarin, NOACs have greatly reduced bleeding, and they can be taken in fixed doses without as much concern about monitoring or interactions with other food and drugs.

Still warfarin has a long record of success, and it is cheap. Moreover, unlike the NOACs, warfarin has a readily available antidote—vitamin K—for emergency situations involving overanticoagulation. Many doctors still turn to it first.

But, for unknown reasons, warfarin's drawbacks are even more pronounced in East Asian patients, especially in terms of stroke, major hemorrhage, and intracranial bleeding, making edoxaban's benefits stand in even sharper relief in those patient groups. In terms of stroke reduction, for example, while in the general population, edoxaban was "non-inferior" to warfarin, Yamashita's study showed that edoxaban held a significant benefit for patients in East Asian population. At a 60 mg dose, it conferred a 1.34% annualized stroke rate, compared to 2.62% for warfarin. (The 30 mg dose gave results similar to warfarin.) The same dosage reduced major bleeding events from 4.8% with warfarin to 2.86%, and intracranial hemorrhage from 1.92% to 0.60%.

Edoxaban was already approved by the United States FDA for treating atrial fibrillation in January 2015. While these results will likely persuade some physicians to choose edoxaban in Asia, it will also play in the favor of the drug, manufactured by Daiichi Sankyo, as competition among the new generation of NOACs heats up.