Clinical trial results:
APixaban versus PhenpRocoumon: Oral AntiCoagulation plus antiplatelet tHerapy in patients with Acute Coronary Syndrome and Atrial Fibrillation (APPROACH-ACS-AF)

Summary

EudraCT number	2015-005566-33
Trial protocol	DE
Global end of trial date	30 June 2021

Results information

Result version number	v1 (current)
This version publication date	13 December 2021
First version publication date	13 December 2021

Trial information

Trial identification

Sponsor protocol code	CV185-398Wakili

Additional study identifiers

ISRCTN number	-
ClinicalTrials.gov id (NCT number)	NCT02789917
WHO universal trial number (UTN)	-

Notes:

Sponsors

Sponsor organisation name	LMU München
Sponsor organisation address	Marchioninistr. 15, Munich, Germany,
Public contact	Dr. Viktoria Janke, Muenchner Studienzentrum, 0049 8941407717, viktoria.janke@mri.tum.de
Scientific contact	Dr. Viktoria Janke, Muenchner Studienzentrum, 0049 8941407717, viktoria.janke@mri.tum.de

Notes:

Paediatric regulatory details

Is trial part of an agreed paediatric investigation plan (PIP)	No
Does article 45 of REGULATION (EC) No 1901/2006 apply to this trial?	No
Does article 46 of REGULATION (EC) No 1901/2006 apply to this trial?	No

Notes:

Results analysis stage

Analysis stage	Final
Date of interim/final analysis	30 June 2021
Is this the analysis of the primary completion data?	Yes
Primary completion date	30 June 2021
Global end of trial reached?	Yes
Global end of trial date	30 June 2021
Was the trial ended prematurely?	No

Notes:

General information about the trial

Main objective of the trial:

To evaluate an optimal antithrombotic treatment strategy with the best benefit-to-risk ratio with primary endpoint bleeding comparing a dual antithrombotic regimen including clopidogrel plus the FXa inhibitor apixaban versus a guideline conform triple treatment strategy including a vitamin K antagonist plus ASA plus clopidogrel in a predefined high risk population in the context of an ACS (after successful PCI) and the concomitant diagnosis of AF with need for an oral anticoagulation. We postulate that a dual antithrombotic regimen (clopidogrel plus the FXa inhibitor apixaban) is superior to the triple treatment strategy (vitamin K antagonist plus ASA plus clopidogrel) regarding reduction of bleeding events.

Protection of trial subjects:

Safety monitoring board checking on safety events

Background therapy: -

Evidence for comparator: -

Actual start date of recruitment	14 July 2016
Long term follow-up planned	No
Independent data monitoring committee (IDMC) involvement?	Yes

Notes:

Population of trial subjects

Subjects enrolled per country

Country: Number of subjects enrolled	Germany: 403
Worldwide total number of subjects	403
EEA total number of subjects	403

Notes:

Subjects enrolled per age group

In utero	0
Preterm newborn - gestational age < 37 wk	0
Newborns (0-27 days)	0
Infants and toddlers (28 days-23 months)	0
Children (2-11 years)	0
Adolescents (12-17 years)	0
Adults (18-64 years)	46
From 65 to 84 years	200

85 years and over	157

Subject disposition

Recruitment

Recruitment details:

Main criteria for inclusion:
- Patients with an ACS after successful percutaneous coronary intervention
- Indication for oral anticoagulation due to non- valvular atrial fibrillation or atrial flutter (CHA2DS2VASc score)

Pre-assignment

Screening details:

Oral anticoagulation for AF
ACS

Period 1

Period 1 title	Overall trial (overall period)
Is this the baseline period?	Yes
Allocation method	Randomised - controlled
Blinding used	Not blinded

Arms

Are arms mutually exclusive?	Yes
Arm title	Control

Arm description:

Phenprocoumon + Clopidogrel for 6 months + Acetylsalicylic acid for 1-6 months (depending on HAS-BLED score/at the discretion of the treating physician)

Arm type	No intervention

No investigational medicinal product assigned in this arm

Arm title	Study arm

Arm description:

Apixaban + Clopidogrel for 6 months

Arm type	Active comparator
Investigational medicinal product name	Apixaban + Clopidogrel
Investigational medicinal product code	
Other name	
Pharmaceutical forms	Anticoagulant and preservative solution for blood
Routes of administration	Oral use

Dosage and administration details:

as recommended

Number of subjects in period 1	Control	Study arm
Started	200	203
Completed	200	203

Baseline characteristics

Reporting groups	
Reporting group title	Control
Reporting group description:	
Phenprocoumon + Clopidogrel for 6 months + Acetylsalicylic acid for 1-6 months (depending on HAS-BLED score/at the discretion of the treating physician)	
Reporting group title	Study arm
Reporting group description:	
Apixaban + Clopidogrel for 6 months	

Reporting group values	Control	Study arm	Total
Number of subjects	200	203	403
Age categorical Units: Subjects			
In utero	0	0	0
Preterm newborn infants (gestational age < 37 wks)	0	0	0
Newborns (0-27 days)	0	0	0
Infants and toddlers (28 days-23 months)	0	0	0
Children (2-11 years)	0	0	0
Adolescents (12-17 years)	0	0	0
Adults (18-64 years)	30	16	46
From 65-84 years	0	0	0
85 years and over	0	0	0
65-75	45	63	108
>75	125	124	249
Gender categorical Units: Subjects			
Female	54	59	113
Male	146	144	290

End points

End points reporting groups

Reporting group title	Control
Reporting group description:	
Phenprocoumon + Clopidogrel for 6 months + Acetylsalicylic acid for 1-6 months (depending on HAS-BLED score/at the discretion of the treating physician)	
Reporting group title	Study arm
Reporting group description:	
Apixaban + Clopidogrel for 6 months	

Primary: BARC≥2 Bleeding

End point title	BARC≥2 Bleeding
End point description:	
End point type	Primary
End point timeframe:	
whole study period	

End point values	Control	Study arm		
Subject group type	Reporting group	Reporting group		
Number of subjects analysed	200	203		
Units: cases	43	22		

Statistical analyses

Statistical analysis title	Log-Rank Test
Comparison groups	Study arm v Control
Number of subjects included in analysis	403
Analysis specification	Pre-specified
Analysis type	superiority
P-value	≤ 5
Method	Logrank
Parameter estimate	Hazard ratio (HR)

Secondary: composite clinical efficacy outcome

End point title	composite clinical efficacy outcome
End point description:	
End point type	Secondary

End point timeframe:
whole study period

End point values	Control	Study arm		
Subject group type	Reporting group	Reporting group		
Number of subjects analysed	200	203		
Units: cases	28	16		

Statistical analyses

No statistical analyses for this end point

Secondary: net clinical outcome

End point title	net clinical outcome

End point description:

End point type	Secondary

End point timeframe:
whole study period

End point values	Control	Study arm		
Subject group type	Reporting group	Reporting group		
Number of subjects analysed	200	203		
Units: cases	28	16		

Statistical analyses

No statistical analyses for this end point

Secondary: all cause death

End point title	all cause death

End point description:

End point type	Secondary

End point timeframe:
whole study period

End point values	Control	Study arm		
Subject group type	Reporting group	Reporting group		
Number of subjects analysed	200	203		
Units: cases	12	7		

Statistical analyses

No statistical analyses for this end point

Secondary: ischmia

End point title	ischmia

End point description:

End point type	Secondary

End point timeframe:
whole study period

End point values	Control	Study arm		
Subject group type	Reporting group	Reporting group		
Number of subjects analysed	200	203		
Units: vases	17	10		

Statistical analyses

No statistical analyses for this end point

Adverse events

Adverse events information[1]	
Timeframe for reporting adverse events:	
Begin of study until 30 days after completion of trial	
Assessment type	Systematic

Dictionary used	
Dictionary name	database
Dictionary version	1

Frequency threshold for reporting non-serious adverse events: 5 %

Notes:

[1] - There are no non-serious adverse events recorded for these results. It is expected that there will be at least one non-serious adverse event reported.
Justification: Due to the trial design many non-serious adverse events were documented. A extra document can be attached if desired.

More information

Substantial protocol amendments (globally)

Were there any global substantial amendments to the protocol? No

Interruptions (globally)

Were there any global interruptions to the trial? No

Limitations and caveats

None reported