

## THROMBOSIS RESEARCH INSTITUTE (TRI) SHARES SIX NEW GARFIELD-AF AND RIVER REAL-WORLD DATA ANALYSES AT ESC CONGRESS 2021

- *Four GARFIELD-AF e-posters shine light on managing atrial fibrillation (AF) in patients with clinically challenging conditions and diabetes, as well as on AF trial populations*
- *Two RIVER e-posters provide two-year outcomes data and insights on appropriate dosing and renal function in patients with AF and treated with rivaroxaban*

**London, United Kingdom, 30<sup>th</sup> August 2021** – The Thrombosis Research Institute (TRI) has six atrial fibrillation e-posters – four from the GARFIELD-AF Registry and two from the RIVER Registry – at the European Society of Cardiology (ESC) Congress 2021, which is taking place virtually from 27<sup>th</sup> to 30<sup>th</sup> August 2021.

“We are delighted once again to have a strong showing at ESC Congress 2021,” said Rt. Hon. Professor the Lord Ajay Kakkar, Director of the TRI. “While these two real-world registries have closed, we continue to mine the data and provide important insights that help clinicians around the world manage patients with atrial fibrillation and achieve better outcomes.”

One of the GARFIELD-AF posters about clinically challenging conditions is of key importance to current practice since it sheds light on treatment in patients who physicians are concerned about treating. One of the RIVER posters looks at dosing, and shines a light on the issue of non-recommended dosing in patients based on renal function.

Two other GARFIELD-AF posters demonstrate how similar the populations in the trials studied are to the general AF population and confirm whether similar results are observed when these patient populations are replicated. This is important because these findings give credence to the generalisability of the trials.

All of the TRI e-posters are available for registered participants to view on the ESC Congress 2021 [Research Gateway](#) platform at any time ‘on demand’. The full list of e-posters is below:

| Presenter  | E-poster Title  |
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| <b>GARFIELD-AF Registry</b>  |   |
| <b>Professor Jean-Pierre Bassand</b><br>(University Hospital Jean Minjot - Besancon, France) | Impact of NOAC and VKA on outcome of patients with newly diagnosed atrial fibrillation and diabetes: A report from the GARFIELD-AF registry |
| <b>Saverio Virdone</b> (Thrombosis Research Institute - London, United Kingdom)              | Comparative effectiveness of NOAC vs VKA in patients representing common clinical challenges: results from the GARFIELD-AF registry         |

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|--|---|
| <b>Dr Jelle Caspar Lorenz Himmelreich</b> (Amsterdam University Medical Center - Amsterdam, Netherlands)   | Safety and efficacy of apixaban and rivaroxaban versus warfarin in real-world atrial fibrillation patients are similar to their randomized trials: insights from GARFIELD-AF registry |
| <b>Dr Jelle Caspar Lorenz Himmelreich</b> (Amsterdam University Medical Center - Amsterdam, Netherlands)   | Comparing Rivaroxaban and Apixaban in GARFIELD-AF according to ROCKET AF and ARISTOTLE trial selection criteria   |
| <b>RIVER Registry</b>  |   |
| <b>Associate Professor Jan Beyer-Westendorf</b> (University Hospital "Carl Gustav Carus" Dresden, Center for Vascular Medicine - Dresden, Germany) | Two-year outcomes of patients with atrial fibrillation treated with rivaroxaban: results from RIVER registry  |
| <b>Professor John Camm</b> (St George's University of London - London, United Kingdom)   | Rivaroxaban dosing in patients with atrial fibrillation: results from the RIVER registry - is dosing according to renal function appropriate?   |

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### About GARFIELD-AF

The GARFIELD-AF registry was a worldwide observational study of stroke prevention in patients with newly diagnosed atrial fibrillation, coordinated under the auspices of the Thrombosis Research Institute between 2009 and 2019.

GARFIELD-AF recruited patients with newly diagnosed non-valvular AF and at least one risk factor for stroke. A total of 57,262 patients were recruited from over 1,000 centres in 35 countries worldwide, including the Americas, Europe, Africa and Asia-Pacific, over five sequential cohorts. Follow-up was over a minimum of 2 years and up to 8 years after diagnosis, to create a comprehensive database of treatment decisions and outcomes in everyday clinical practice.

GARFIELD-AF is supported by KANTOR CHARITABLE FOUNDATION for the Kantor-Kakkar Global Centre for Thrombosis Science. For more information, visit our website: [www.garfieldregistry.org](http://www.garfieldregistry.org).

### About RIVER

The RIVER registry was a pioneering, independent outcomes research initiative focused on the use of rivaroxaban and the management of atrial fibrillation and stroke, led by an international steering committee under the auspices of the Thrombosis Research Institute between 2015 and 2019.

RIVER recruited over 5,000 patients with newly diagnosed non-valvular AF and at least one risk factor for stroke. Patients were recruited over a period of 18-24 months. The follow-up period was for a minimum of 2 years, to create a comprehensive database of treatment decisions and outcomes in everyday clinical practice.

RIVER is supported by KANTOR CHARITABLE FOUNDATION for the Kantor-Kakkar Global Centre for Thrombosis Science. For more information, visit our website: <https://www.riverregistry.org/>.

## The burden of AF

Up to 2% of the global population has AF,<sup>i</sup> including around 8.8 million people in Europe<sup>ii</sup> and 5–6.1 million in the United States.<sup>iii</sup> It is estimated that its prevalence will at least double by 2050 as the global population ages.<sup>iii</sup> AF is associated with a five-fold increase in stroke risk, and one out of five strokes is attributed to this arrhythmia.<sup>i</sup> Ischaemic strokes related to AF are often fatal, and those patients who survive are left more frequently and more severely disabled and have a greater risk of recurrence than patients with other causes of stroke.<sup>i</sup> Hence, the risk of mortality from AF-associated stroke is doubled and the cost of care is 50% higher.<sup>i</sup>

AF occurs when parts of the atria emit uncoordinated electrical signals. This causes the chambers to pump too quickly and irregularly, not allowing blood to be pumped out completely.<sup>iv</sup> As a result, blood may pool, clot and lead to thrombosis, which is the number one cardiovascular killer in the world.<sup>v</sup> If a blood clot leaves the left atrium, it could potentially lodge in an artery in other parts of the body, including the brain. A blood clot in an artery in the brain leads to a stroke; 92% of fatal strokes are caused by thrombosis.<sup>v</sup> Stroke is a major cause of death and long-term disability worldwide – each year, 5.5 million people die<sup>vi</sup> and 5 million are left permanently disabled.<sup>vii</sup> People with AF also are at high risk for heart failure, chronic fatigue and other heart rhythm problems.<sup>viii</sup>

## About the TRI

The TRI is dedicated to bringing new solutions to patients for the detection, prevention and treatment of blood clots. The TRI's goal is to advance the science of real-world enquiry so that the value of real-world data is realised and becomes a critical link in the chain of evidence. Our pioneering research programme, across medical disciplines and across the world, continues to provide breakthrough solutions in thrombosis. For more information, visit: <http://www.tri-london.ac.uk/>.

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<sup>i</sup> Camm A J, Kirchhof P, et al. Guidelines for the management of atrial fibrillation: The Task Force for the Management of Atrial Fibrillation of the European Society of Cardiology (ESC). *Eur Heart J* 2010; 31(19):2369-429.

<sup>ii</sup> Krijthe B P, Kunst A, et al. Projections on the number of individuals with atrial fibrillation in the European Union, from 2000 to 2060. *Eur Heart J* 2013; 34:2746-51.

<sup>iii</sup> Colilla S, Crow A, Petkun W, et al. Estimates of current and future incidence and prevalence of atrial fibrillation in the U.S. adult population. *Am J Cardiol* 2013; 112(8):1142-7.

<sup>iv</sup> National Heart, Lung, and Blood Institute. What is Atrial Fibrillation? Available at: <http://www.nhlbi.nih.gov/health/health-topics/topics/af/>. Accessed: August 2021.

<sup>v</sup> World Thrombosis Day. Know Thrombosis. Available at: <http://www.worldthrombosisday.org/issue/thrombosis/>. Accessed: August 2021.

<sup>vi</sup> World Stroke Organization. Learn about stroke. Available at: <https://www.world-stroke.org/world-stroke-day-campaign/why-stroke-matters/learn-about-stroke>. Accessed: August 2021.

<sup>vii</sup> World Health Organization. Global burden of stroke. Available at: [https://www.who.int/cardiovascular\\_diseases/en/cvd\\_atlas\\_15\\_burden\\_stroke.pdf](https://www.who.int/cardiovascular_diseases/en/cvd_atlas_15_burden_stroke.pdf). Accessed: August 2021.

<sup>viii</sup> American Heart Association. Why Atrial Fibrillation (AF or AFib) Matters. Available at: <https://www.heart.org/en/health-topics/atrial-fibrillation/why-atrial-fibrillation-af-or-afib-matters>. Accessed: August 2021.