Dear Bijal

Please find below, comments from a previous GDG member on behalf of the AF GDG

The ROCKET-AF was a trial where high risk AF patients were targeted for inclusion … this after 10% of CHADS2 were recruited, patients needed to be CHADS2 3 or above, or with prior stroke. Thus the concern about generalisability to the general AF population remains. This is in contrast to other trials, which included patients with 1 or more stroke risk factors.
55% of the study population was secondary prevention – and the mean CHADS2 score was 3.5, again reflecting the high risk nature.
Rivaroxaban was given as 20mg OD, when its half-life is even shorter than dabigatran which is administered as a BID regime. There was no Phase 2 AF trial to guide dose selection
The average TTR in ROCKET AF was 55%, which is not good, compared to other trials
The excess of adverse events in patients transitioning from rivaroxaban back to warfarin when the trial concluded is noted, and may be a concern.
The higher GI bleeds with rivaroxaban vs warfarin is noted (also seen with dabigatran 150mg BID)
Hence the committee's comments in section 4 are entirely reasonable

For the Markov model essentially it is dependant upon the various model assumptions and what has been assigned as the cost of warfarin monitoring, which does seem to vary in different settings.

In short, ROCKET AF was a large trial of high risk patients which may not be generalisable to the wider AF patient population where treatment is recommended for 1 or more stroke risk factors. The data show non-inferiority to warfarin (it was not superior on the conventional and more conservative ITT analysis) for stroke – and had a similar rate of major bleeding. However, haemorrhagic strokes and intracranial bleeds were lower.
Another example: a 74 year old man with AF and peripheral artery disease … most sensible (!) cardiologists would anticoagulate such a patient but this patient has a CHADS2 score=0! However, he has a CHA2DS2-VASc score of 2, and by the current state of the art ESC guidelines, he would at least get anticoagulation.

The 2006 NICE guidelines on AF are outdated (but are in the process of being updated) and the current state of the art ones are the 2010 ESC guidelines.

Please let me know if you need any more information.