

# WATCHMAN Device Versus NOAC Drugs

*Ted Feldman, M.D., MSCAI FACC FESC*

*Evanston Hospital*

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COEX

Seoul, Korea

# Ted Feldman MD, *MSCAI FACC FESC*

## *Disclosure Information*

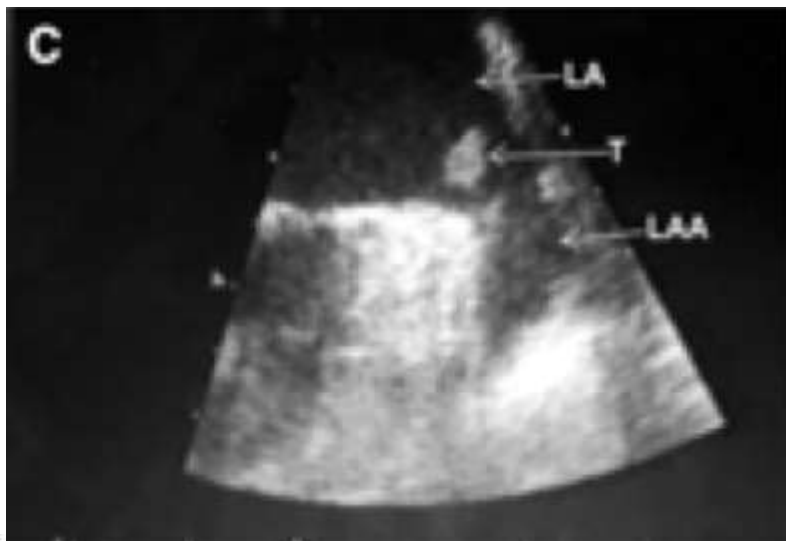
The following relationships exist:

*Grant support: Abbott, BSC, Cardiokinetics, Edwards, WL Gore*  
*Consultant: Abbott, BSC, Mitralign, WL Gore*

*Off label use of products and investigational devices  
will be discussed in this presentation*

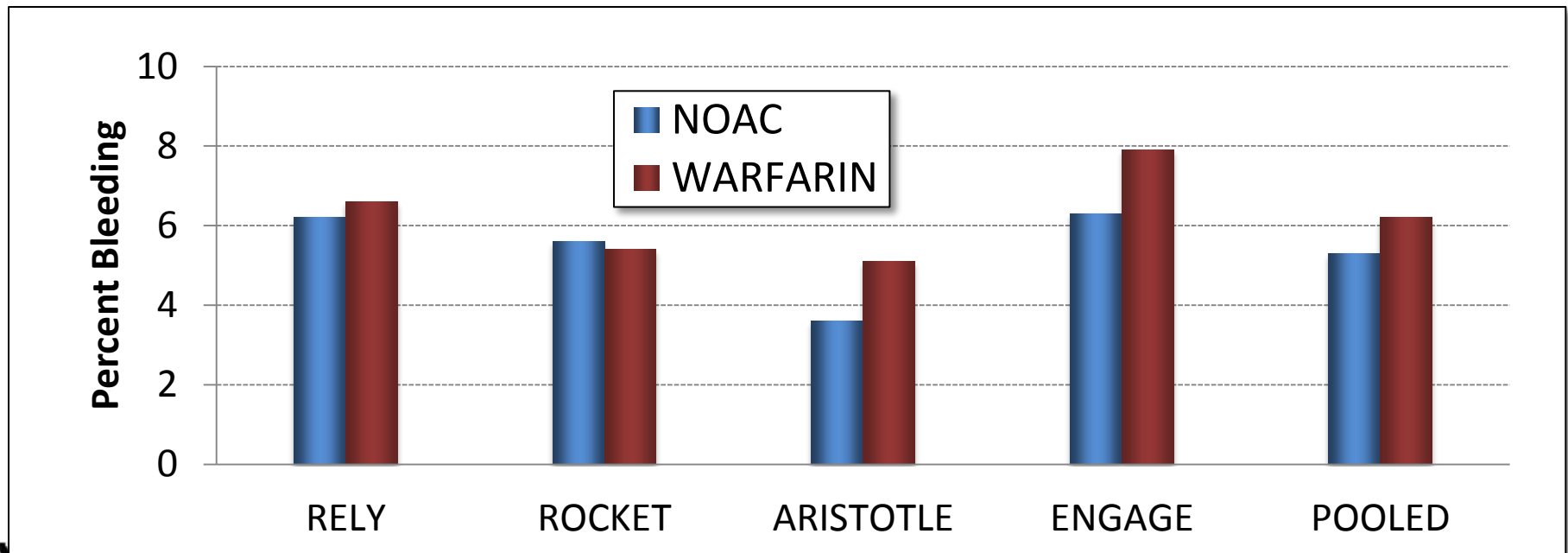
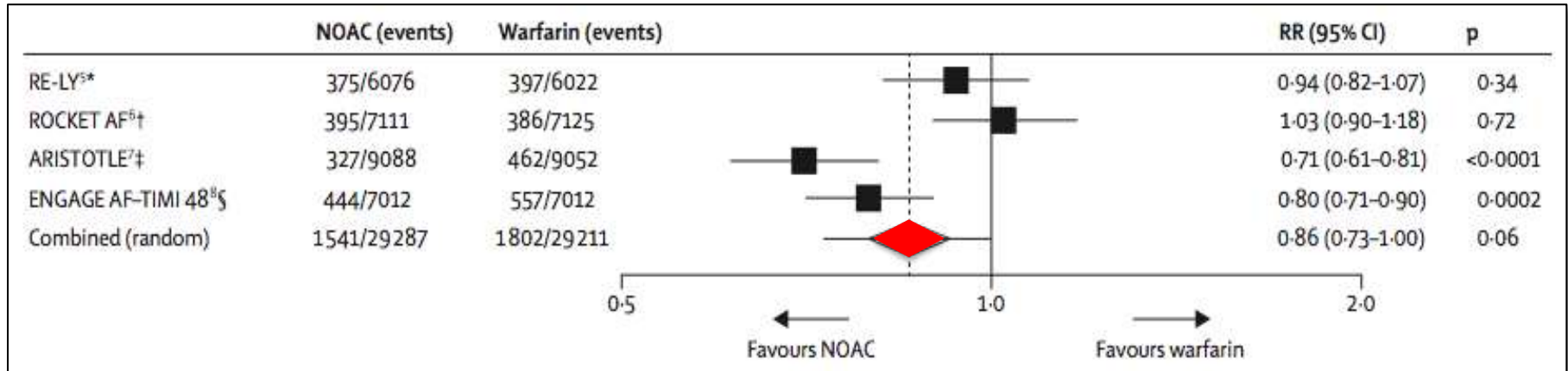
# Sequential TEE images

## Migration of left atrial appendage thrombus



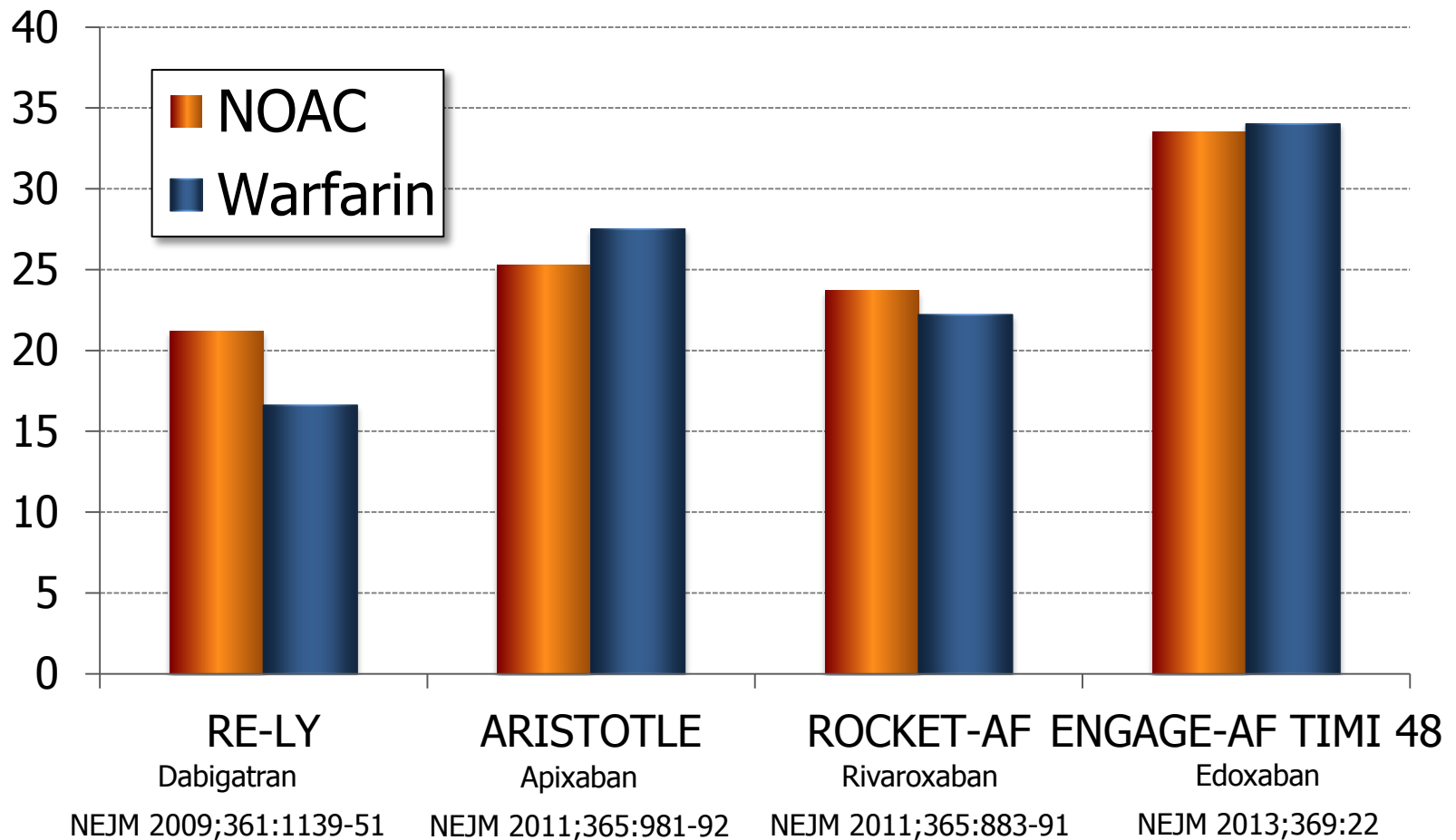
# NOAC vs WARFARIN

## Major bleeding



# *Oral Anticoagulants*

## DISCONTINUATION RATES



# Contraindications to oral anticoagulation in AF

Outcomes Registry for Better Informed Treatment of AF (ORBIT-AF) registry

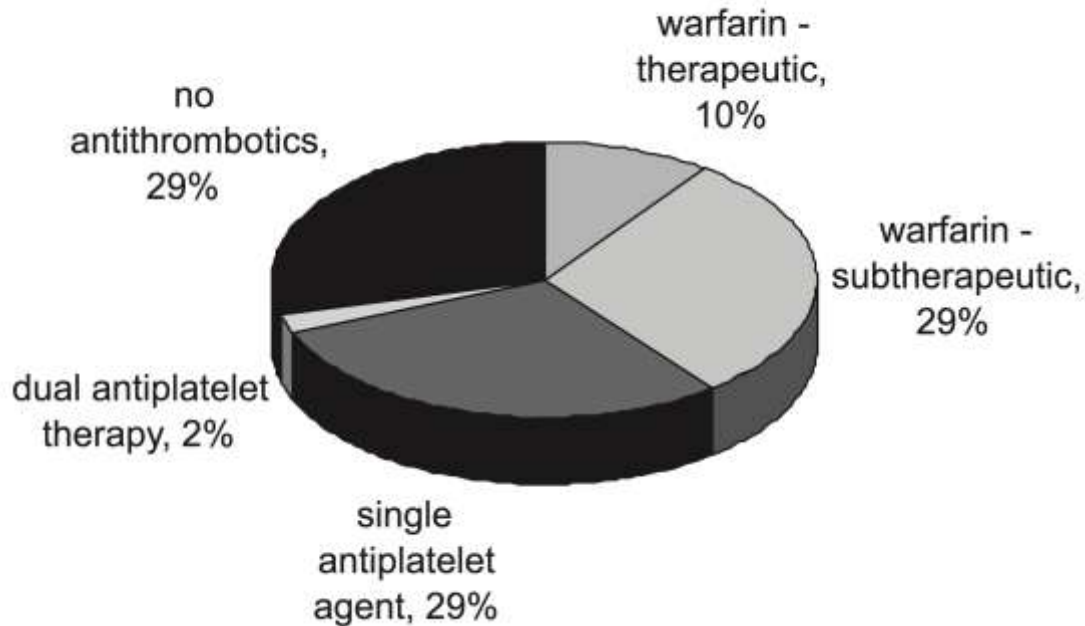
Primary study outcome: contraindication to OAC therapy documented at baseline visit  
10,130 patients enrolled in ORBIT-AF

**1,330 (13.1%) had contraindications to OAC**

**Table I.** Documented OAC contraindications\* (percent) overall and by patient age, bleeding, and stroke risk

Contraindication <sup>†</sup>	Overall (n = 1330)	Age (y)			ATRIA bleeding score			CHADS <sub>2</sub>			CHA <sub>2</sub> DS <sub>2</sub> -VASc		
		<75 (n = 493)	≥75 (n = 837)	<i>P</i> <sup>§</sup>	<5 (n = 929)	≥5 (n = 400)	<i>P</i> <sup>§</sup>	<2 (n = 312)	≥2 (n = 1018)	<i>P</i> <sup>§</sup>	<2 (n = 81)	≥2 (n = 1249)	<i>P</i> <sup>§</sup>
Prior bleed	27.7	21.1	31.7	<.0001	21.6	42.0	<.0001	16.7	31.1	<.0001	13.6	28.7	.003
Patient refusal	27.5	31.6	25.1	.01	30.6	20.5	.0002	42	23.1	<.0001	48.2	26.2	<.0001
High bleeding risk	18.0	15.4	19.5	.06	13.7	27.8	<.0001	10.3	20.3	<.0001	6.2	18.7	.004
Frequent falls/frailty	17.6	5.9	24.5	<.0001	14.8	24.0	<.0001	7.4	20.7	<.0001	2.5	18.6	.0002
Need for dual APT	10.4	12.0	9.4	.14	12.3	6.0	.001	10.9	10.2	.73	4.9	10.7	.10
Unable to adhere	6.0	7.3	5.3	.13	6.9	4.0	.04	5.1	6.3	.45	6.2	6.0	.95
Comorbid Illness	5.3	6.1	4.8	.30	3.4	9.5	<.0001	3.2	5.9	.06	2.5	5.4	.24
Prior intracranial hemorrhage	5.0	5.1	4.9	.89	5.1	4.8	.81	3.2	5.5	.10	3.7	5.0	.59
Allergy	2.4	3.9	1.6	.01	3.0	1.0	.03	3.5	2.1	.14	3.7	2.3	.43
Occupational risk	0.8	1.4	0.5	.07	1.1	0.3	.13	1.9	0.5	.01	2.4	0.7	.09
Pregnancy	0.2	0.4	0.1	.29	0.2	0.3	.90	0.3	0.2	.69	0.0	0.2	.66
Other	12.6	15.8	10.6	.01	14.5	7.8	.001	18	10.9	.001	24.7	11.8	.001

# Strokes in High-Risk AF Patients



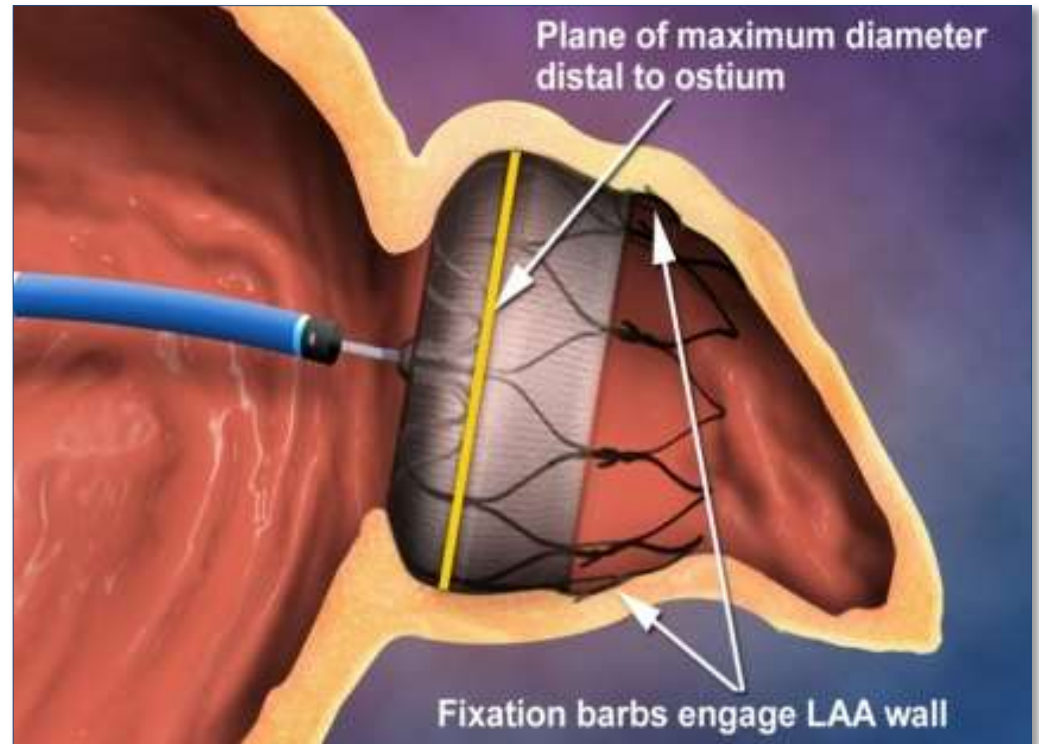
Preadmission medications in patients with known AF who were admitted with acute ischemic stroke

**Table 1. Patient Characteristics**

	Primary Prevention Cohort (n=597)
Female, %	55.9
Age, years, mean (SD)	77.6 (9.5)
Age >75 years, %	65.3
Age 65–75 years, %	25.1
Hypertension, %	81.7
Congestive heart failure, %	19.4
Diabetes, %	21.8
Angina, %	31.0
Previous myocardial infarction, %	19.8
Previous coronary artery bypass grafting or coronary angioplasty, %	11.9
Smoking, %	27.1
Previous ischemic stroke,* %	0
Previous transient ischemic attack,* %	0

# WATCHMAN

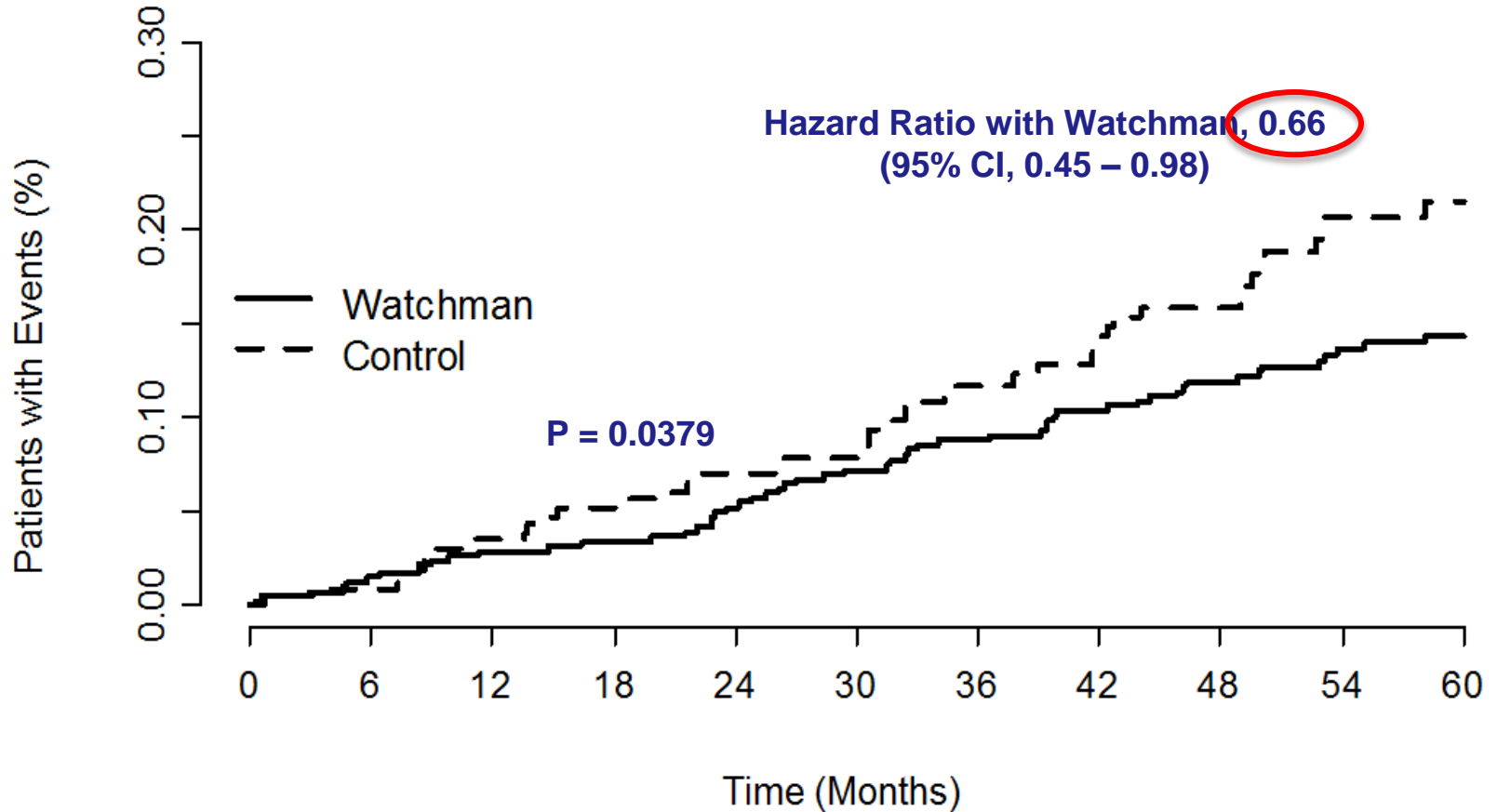
## Left Atrial Appendage Closure Therapy





Intention-to-Treat:

# PROTECT AF All-Cause Mortality

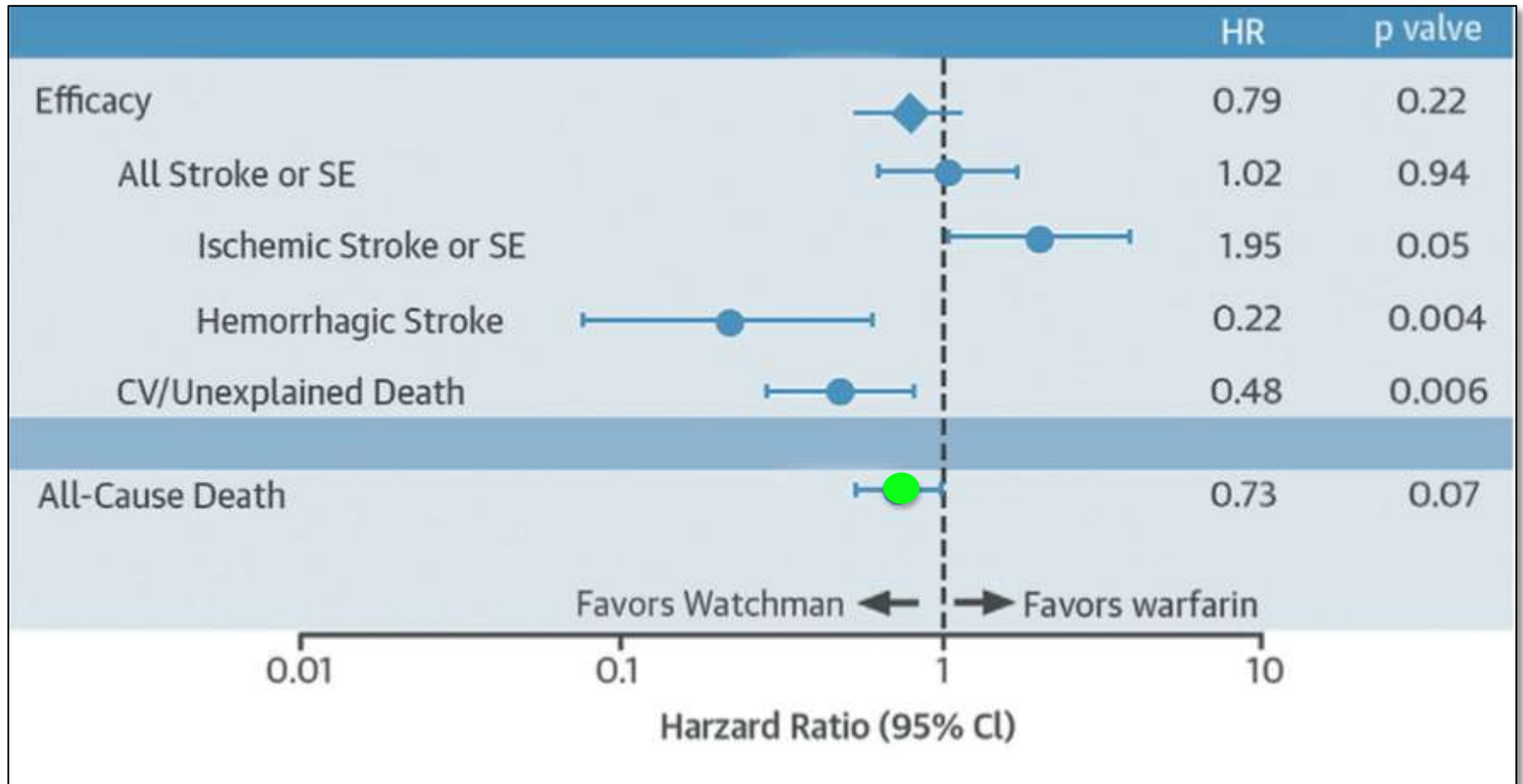


**No. at Risk**

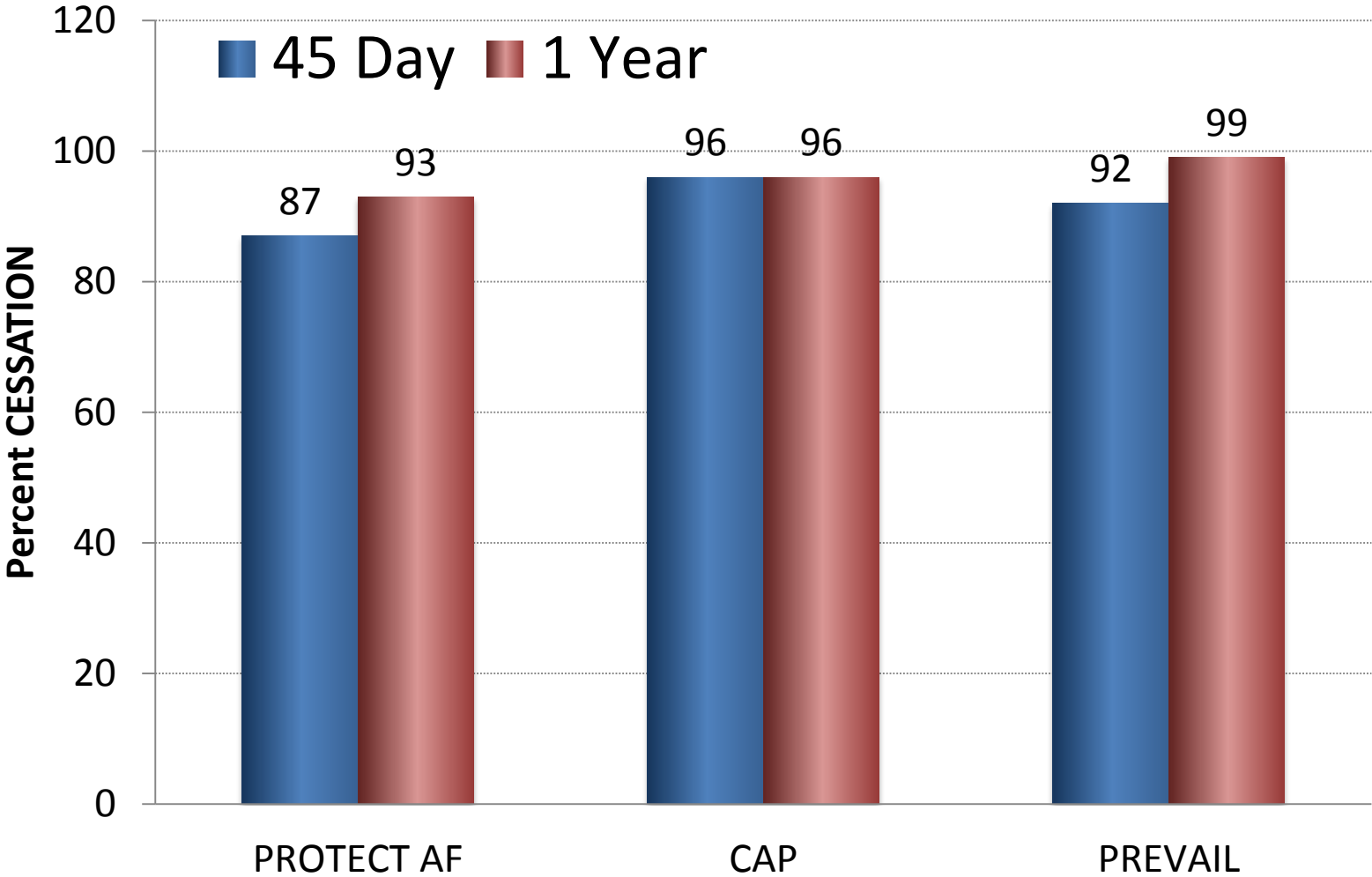
Watchman	463	404	389	381	373	360	352	341	330	294	202
Control	244	233	222	216	204	193	177	163	150	125	92

# Left Atrial Appendage Closure vs Warfarin in AF

## *A Patient-Level Meta-Analysis n=2406*

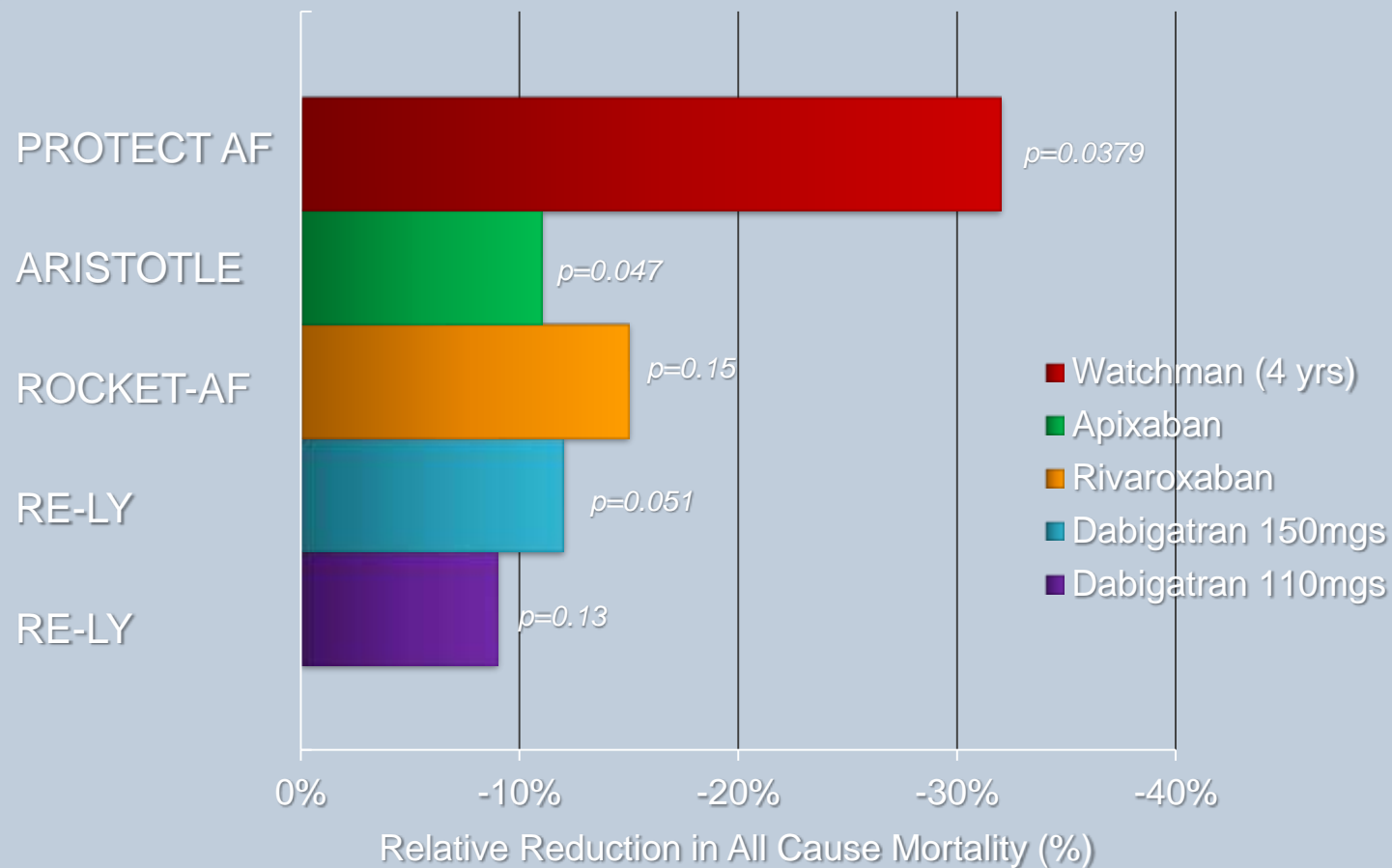
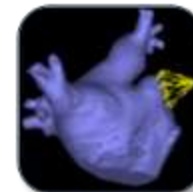


# Warfarin Cessation



# Watchman™ & Novel Oral Anticoagulants

Mortality Reduction (vs. Warfarin) in Perspective



Connolly S: N Engl J Med 2009;361:1139-1151  
Patel M: N Engl J Med 2011;365:883-891  
Granger C: N Engl J Med 2011; 365:981-992  
Reddy VY: LBCT HRS 2013