

Baseline characteristics and follow-up outcomes in routine clinical practice patients categorised by renal function in the ETNA-AF-Europe registry

R. De Caterina¹, M. Gwechenberger², A. Bakhai³, P. Monteiro⁴, P. Kelly⁵, P. Levy⁶, P. Kirchhof⁷

¹University of Pisa, Cardiology, Pisa, Italy; ²Medical University of Vienna, Vienna, Austria; ³Royal Free London NHS Foundation Trust, Barnet Hospital, London, United Kingdom; ⁴Centro Hospitalar e Universitário de Coimbra, Coimbra, Portugal; ⁵University College Dublin, HRB Stroke Clinical Trials Network Ireland, Dublin, Ireland; ⁶Amsterdam UMC, University of Amsterdam, Amsterdam, Netherlands (The); ⁷University Heart & Vascular Center Hamburg, Hamburg, Germany

On behalf of ETNA-AF-Europe Investigators

Funding Acknowledgement: Type of funding source: Private company. Main funding source(s): Daiichi Sankyo Europe GmbH, Munich, Germany

Background: Edoxaban is an oral factor Xa inhibitor anticoagulant with 50% renal clearance, and proven efficacy and safety in patients (pts) with atrial fibrillation (AF). The post-authorisation, observational, ETNA-AF-Europe registry (NCT02944019) assessed the risks and benefits of edoxaban in pts with AF from 10 European countries.

Purpose: Evaluate baseline characteristics and event rates in pts categorised by creatinine clearance (CrCl) at 1-year follow-up of the ETNA-AF-Europe registry.

Methods: In this analysis, pts were divided into three groups according to CrCl: ≤50 mL/min (I), 50–80 mL/min (II) and ≥80 mL/min (III) (calculated using Cockcroft-Gault). Outcomes were descriptively analysed.

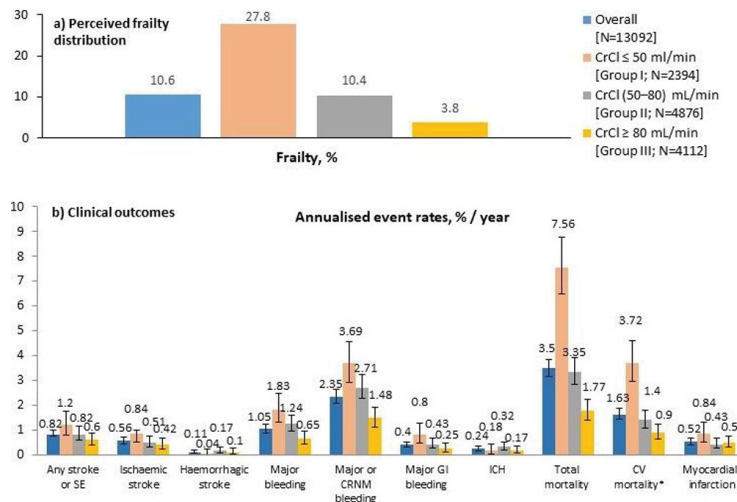
Results: Pts with the lowest CrCl (Group I) were mostly females, and had

a higher mean age, lower body weight, higher stroke and bleeding risk scores and were considered more frail than those with higher CrCl (Groups II and III) (Table). Group I experienced higher rates of stroke or SEE, major or CRNM bleeding, cardiovascular death, and had a higher total mortality (Figure). Rates of intracranial haemorrhage (ICH) and haemorrhagic stroke (intracerebral and subarachnoid haemorrhage) were low and similar in pts across the range of CrCl.

Conclusions: Those with lower CrCl had more comorbidities and higher event rates than those with higher CrCl, with the exception of ICH and haemorrhagic stroke. A steep rise in the proportion of pts perceived as frail and in overall mortality in the lowest renal function tertile, raises the question whether low renal function is a determinant or a correlate of mortality.

Baseline characteristics n (%) or mean ± SD	ETNA-AF-Europe Overall	CrCl ≤50 mL/min (Group 1)	CrCl >50, <80 mL/min (Group 2)	CrCl ≥80 mL/min (Group 3)
Patients	13092 (100.0)	2394 (21.0)	4876 (42.8)	4112 (36.1)
Male	7430 (56.8)	932 (38.9)	2651 (54.4)	2820 (68.6)
Age, years	73.6±9.5	81.7±6.4	75.7±6.8	66.7±9.0
Weight, kg	81.0±17.3	68.5±12.6	77.0±12.7	92.2±17.5
CrCl±CG, mL/min	74.3±30.4	39.6±7.5	64.8±8.4	105.6±25.6
CHA ₂ DS ₂ -VASc	3.1±1.4	4.0±1.2	3.3±1.3	2.4±1.3
Modified HAS-BLED	2.5±1.1	3.0±1.0	2.7±1.1	2.2±1.1
Frailty	1392 (10.6)	666 (27.8)	506 (10.4)	157 (3.8)
Paroxysmal AF	7039 (53.9)	1153 (48.3)	2576 (52.9)	2271 (55.3)
Persistent AF	3159 (24.2)	546 (22.9)	1188 (24.4)	1102 (26.8)
Long-standing persistent & permanent AF	2864 (21.9)	690 (28.9)	1102 (22.6)	732 (17.8)

*Frailty reported as perceived by the investigator. AF, atrial fibrillation; CG, Cockcroft-Gault equation; CrCl, creatinine clearance.



*Sensitivity analysis. CrCl, creatinine clearance; CRNM, clinically relevant nonmajor; CV, cardiovascular; GI, gastrointestinal; ICH, intracranial haemorrhage; SE, systemic embolism.

Downloaded from https://academic.oup.com/eurheartj/article/41/Supplement_2/ehaa946.0637/6004679 by guest on 23 April 2024