The COMPASS Trial
Implications for PAD patients
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DISCLOSURES
Advisory Board – Astra Zeneca

Inclusions
- Patients with Stable CAD, PAD or both
- Patients Under 65 also had to have
  - Documented athero in 2 vascular beds or
  - 2 Risk Factors
    - Smoking
    - DM
    - GFR < 60
    - Heart failure
    - Remote stroke (> 1 month ago)

Exclusions
- High bleeding risk
- Recent stroke (< 1 month) or any prior ICH
- Severe heart failure
- GFR < 15
- Patient already on DAPT
- Patient already on therapeutic anticoagulation
- Perceived poor medical prognosis

Randomization
Rivaroxaban 2.5 mg BID + ASA 100 mg QD
Rivaroxaban 5 mg BID
ASA 100 mg QD
Outcomes

- Efficacy: CV Death + Stroke + MI

- Safety: ISTH Major Bleeding
  - Fatal Bleeding
  - Symptomatic Bleeding into a Critical Organ
  - Bleeding Requiring Hospitalization or Surgery

- Net Clinical Benefit Outcome: All of the above

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Eikelboom et al, NEJM 2017

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Riva 2.5 BID + ASA Wins

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MACE Advantage Similar with or without PAD

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Bleeding and Net Clinical Benefit

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Major Adverse Limb Events and Mortality in Patients With Peripheral Artery Disease

The COMPASS Trial

- 6,391 patients with PAD
- Examined for MALE (ALI, CLI, or amputation)

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Anand, JACC 2018
MALE Leads to Amputation and Death

Anand, JACC 2018

Conclusions about Riva 2.5 added to ASA

- Regimen improves MACE in patients with CAD or PAD
- Dramatic reductions in MALE and Peripheral Interventions
- Efficacy outcomes outweigh worse safety profile (bleeding)
- First drug added to ASA that has demonstrated above convincingly
  - Clopidogrel – CHARISMA
  - Ticagrelor – PEGASUS
  - Warfarin – WAVE
  - Vorapaxar – TRA2P-TIMI50

Outcomes

Anand, JACC 2018

HR (95% CI)
0.57 (0.37-0.88)
0.42 (0.21-0.85)