DEBATE
COMPASS, Not so Fast

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No relevant disclosures for this presentation.

Beneficial Effects in COMPASS Occurred at the Expense of Excess Bleeding Despite

1) Trial design that limited bleeding risks.
2) Low use of DUAP therapy.
3) Very high use of PPI.

PPI Inhibitors:


NNT in COMPASS was 71 for comparison of rivaroxaban plus asa vs. asa alone. After that: - bleeding - cost


Just How Beneficial Where the Effects in COMPASS

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COMPASS Was A Beautifully Designed and Executed Trial

1) Excluded patients taking DUAP and patients enrolled had limited need for DUAP.
2) “Evaded” the question of clopidogrel vs. ASA.
3) High use of PPI.
4) Included symptomatic subjects and the question of asymptomatic remains unclear

From Berger JS. Lancet 2018;91:183-184


SETTING: UK general practices contributing to QResearch or Clinical Practice Research Datalink

PARTICIPANTS: 132,231 warfarin, 7,744 dabigatran, 37,863 rivaroxaban, and 18,223 apixaban users without anticoagulant prescriptions for 12 months before study entry, subgrouped into 103,270 patients with atrial fibrillation and 92,791 without atrial fibrillation between 2011 and 2016.

MAIN OUTCOME MEASURES: Major bleeding leading to hospital admission or death. Specific sites of bleeding and all cause mortality were also studied.