Reversal of Newer Anticoagulation agents in Spontaneous ICH

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Background

- Increased risk of ICH with INR > 4.0
- Significant limitations of warfarin
- Newer agents
 - more reliable dose-response
 - absence of need to monitor blood levels
 - Phase III trials suggest lower incidence of ICH compared with warfarin
 - Here to stay, utilization increasing
 - Am Coll of Chest Physicians recommend dabigatran
 - No specific antidote



The clotting cascade including common anticoagulant medications and their site of action. vit = vitamin.

Trial Objective

- Rapid reversal of anticoagulation in non-traumatic ICH patients being treated with new anticoagulation agents (dabigatran, rivaroxaban and apixaban)
- Current practice based on little evidence
- Fresh frozen plasma
- Prothrombin complex concentrate (3 factor –VII, IX and X)
- FEIBA (Factor Eight Inhibitor Bypassing Activity) – (activated factors II, VII, IX and X)
 Medical

Center

Study Design



PCC = prothrombin complex concentrate- II, VII, IX and X FEIBA = Factor Eight Inhibitor Bypassing Activity – activated II, VII, IX and X FFP = Fresh Frozen Plasma



Primary Outcomes

- In-hospital
 - ICH progression-size
 - Laboratory evaluation of reversal of anticoagulation
 - Mortality / Neurologic recovery (modified Rankin scale)
 - Duration of hospitalization
 - Resource utilization cost of therapy
 - Thrombotic complications



Inclusion Criteria

- Inclusion
 - Low volume hemorrhage ? 30 cc
 - Minimum GCS
 - Time from last well 0-4 hours?
 - Spontaneous hemorrhage while taking dabigatran, rivaroxaban and apixaban
 - Absence of other causes of ICH, ie tumor, trauma



Questions

- Simultaneous blood pressure management according to AHA guidelines
- Does current scientific evidence and practice justify a placebo group
- Newer agents in the pipeline. Incorporate an additional study arm to accommodate new therapy (ie Kcentra-4 factor preparation)





<u>dabigatran (Pradaxa)</u> –inhibits thrombin (factor II) <u>rivaroxaban (Xaralto)</u> – inhibits Xa <u>apixaban (Eliquis)–</u> inhibits Xa

