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Date: 17 February 2012

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Professor Sansom.

**Submission: Review of Anticoagulation Therapies in Atrial Fibrillation**

- The main purpose of this submission is to express concern about premature funding for the newer anticoagulants (dabigatran and, in due course, rivaroxaban). The risk/benefit at the present time is unacceptable.
  - I am aware that you will be fully familiar with the literature on these agents and I will not attempt to review the evidence.
  - Particular issues with these agents are:
    - the inability to monitor (with the potential for lack of efficacy or over-anticoagulation, potentially resulting in severe haemorrhage)
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- the lack of good evidence-based treatments when bleeding does occur
  - the potential for significant interactions with multiple CYP3A4 and P-gp inhibitors
  - the dangers of using these drugs in patients with renal impairment (marked increase in AUC and C<sub>max</sub>).  
In a report of early experience with dabigatran in New Zealand, a number of cases with haemorrhage were overdosed because of renal impairment. There were further cases arising from the use of eGFR, which resulted in overestimation of renal function in patients with low body weight.
  - The NZ experience found that patients at risk include the elderly, those with low body weight and those with renal impairment
  - As with the NZ experience, the data from the RELY Study show that the risk of bleeding increases with age. Many patients with atrial fibrillation are elderly, putting them in the at risk category.
  - Uncertainties in important clinical scenarios were also highlighted by the NZ data. One example is what to do in patients with acute myocardial infarction who are on dabigatran, where there are obvious concerns about administration of heparin or thrombolytics. A second example involved a patient on



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dabigatran with a fractured neck of femur and GI bleed, where the confounding issues delayed surgery for 9 days.

- Optimisation of the use and monitoring of currently available anticoagulant treatments, including investigation of simpler methods of home monitoring of warfarin in patients with atrial fibrillation, is supported.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Peter Pillans'.

**A/PROF PETER PILLANS**

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