# The Comparative Safety and Effectiveness of Warfarin and Dabigatran Utilized in the Department of Defense (DoD) Non-Valvular Atrial Fibrillation (NVAF) Patient Population-A Retrospective Database Analysis

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## Administrative details

#### **PURI**

https://redirect.ema.europa.eu/resource/9772

#### **EU PAS number**

EUPAS9771

#### Study ID

9772

#### **DARWIN EU® study**

Nο

#### Study countries

**United States** 

#### Study description

This study is of a retrospective cohort design with propensity score matching. The primary study objective is to assess the safety and effectiveness of dabigatran compared to warfarin in patients diagnosed with non-valvular atrial fibrillation in the DoD population.

#### Study status

Ongoing

# Research institution and networks

# Institutions



# Contact details

Study institution contact

Evidera Evidera

Study contact

matthew.reynolds@evidera.com

**Primary lead investigator** 

Evidera Evidera

Primary lead investigator

# Study timelines

Date when funding contract was signed

Planned:

27/09/2013

Actual:

27/09/2013

#### Study start date

Planned:

22/01/2014

Actual:

22/01/2014

#### Data analysis start date

Planned:

#### Date of final study report

Planned: 15/06/2015

# Sources of funding

· Pharmaceutical company and other private sector

# More details on funding

Boehringer Ingelheim Pharmaceuticals, Inc.

# Regulatory

Was the study required by a regulatory body? No

# Methodological aspects

# Study type list

#### Study type:

Non-interventional study

#### Scope of the study:

Assessment of risk minimisation measure implementation or effectiveness Drug utilisation

Effectiveness study (incl. comparative)

#### Main study objective:

To assess the safety and effectiveness of dabigatran and warfarin in patients diagnosed with non-valvular atrial fibrillation in the DoD population.

# Study Design

## Non-interventional study design

Cohort

# Study drug and medical condition

#### Name of medicine

Pradaxa

#### Name of medicine, other

Warfarin

#### Medical condition to be studied

Atrial fibrillation

# Population studied

#### Age groups

Adults (18 to < 46 years)

Adults (46 to < 65 years)

Adults (65 to < 75 years)

Adults (75 to < 85 years)

Adults (85 years and over)

#### Estimated number of subjects

28000

# Study design details

#### **Outcomes**

stroke (hemorrhagic, ischemic), major bleeding, Ischemic stroke, Hemorrhagic stroke, Major Intracranial bleeding, Major Extracranial bleeding (Major GI bleeding (upper and lower), Major Urogenital bleeding, Major Other bleeding), Transient ischemic attack (TIA), Myocardial infarction (MI), Venous thromboembolism (VTE, deep vein thrombosis DVT or pulmonary embolism PE), Death (all cause)

#### Data analysis plan

Patients will be followed until OAC discontinuation/switch, disenrollment, death, or study end (whichever occurs first). Baseline characteristics for the study cohorts will be described and compared for the dabigatran (DE) and warfarin cohorts before and after propensity score matching (PSM). Inferential statistics will be used to analyze post-match differences between cohorts. For categorical variables, chi-square tests will be used, and for interval variables, t-tests or, if distribution is not normal, Wilcoxon rank sum test will be conducted. For the comparison of baseline characteristics before and after PSM, a conventional alpha

of 0.05 and two-tailed level of significance will be used unless otherwise specified. To compare the occurrence of primary and secondary outcomes between DE and warfarin cohorts, time to event will be investigated using non-parametric Kaplan-Meier (KM) survival analyses. Cox proportional hazards models will be implemented if the PSM leaves imbalance.

# Data management

#### Data sources

**Data sources (types)** 

Administrative data (e.g. claims)

# Use of a Common Data Model (CDM)

**CDM** mapping

No

# Data quality specifications

**Check conformance** 

Unknown

**Check completeness** 

Unknown

**Check stability** 

Unknown

**Check logical consistency** 

Unknown

# Data characterisation

Data characterisation conducted

No