



Voyager in Endovascular and Surgical Contexts

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No Disclosures



Antithrombotic therapy after Revascularization

- Long time no change
 - After endovascular therapy, dual antiplatelet therapy (DAPT) for 1–3 months is supported by rare randomized studies^{1,2}
 - DAPT is not associated with reduced CV mortality or MACE but seems to improve patency without increasing bleeding²
- On the other hand extensive change of Revascularization approach
 - Switch from Open to Endo mainly
 - New Devices and treatment tools for Endo

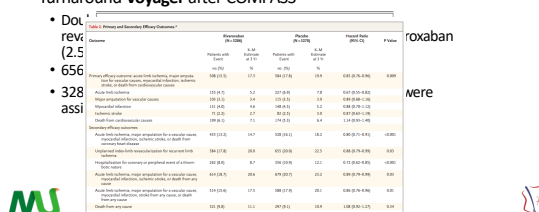





Antithrombotic therapy after Revascularization

- Turnaround **Voyager** after COMPASS

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Antithrombotic therapy after Revascularization

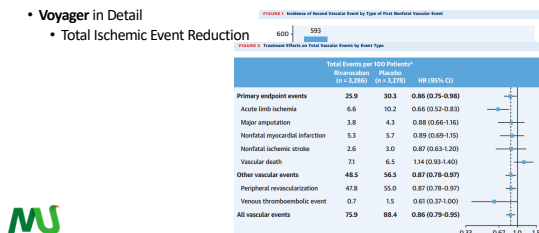


- Turnaround **Voyager** after COMPASS/Conclusion

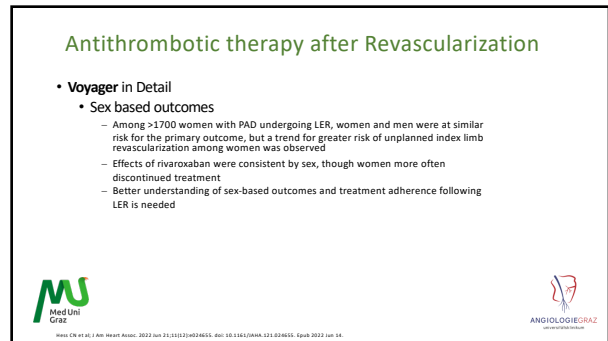
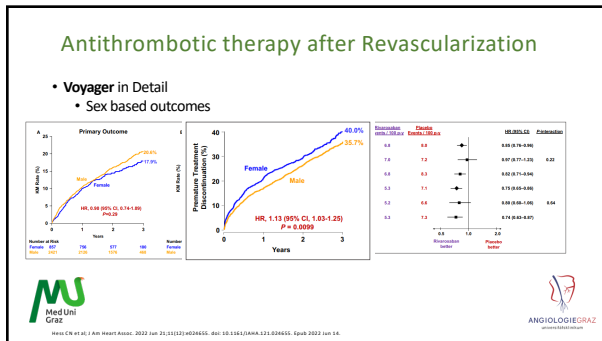
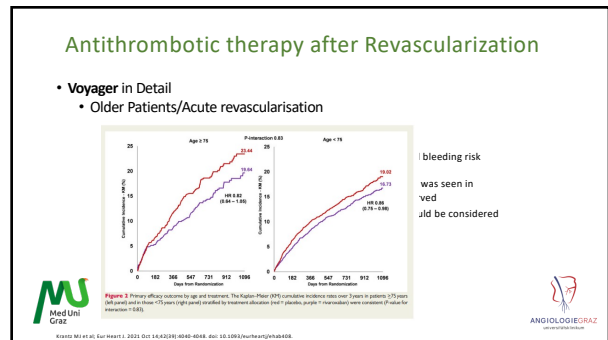
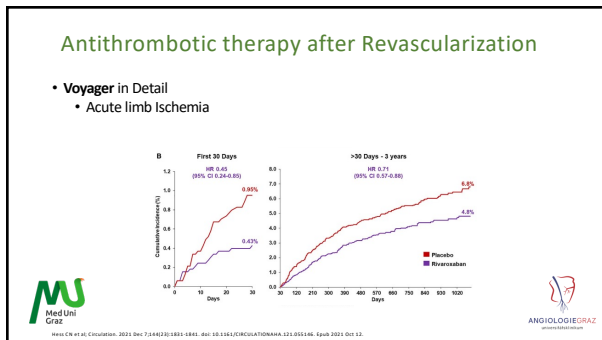
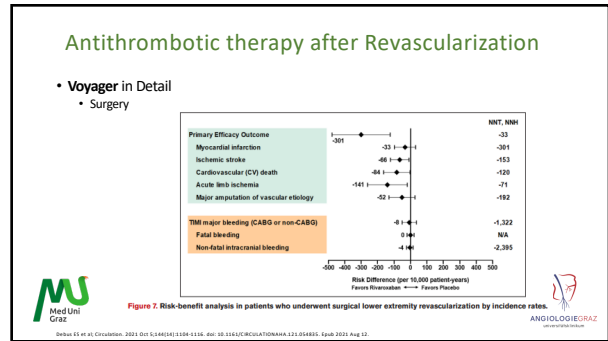
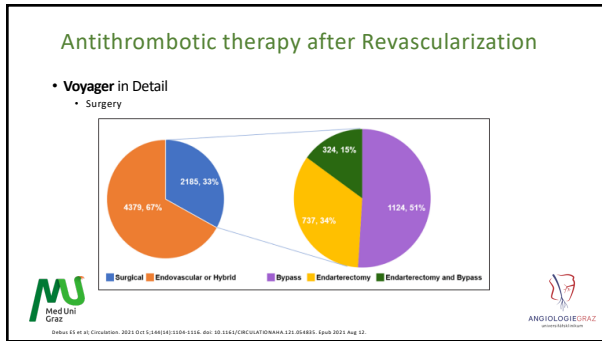
Outcome	Rivaroxaban (N=1256)	Placebo (N=1248)	Hazard Ratio (95% CI)	P Value	
K-M Patients with Event at 3 Yr					
Principal safety outcome: TIMI major bleeding	62 (1.90)	44 (1.35)	1.87	1.43 (0.97–2.10)	0.07
Intracranial hemorrhage	13 (0.40)	6.60 (0.52)	0.90	0.78 (0.38–1.61)	
Fatal bleeding	6 (0.18)	0.21 (0.18)	0.21	1.02 (0.33–3.15)	
Intracranial or fatal bleeding	17 (0.52)	0.74 (0.58)	0.97	0.91 (0.47–1.76)	
Secondary safety outcomes					
ISTH major bleeding	140 (4.30)	5.94 (3.08)	4.06	1.42 (1.10–1.84)	0.007
BARC major bleeding†	93 (2.86)	3.86 (2.25)	2.92	1.29 (0.95–1.76)	0.10

Antithrombotic therapy after Revascularization

- **Voyager** in Detail
- Total Ischemic Event Reduction



Antithrombotic therapy after Revascularization

- Voyager in Detail
- Bypass grafts

Acute Limb Ischemia

Prosthetic Revascularization vs Venous Revascularization

Adj. HR 2.53 (1.65-3.90)

Adj. HR 3.27 (1.845-5.71)

P < 0.0001

16.5%

2.2%

Days from Revascularization

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Götteberger N et al. J Vasc Med Biol. 2023 Apr;35(1):67-74. doi: 10.1094/JVMB.2022.11.062. Epub 2022 Dec 5.

Antithrombotic therapy after Revascularization

- Voyager in Detail
- Bypass grafts
- Cumulative incidence of primary efficacy outcome at 3 years

Prosthetic vs Venous

P-interaction = 0.2264

33.2%

22.9%

Days from Revascularization

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Götteberger N et al. J Vasc Med Biol. 2023 Apr;35(1):67-74. doi: 10.1094/JVMB.2022.11.062. Epub 2022 Dec 5.

Antithrombotic therapy after Revascularization

- Voyager in Detail
- Bypass grafts
- Cumulative incidence of efficacy of rivaroxaban on acute limb ischemia (ALI) at 3 years

Prosthetic vs Venous

P-interaction = 0.169

10.2%

4.7%

Days from Revascularization

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Antithrombotic therapy after Revascularization

- Voyager in Detail
- Bypass grafts
- With surgical bypass, an independent association was observed between the conduit type used and the occurrence of major adverse limb events (MALE)
- Take Home Message:
 - The use of a venous conduit was associated with lower rates of MALE relative to a prosthetic graft for surgical bypass
 - Low-dose rivaroxaban should be added to aspirin therapy to prevent MALE, regardless of the conduit type

Prosthetic vs Venous

P-interaction = 0.169

10.2%

4.7%

Days from Revascularization

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Götteberger N et al. J Vasc Med Biol. 2023 Apr;35(1):67-74. doi: 10.1094/JVMB.2022.11.062. Epub 2022 Dec 5.

Antithrombotic therapy after Revascularization

- Voyager in Detail/CLTI

Prosthetic vs Venous

P-interaction = 0.169

10.2%

4.7%

Days from Revascularization

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Hogan SE et al. Circulation. 2024 Feb 20;149(8):635-647. doi: 10.1161/CIRCULATIONAHA.123.603196. Epub 2024 Feb 20.

Antithrombotic therapy after Revascularization

- ESC 2024 Guidelines

Patients with chronic symptomatic PAD after endovascular revascularization

Long-term antiplatelet required?

Bleeding risk

No high bleeding risk | High bleeding risk*

ASA and 2.5 mg rivaroxaban daily (or aspirin) for 1 month (Class II)

DAPT (ASA or aspirin) (Class IIa)

SAPT (ASA or aspirin) (Class IIb)

ASA + 2.5 mg rivaroxaban (Class IIa)

SAPT monotherapy (Class II)

OCAC monotherapy (Class IIa)

OCAC monotherapy (Class IIa)

ESC

Med Uni Graz ANGIOLOGIE GRAZ

ESC 2024 Guidelines PAD and Aortic diseases, Eur Heart J. 2024 Aug 20;45(32):376. doi: 10.1093/eurheartj/ehae179. Online ahead of print.

Thank you for your attention

