8.7% for patients receiving the 2.5-mg dose of rivaroxaban, 8.5% for those receiving the 5-mg dose of rivaroxaban, and 7.8% for those receiving placebo; and the rates of loss to follow-up were 0.2%, 0.3%, and 0.3%, respectively.

EFFICACY END POINTS

Rivaroxaban significantly reduced the primary efficacy end point of death from cardiovascular causes, myocardial infarction, or stroke, as compared with placebo, with rates of 8.9% and 10.7%, respectively (hazard ratio, 0.84; 95% confidence interval [CI], 0.74 to 0.96; P=0.008) (Fig. 1). These results were consistent in the intention-to-treat analysis (P=0.002) (Table 2). In the analysis of the components of the primary efficacy end point, rivaroxaban versus placebo had a hazard ratio of 0.80 (P=0.04) for death from cardiovascular causes (including hemorrhage-related deaths), 0.85 (P=0.047) for myocardial infarction, and 1.24 (P=0.25) for stroke (including ischemic, hemorrhagic, and stroke of uncertain cause).

Rivaroxaban also reduced the secondary composite efficacy end point of death from any cause, myocardial infarction, or stroke, as compared with placebo, with rates of 9.2% and 11.0%, respectively (hazard ratio, 0.84; 95% CI, 0.74 to 0.95; P=0.006). In addition, rivaroxaban reduced the risk of stent thrombosis (definite, probable, or possible), as compared with placebo, with rates of 2.3% and 2.9%, respectively (hazard ratio, 0.69; 95% CI, 0.51 to 0.93; P=0.02). The reduction in the primary efficacy end point with rivaroxaban was consistent among the subgroups except for patients with a history of stroke or transient ischemic attack (Fig. 2).

In the analysis of the two doses of rivaroxaban, each of the doses reduced the primary efficacy end point of death from cardiovascular causes, myocardial infarction, or stroke, as compared with placebo, with rates in patients receiving the 2.5-mg dose of 9.1% and 10.7%, respectively (hazard ratio, 0.84; 95% CI, 0.72 to 0.97; P=0.02) and rates in patients receiving the 5-mg dose of 8.8% and 10.7%, respectively (hazard ratio, 0.85; 95% CI, 0.73 to 0.98; P=0.03) (Fig. 3A and 3B). The 2.5-mg dose of rivaroxaban, as compared with placebo, reduced the risk of death from cardiovascular causes (2.7% vs. 4.1%; hazard ratio, 0.66; 95% CI, 0.51 to 0.86; P=0.002) (Fig. 3C) and the risk of death from any cause (2.9% vs. 4.5%; hazard ratio, 0.68; 95% CI, 0.53 to 0.87; P=0.002). The 5-mg dose of rivaroxaban, as compared with placebo, did not significantly reduce the risk of death from either cardiovascular causes (hazard ratio, 0.94; P=0.63) (Fig. 3D) or any cause (hazard ratio, 0.95; P=0.66) and differed significantly from the 2.5-mg dose of rivaroxaban (P=0.009 for both comparisons).

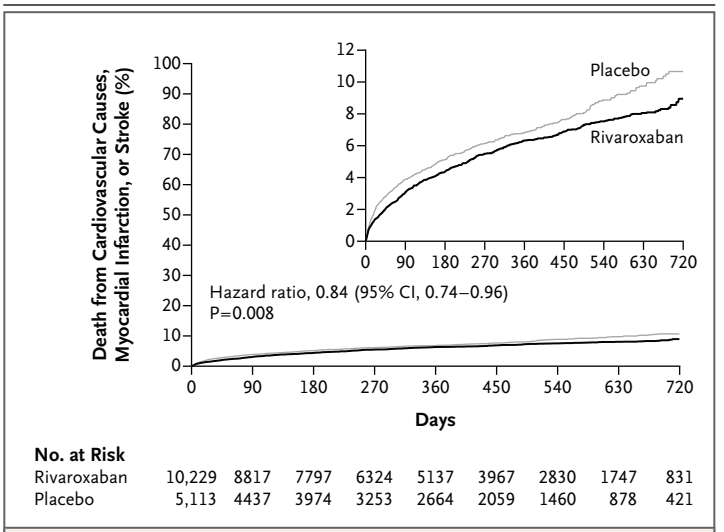

Figure 1. Cumulative Incidence of the Primary Efficacy End Point.
The primary efficacy end point consists of death from cardiovascular causes, myocardial infarction, or stroke. According to these results, the composite end point would be prevented in 1 patient if 56 patients were treated for 2 years with rivaroxaban. The P value is for the modified intention-to-treat analyses. P=0.002 for the intention-to-treat analysis.

SAFETY END POINTS

Rivaroxaban significantly increased the rate of TIMI major bleeding that was not related to CABG, as compared with placebo, with rates of 2.1% and 0.6%, respectively (hazard ratio, 3.96; 95% CI, 2.46 to 6.38; P<0.001) (Table 2, and Fig. 1 in the Supplementary Appendix), a finding that was also significant for the 2.5-mg and 5-mg doses of rivaroxaban (P<0.001 for both comparisons). For TIMI major bleeding that was not related to CABG, there were no significant interactions between the measured characteristics of patients and the study group (Fig. 2 in the Supplementary Appendix). Also greater in the combined rivaroxaban group, as compared with placebo, were rates of TIMI minor bleeding (1.3% vs. 0.5%, P=0.003), TIMI bleeding requiring medical attention (14.5% vs. 7.5%, P=<0.001), and intracranial hemorrhage (0.6% vs. 0.2%, P=0.009) (Table 2). There was no significant difference in the rates of fatal bleeding associated with rivaroxaban as compared with placebo (0.3% vs. 0.2%, P=0.66).

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