

Vascular Protection in Patients with Peripheral Artery Disease: Improving Outcomes with Dual Pathway Inhibition – The COMPASS Study

12:30–13:25, Tuesday 30 January 2018

Room 2, Main Arena 2

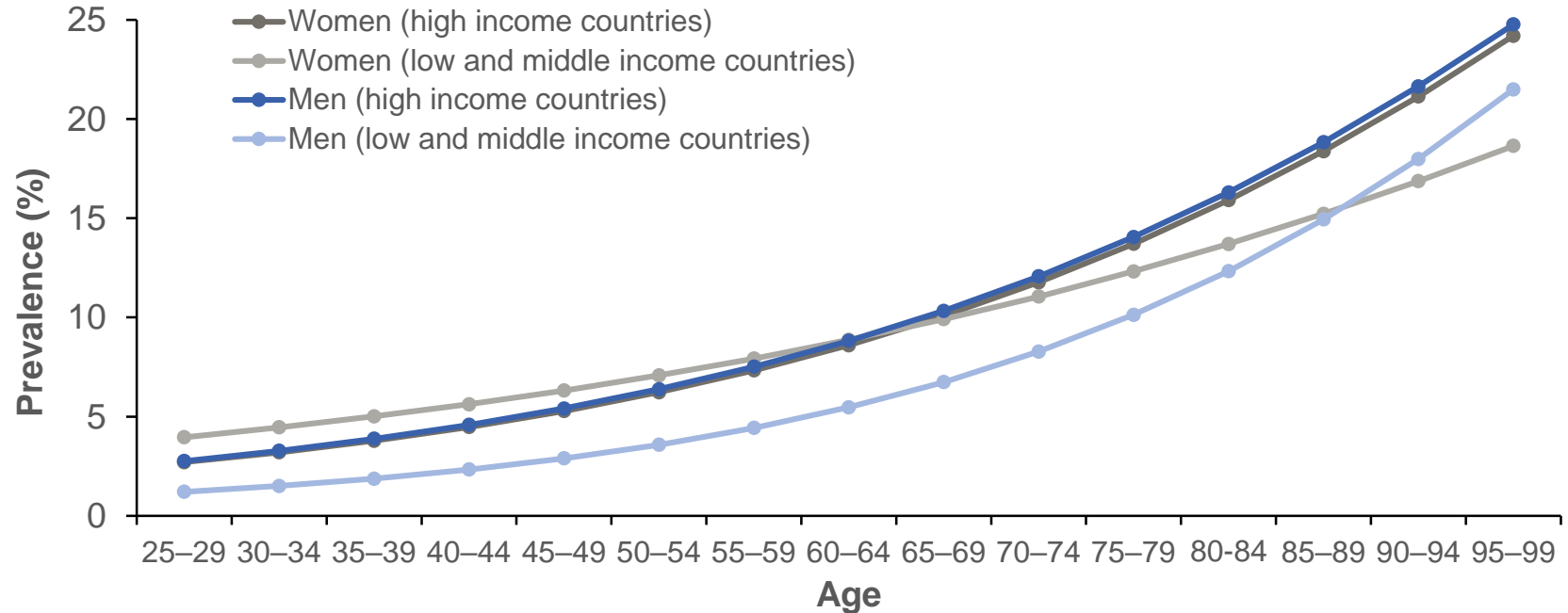
This meeting has been fully organised and funded by Bayer AG, Berlin, Germany

Welcome and Introduction

Professor Dr Dierk Scheinert
Chairman, Department of Angiology
University Hospital Leipzig, Germany

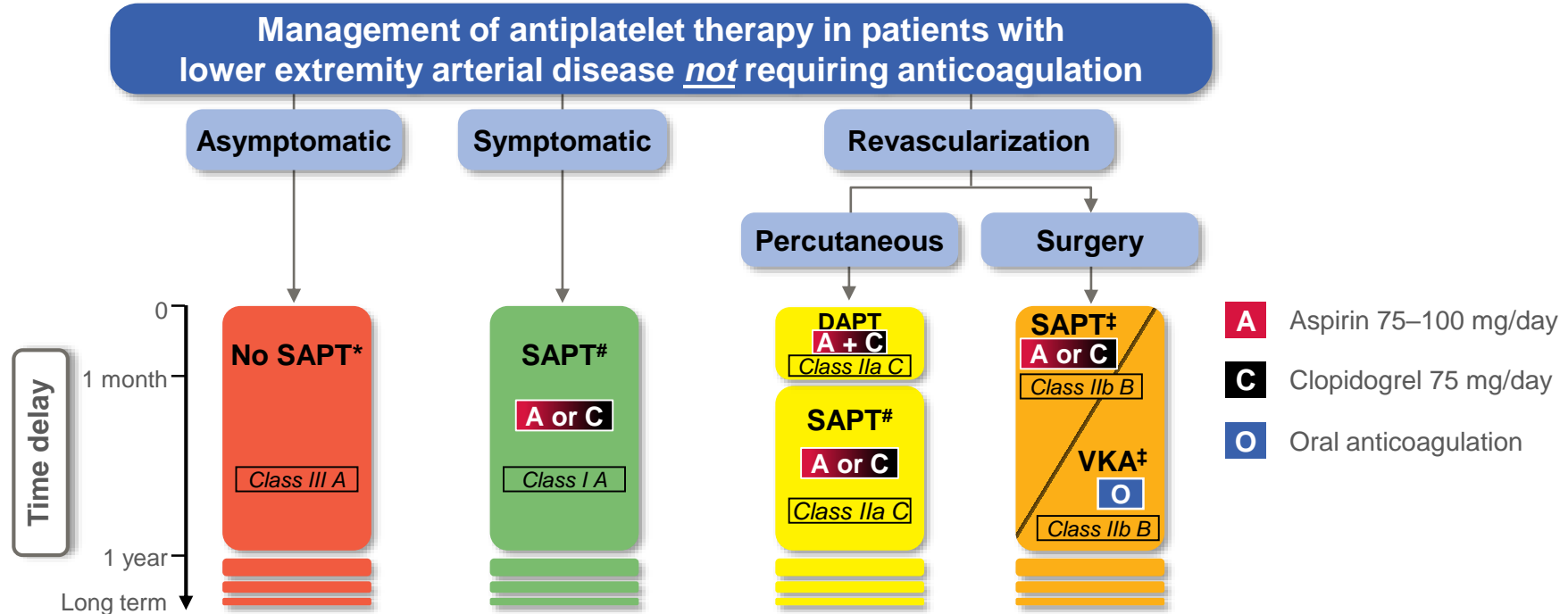
202 Million People Worldwide Are Estimated to Be Living with Lower Extremity PAD

Estimated age-specific prevalence of men and women living with lower extremity PAD in 2010



Treatment Options for the Prevention of Cardiovascular Events Are Limited in Patients with PAD

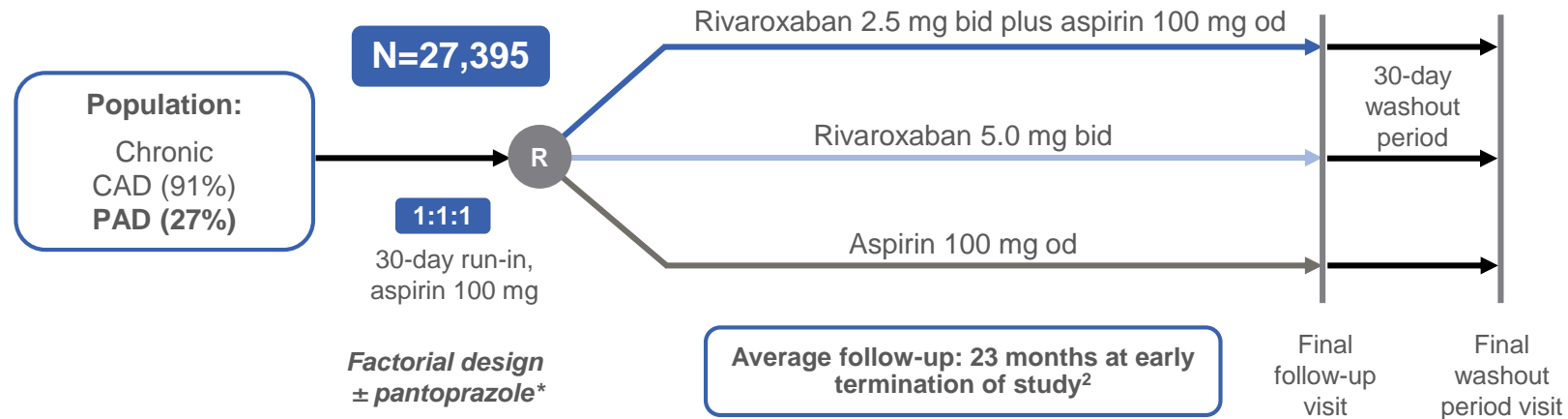
2017 ESC/ESVS guidelines for the management of PAD¹



*SAPT should be considered if CAD/CAS; #DAPT may be considered if ACS/PCI <1 year or complex PCI; †evidence is weak and risk of bleeding doubles compared with SAPT

COMPASS Investigated a Dual Pathway Approach in Patients with Chronic PAD and/or CAD

Objective: To determine the efficacy and safety of rivaroxaban 2.5 mg bid plus aspirin, rivaroxaban 5 mg bid alone or aspirin alone for reducing the risk of CV death, MI and stroke in patients with CAD or PAD



Antithrombotic investigations* were stopped 1 year ahead of expectations in February 2017 because of overwhelming efficacy in the rivaroxaban vascular dose 2.5 mg bid plus aspirin arm²

*Patients who were not receiving a PPI were randomized to pantoprazole or placebo (partial factorial design); the PPI pantoprazole component of the study is continuing; data will be communicated once complete

1. Bosch J *et al*, *Can J Cardiol* 2017;33:1027–1035; 2. Eikelboom JW *et al*, *N Engl J Med* 2017;377:1319-1330

Programme

Time	Presentation	Speaker
12:30	Opening remarks	Dierk Scheinert, Germany (Chair)
12:35	Vascular protection in patients with CAD and PAD: new options	Sebastian Debus, Germany
12:45	From registries to clinical trials: impact on guidelines for PAD	Uwe Zeymer, Germany
12:55	PAD: from post-intervention to the chronic state	Rupert Bauersachs, Germany
13:10	Q&A	All

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