



COMMANDER HF

PHASE III

COMMANDER HF Will Provide Insights on How Best to Protect Patients with Chronic Heart Failure (HF) and Coronary Artery Disease (CAD) against Long-term Clot Formation

First Novel OAC Study in Patients with HF and CAD

5,000 Patients
>12 Countries

FDA Fast Track Designation

Despite many recent advances in HF treatment, these patients remain at high risk of complications and death following hospitalisation for exacerbation of their HF^{1,2}. Additionally, the admissions for worsening HF represent a significant healthcare burden^{1,3,4,5,6} that has a major impact on patient quality of life and increasing short-term and long-term mortality⁷.

Antiplatelets and rivaroxaban have complementary mechanisms of action that together address the dual pathway of clot formation⁸. In

a sub-group of acute coronary syndrome (ACS) patients with HF in the ATLAS ACS 2-TIMI 51 Study, treatment with rivaroxaban 2.5 mg twice daily plus antiplatelet therapy demonstrated decreased rates of cardiovascular (CV) events and death compared with antiplatelet therapy alone⁸. In a similar way, COMMANDER HF will evaluate the potential of this combination to provide more complete protection against long-term clot formation compared to each therapy alone.

COMMANDER HF Study Design⁹

First patient was enrolled in September 2013

Randomised, double-blind Phase III global pivotal study in ~5,000 patients with chronic HF and CAD following recent hospitalisation

Rivaroxaban 2.5 mg BID
+ Single or Dual
Antiplatelet Therapy

Single or Dual
Antiplatelet Therapy

Average 16-month study duration with 6–30 months treatment phase followed by 15–45 day follow-up phase

Primary efficacy endpoint: all cause death, heart attack, stroke
Primary safety endpoint: fatal bleeding or critical bleeding with potential for permanent disability

The extensive evaluation of rivaroxaban to protect different patient populations at risk of venous and arterial thromboembolism (VAT), makes it the most studied novel OAC in the world. Rivaroxaban (Xarelto[®]) is already approved for five indications in seven areas of use and its investigation - both completed and ongoing - will include more than 275,000 patients in clinical trials and real world settings.



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About the COMMANDER HF Study Patients

The number of patients with chronic HF and CAD is increasing^{4,10,11} and is expected to continue to rise dramatically due to ageing of the global population^{3,4,6,12,13,14}.

Fast Facts: HF and CAD

- CAD is universally identified as the leading cause of HF^{1,3,15,16,17}
- Nearly 65% of HF patients have diagnosed CAD as the underlying cause¹⁶
- 30-50% of all middle-aged adults in the western world are at risk of developing CAD during their lifetime¹⁸
- CAD is the most common cause of heart disease, leading to 7.4 million deaths worldwide in 2012¹⁹
- By 2020, the global burden of CAD will account for an estimated 11.1 million deaths worldwide²⁰

The Relationship Between HF and CAD

HF is a serious medical condition where the heart doesn't pump blood around the body as well as it should²¹, which means the blood can't deliver enough oxygen and nutrients to the body to allow it to work normally. HF often develops due to a medical condition such as CAD, heart attack or high blood pressure that has damaged or put extra workload on the heart^{3,15,22,23}.

CAD is the build-up of plaque inside the artery walls that decreases blood flow to the heart and can cause arterial blood clots^{22,24}. CAD can act to weaken or damage the heart muscle over time, resulting in HF^{21,22}. The presence of CAD has also been shown to be independently associated with worsening long-term prognosis for HF patients^{1,3,16}.

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