

# Anticoagulant-Induced Bleeding and Reversal Agent Think Tank: An Overview of the Issues



**Lankenau Medical Center**

Main Line Health

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# Disclosure

- Dr. Kowey has consulted for several companies involved in the development of NOACs and reversal agents including BI, J&J, BMS, Pfizer, Daiichi-Sankyo, Portola, Merck, AZ
- More importantly, Dr. Kowey prescribes anticoagulants and has had to deal with the consequences regularly



# Mr. W.W.

- 68 year old man with AF, the very first patient for whom I prescribed dabigatran (D)
- Philanthropist, supporter, golf buddy
- On warfarin and had TTR <30%
- Massive GI bleed from a gastric ulcer one month after starting D
- He survived but I “caught” his ulcer



# Why are we here?

- Excess bleeding is associated with the use of any anti-thrombotic or anti-coagulant
- Incidence and relationship to benefit is poorly understood by all constituencies (regulators, doctors, patients, lawyers, media)
- NOACs represent an advance, but the absence of reversal agents and other gaps in our knowledge, has impeded their uptake for several reasons, many of which are “perceptual.”



# Today We Will...

- Discuss the benefits and risks of anticoagulation, particularly for stroke prevention
- Consider approaches to managing bleeding in several clinical settings
- Learn about reversal agents in discovery
- Review the most viable and efficient strategies for the development and then safe and appropriate use of NOAC reversal agents



# Our GOAL

To optimize the use of all anticoagulants for our patients by learning as much as we can about their benefits and their risks, while optimizing the prevention and treatment of their most important complication, *bleeding*.



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# Will Rogers

“Things will get better—despite  
our efforts to improve them.”



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