About the MAGELLAN Study

Fast facts

- **MAGELLAN is a multi-national, randomized, double-blind, placebo controlled Phase III study investigating rivaroxaban for the prevention of venous thromboembolism (VTE) in patients admitted to hospital with an acute medical illness[1]**
- **The MAGELLAN study compares the efficacy and safety of oral once-daily rivaroxaban versus subcutaneous, once-daily enoxaparin followed by placebo in patients who have been admitted to the hospital for an acute medical condition[1] such as acute heart failure, active cancer, acute ischemic stroke, acute infectious diseases, acute inflammatory diseases (including acute rheumatic diseases), or acute respiratory insufficiency**
- **The primary efficacy endpoints are a composite of asymptomatic proximal deep vein thrombosis (DVT) detected by ultrasonography, symptomatic DVT, non-fatal pulmonary embolism (PE), and VTE-related death[1] at day 10+4 and day 35+4, respectively**
- **The main safety endpoint is the composite of major bleeding and clinically relevant non-major bleeding[1]**
- **Every year, venous blood clots kill more than 1 million people. In the US and Europe alone, there are respectively around 300,000 and more than 500,000 deaths caused by VTE, annually[2]**
- **Acute medical conditions such as acute heart failure, active cancer, acute ischemic stroke, acute infectious diseases, acute inflammatory diseases, and acute respiratory insufficiency, are known to put patients at increased risk for VTE[3,4]**
- **About 75% of fatal PEs in the hospital occur in medical patients[5]**

What is the MAGELLAN trial?

The MAGELLAN Phase III clinical trial will evaluate short-term (10±4 days) VTE prophylaxis with oral, once-daily rivaroxaban in patients admitted to hospital with an acute medical illness, compared to 10±4 days of subcutaneous enoxaparin. In addition, the trial will investigate if extended prophylaxis with oral rivaroxaban in these patients for up to 39 days is beneficial compared to 10±4 days of subcutaneous enoxaparin.

What is the importance of the MAGELLAN trial?

Every year, venous blood clots kill more than 1 million people. In the U.S. and Europe alone, there are respectively around 300,000 and more than 500,000 deaths caused by VTE, annually.[2] In hospitals, the majority of VTE deaths (approx. 75%) occur in medical patients.[5]

While there is an increased risk of VTE in patients hospitalized with an acute medical illness, today, the use of appropriate prophylaxis is low.[6] This is mainly due to a lack of awareness of the VTE risk in patients with medical illness and the limitations of the current standard treatments.

MAGELLAN: VTE prevention in hospitalized, medically ill patients[1,7]

Multicenter, randomized, parallel Group Efficacy and safety study for the prevention of VTE in hospitalised medically iLL patients comparing rivaroxabAN with enoxaparin

Study design	◆ Multi-national, multi-center, randomized, double-blind, active comparator controlled study
Interventions	◆ Oral rivaroxaban 10 mg once-daily administered for 35±4 days with subcutaneous placebo administered for 10±4 days ◆ Subcutaneous enoxaparin 40 mg once-daily administered for 10±4 days, and oral placebo until day 35±4
Number of patients	◆ Approximately 8,000 subjects have been enrolled into the study from 52 countries worldwide, in approximately 550 actively recruiting centers
Study inclusion criteria	◆ Male and female patients aged ≥40 years (with no upper age limit) ◆ Admitted to the hospital for heart failure (NYHA class III or IV), active cancer; or acute ischaemic stroke with leg paresis, OR: ◆ Admitted to the hospital for acute infectious, acute inflammatory or acute rheumatic diseases or acute respiratory insufficiency, stroke without leg paresis, with at least one of the following risk factors: • Advanced age ≥75 years • Morbid obesity (body mass index ≥35 kg/m2) • History of cancer, DVT or PE, or heart failure NYHA class III or IV • Thrombophilia, congenital or acquired • Severe varicosis or chronic venous insufficiency • Recent major surgery or serious trauma • Hormone replacement therapy • Acute infectious disease contributing to hospitalization ◆ Temporarily reduced mobility ◆ Hospitalized for ≤72 hours before randomization
Primary efficacy endpoint	◆ Composite of asymptomatic proximal DVT (detected by ultrasonography), symptomatic DVT, non-fatal PE and VTE-related death at day 10+4 and day 35+4, respectively
Main safety endpoint	◆ Major bleeding and clinically relevant non-major bleeding

References

1 Cohen, Alexander. The Magellan Study Methodology: Rivaroxaban Compared With Enoxaparin For The Prevention Of Venous Thromboembolism In Hospitalized Medically Ill Patients. ABSTRACT presented at European Hematology Association meeting (10–13 Jun, Barcelona, Spain. 2010)

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4 Cohen AT, Alikhan R, Arcelus JI, et al. Assessment of venous thromboembolism risk and the benefits of thromboprophylaxis in medical patients. *Thromb Haemost*. 2005;94:750–9

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6 Cohen AT, Tapson VF, Bergmann JF, et al, for the ENDORSE Investigators. Venous thromboembolism risk and prophylaxis in the acute hospital care setting (ENDORSE study): a multinational cross-sectional study. *Lancet*. 2008;371:387-394

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RIVAROXABAN

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About Rivaroxaban

Rivaroxaban is a novel oral anticoagulant that was invented in Bayer Schering Pharma's Wuppertal laboratories in Germany, and is being jointly developed by Bayer HealthCare and Johnson & Johnson Pharmaceutical Research & Development, L.L.C. In clinical studies, rivaroxaban has been shown to be effective in preventing VTE in adult patients following elective hip or knee replacement surgery. It has a rapid onset of action with a predictable dose response and high bioavailability, no requirement for coagulation monitoring, as well as a limited potential for food and drug interactions. Rivaroxaban is marketed under the brand name Xarelto® for VTE prevention in adult patients following elective hip or knee replacement surgery, and it is the only new oral anticoagulant that has consistently demonstrated superior efficacy over enoxaparin for this indication. Xarelto® is approved in more than 100 countries worldwide and has been successfully launched in more than 75 countries by Bayer Schering Pharma achieving the market leader position among the new oral anticoagulants.

The extensive clinical trial program supporting rivaroxaban makes it the most studied oral, direct Factor Xa inhibitor in the world today. More than 65,000 patients are expected to be enrolled into the rivaroxaban clinical development program, which will evaluate the product in the prevention and treatment of a broad range of acute and chronic blood-clotting disorders, including stroke prevention in patients with atrial fibrillation, secondary prevention of acute coronary syndrome, and VTE prevention in hospitalized, medically ill patients.

To learn more about thrombosis please visit www.thrombosisadviser.com

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