

NOACISP

In a [multicenter registry based study](#) (Novel-Oral Anticoagulants-In-Stroke-Patients collaboration;[NOACISP](#);[ClinicalTrials.gov](#):NCT02353585) of [patients](#) with [stroke](#) while taking [rivaroxaban](#), Seiffge et al. compared Rivaroxaban plasma levels (RivLev) in patients with [acute ischemic stroke](#) (AIS) and [intracerebral hemorrhage](#) (ICH).

They determined how many AIS-patients had $\text{RivLev} \leq 100 \text{ ng/ml}$, indicating possible [eligibility](#) for [thrombolysis](#) and how many ICH-patients had $\text{RivLev} \geq 75 \text{ ng/ml}$, possibly [eligible](#) for the use of specific reversal agents.

They explored factors associated with RivLev (Spearman correlation; regression models) and studied the sensitivity and specificity of INR-thresholds to substitute RivLevs using cross tables and ROC curves.

Among 241 patients (median age 80 years[IQR73-84], median time-from-onset-to-admission 2 hours[IQR1-4.5hours], median RivLev 89ng/ml[31-194]), 190 had AIS and 51 had ICH. RivLev were similar in AIS-patients (82ng/ml[IQR30-202] and ICH-patients (102ng/ml[IQR 51-165]; $p=0.24$). Trough RivLev($\leq 137 \text{ ng/ml}$) occurred in 126/190 (66.3%) AIS- and 34/51 (66.7%) ICH-patients. Among AIS-patients, 108/190 (56.8%) had $\text{RivLev} \leq 100 \text{ ng/ml}$. In ICH-patients 33/51(64.7%) had $\text{RivLev} \geq 75 \text{ ng/ml}$. RivLev were associated with rivaroxaban dosage, inversely with renal function and time-since-last-intake (each $p < .05$). $\text{INR} \leq 1.0$ had a specificity of 98.9% and a sensitivity of 25.7% to predict $\text{RivLev} \leq 100 \text{ ng/ml}$. $\text{INR} \geq 1.4$ had a sensitivity of 59.3% and specificity of 90.1% to predict $\text{RivLev} \geq 75 \text{ ng/ml}$.

RivLev did not differ between patients with AIS and ICH. Half of the patients with AIS under Rivaroxaban had RivLev low enough to consider thrombolysis. In ICH-patients, 2/3 had RivLev high enough to meet the eligibility for the use of a specific reversal agent. INR-thresholds perform poor to inform treatment decisions in individual patients ¹⁾.

¹⁾

Seiffge DJ, Kägi G, Michel P, Fischer U, Béjot Y, Wegener S, Zedde M, Turc G, Cordonnier C, Sandor PS, Rodier G, Zini A, Cappellari M, Schädelin S, Polymeris AA, Werring D, Thilemann S, Maestrini I, Berge E, Traenka C, Vehoff J, De Marchis GM, Kapauer M, Peters N, Sirimarco G, Bonati LH, Arnold M, Lyrer PA, De Maistre E, Luft A, Tsakiris DA, Engelter ST; NOACISP study group. Rivaroxaban plasma levels in acute ischemic stroke and intracerebral hemorrhage. *Ann Neurol*. 2018 Feb 2. doi: 10.1002/ana.25165. [Epub ahead of print] PubMed PMID: 29394504.

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