



Press Release



Global Survey of Cardiologists Highlights Complexity of Managing Non-Valvular Atrial Fibrillation and Reinforces Need for Individualized Approach to Patient Care

- *Findings show risk of bleeding, along with overall efficacy¹, consistently ranked among top considerations for cardiologists when choosing a treatment to reduce the risk of stroke in patients with non-valvular atrial fibrillation (NVAF)*
- *In some cases, high bleeding risk keeps physicians from treating NVAF patients to reduce the risk of stroke with oral anticoagulant therapy¹*
- *Survey explored unmet needs in the management of NVAF, with many cardiologists believing that coordinated care among healthcare professionals is important to the management of NVAF, but is currently inadequate in their respective countries¹ and that there is an opportunity for caregivers to play a more prominent role¹ in helping patients manage NVAF*
- *Global survey sponsored by Daiichi Sankyo in partnership with the Heart Rhythm Society*

Barcelona, Spain, August 31, 2014 – Daiichi Sankyo and the Heart Rhythm Society today announced results from a global survey, which polled cardiologists from around the world and revealed that a majority (58%) of cardiologists agree that there is no such thing as a “typical” non-valvular atrial fibrillation (NVAF) patient.¹ Additionally, 88% of cardiologists agree that NVAF patients are diverse, and therefore it is important to focus on individual co-morbidities and patient characteristics to provide appropriate disease management.¹ On average, according to the survey, NVAF patients have about three co-morbid conditions.¹

The global survey, conducted online by Harris Poll in July and August 2014 on behalf of the Heart Rhythm Society and Daiichi Sankyo, involved 1,100 cardiologists from seven countries, including Brazil, France, Germany, Japan, Spain, United Kingdom (UK) and United States (US).

The survey examined the management of NVAF and, according to the global survey results, patient risk of bleeding, history of hemorrhagic stroke and patient compliance are the top three very important or important factors cardiologists consider when managing anticoagulation therapy for stroke prevention in patients with NVAF (from a given list of 23 factors).¹ The survey also found that, when managing anticoagulation therapy for stroke prevention in patients with NVAF, the most important factor in choosing a treatment for stroke prevention is the overall efficacy profile of the medication.¹

Among cardiologists who have at least some patients not receiving OAC therapy, on average, approximately one out of every three of these patients have an appropriate stroke risk level to warrant OAC therapy based on current treatment guidelines.¹ Globally, patient refusal, high risk of bleeding and contraindications were the top three reasons why some patients with NVAF do not receive treatment with an OAC for stroke prevention.¹

“A revealing finding from this global survey is that a significant portion of NVAF patients who warrant anticoagulation are not receiving OAC therapy,” said Hugh Calkins, MD, FHRS and Immediate Past President, Heart Rhythm Society. “Another particularly important finding was that across all countries surveyed, nearly all cardiologists reported that NVAF patients are likely to have experienced a delay in diagnosis.”

The survey reported that nearly all cardiologists (98%) believe NVAF patients may experience a delay in diagnosis, primarily because they are asymptomatic (86%), but also due to low awareness among primary care physicians, general practitioners (40%) and the general public (36%).¹

The survey also explored unmet needs in the management of NVAF, including coordinated care and the role of the caregiver. Coordinated care in other disease areas has been found to improve patient outcomes,² and according to the survey, 84% of cardiologists believe that coordinated care among healthcare professionals is important for the management of NVAF. However, only one in three (33%) believe that coordinated care for the management of NVAF is currently adequate in their respective countries.¹

As part of a coordinated care approach to treating NVAF, the role of the caregiver was also seen as important, with 75% of cardiologists agreeing there is an opportunity for caregivers to play a more prominent role in helping patients manage NVAF.¹ On average, cardiologists reported that just under 50% of their NVAF patients have a caregiver.¹ Seventy-three percent of cardiologists who have patients both with and without a caregiver believe that their NVAF patients with a caregiver are better able to manage their condition than their NVAF patients without a caregiver. In addition, 84% of cardiologists agree that caregivers should help patients communicate with all the healthcare professionals they see/visit.¹

“Daiichi Sankyo partnered with the Heart Rhythm Society on this global survey to further understand the perspectives of cardiologists regarding NVAF patients and the complexities surrounding management of this disease. These results further underscore that a ‘one-size-fits-all’ approach is not the ideal way to manage NVAF,” said Wolfhard Erdlenbruch, Executive Director Medical Affairs, Daiichi

Sankyo. “The survey findings indicate that more work needs to be done to support patients with NVAf and Daiichi Sankyo is proud to be committed to advancing awareness, understanding and research about NVAf in order to support the diverse needs of this patient population.”

About the Survey

The global survey of cardiologists was conducted by Harris Poll on behalf of Daiichi Sankyo and the Heart Rhythm Society among a total of 1,100 licenced cardiologists from around the globe as follows: U.S. (n=160), Japan (n=161), UK (n=157), Germany (n=156), France (n=159), Brazil (n=153) and Spain (n=154). All data collection was conducted online between July 15 and August 7, 2014. The survey was designed to help facilitate and raise awareness about the diversity of the global AF patient population and the challenges in appropriately managing these patients, physician perceptions of unmet needs of AF and a better understanding of specific challenges associated with AF, including delayed diagnosis, coordination of patient care and co-morbidities. To qualify for the survey, cardiologists were required to have seen a minimum of five patients per month with NVAf. Within the U.S., data were weighted where necessary by age, region and years in practice by gender to bring them in line with their actual proportions in the population. Within Spain, Germany, UK, Japan and Brazil, data were weighted by age and gender to bring them in line with their actual proportions in the population. For the global 7-country total, an additional post-weight was applied to adjust for the relative size of each country's population within the total population across all countries surveyed.

About Atrial Fibrillation (AF)

Atrial Fibrillation (AF) is a condition in which the heartbeat is rapid and irregular, and can potentially lead to a stroke.³ Atrial Fibrillation is a common condition, affecting approximately 2.3-3.4% of people in developed nations.⁴ Atrial Fibrillation affects approximately 6 million people in the EU,⁵ approximately 6.1 million people in the U.S.,⁶ approximately 1.5 million people in Brazil⁷ and more than 800,000 people in Japan.⁸ Stroke due to all causes is the second most common cause of death worldwide, responsible for approximately 6.2 million deaths each year.⁹ Compared to those without AF, people with the arrhythmia have a 3-5 times higher risk of stroke.⁴ Strokes due to AF are nearly twice as likely to be fatal than strokes in patients without AF at 30 days¹⁰ and have poorer prognosis than non-AF related strokes, with a 50% increased risk of remaining disabled at three months.¹¹ For more information about AF, symptoms, risk factors, prevention and treatment, please visit the Heart Rhythm Society's "www.myAFib.org".

About Heart Rhythm Society

The Heart Rhythm Society is the international leader in science, education and advocacy for cardiac arrhythmia professionals and patients, and the primary information resource on heart rhythm disorders. Its mission is to improve the care of patients by promoting research, education and optimal health care

policies and standards. Incorporated in 1979 and based in Washington, DC, it has a membership of more than 5,800 heart rhythm professionals in more than 72 countries around the world.

About Daiichi Sankyo

Daiichi Sankyo Group is dedicated to the creation and supply of innovative pharmaceutical products to address the diversified, unmet medical needs of patients in both mature and emerging markets. While maintaining its portfolio of marketed pharmaceuticals for hypertension, dyslipidemia and bacterial infections used by patients around the world, the Group has also launched treatments for thrombotic disorders and is building new product franchises. Furthermore, Daiichi Sankyo research and development is focused on bringing forth novel therapies in oncology and cardiovascular-metabolic diseases, including biologics. The Daiichi Sankyo Group has created a "Hybrid Business Model" to respond to market and customer diversity and optimize growth opportunities across the value chain. For more information, please visit: www.daiichisankyo.com.

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