
## Lead Clinical Investigator Discovers *Eliquis* Benefits Close to Home

When Dr. Christopher Granger's mother was diagnosed with atrial fibrillation five years ago at the age of 79, she was prescribed warfarin, the standard of care. Now, Granger, a cardiologist, clinical researcher and professor of medicine at Duke University, is switching her prescription to *Eliquis*, Bristol-Myers Squibb's newly approved therapy to reduce the risk of stroke in patients with nonvalvular atrial fibrillation.

His decision for his mother is grounded on a unique experience. Granger was the co-principal investigator for *ARISTOTLE*, the global Phase III clinical trial that established the safety and efficacy profile of *Eliquis* versus warfarin, studying more than 18,000 patients at 1,000 sites.

"To study a promising new treatment for reducing stroke in atrial fibrillation was a great opportunity," he says. "After all, we know that the strokes that occur with fibrillation tend to be larger and more disabling than other types of strokes. Reducing risk of stroke is the dominant consideration when treating patients with atrial fibrillation."

Granger has participated in the *Eliquis* journey for about seven years, beginning with the first patients enrolled in *ARISTOTLE* in early 2006. "Those of us involved in clinical investigation are constantly surprised and humbled by the results of clinical trials. Sometimes we win and sometimes we don't. With this particular therapy, we and the patients were very fortunate. The results of *ARISTOTLE* – superiority for efficacy, a lower rate of bleeding as well as a reduction in all-cause mortality – were stunning."

He sees the challenges ahead, especially in getting some physicians to prescribe newer agents like *Eliquis* instead of warfarin. "I call it warfarin inertia," he says. "There is a resistance to change from something familiar, that you know works well, to something new. But at the end of the day, physicians must decide what is best for the patient. That decision should be driven by outcomes data."