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Oral anticoagulation (apixaban) to prevent early liver disease worsening

Submission date
04/06/2026

Recruitment status
Recruiting

Registration date
09/07/2026

Overall study status
Ongoing

Last Edited
05/08/2026

Condition category
Digestive System

[ ] Prospectively registered
[ ] Protocol
[ ] Statistical analysis plan
[ ] Results
[ ] Individual participant data
[X] Record updated in last year

Plain English summary of protocol

Background and study aims
Liver disease is the only common cause of death that is increasing in numbers. Once people develop severe scarring (cirrhosis), there are no medications proven to help them live longer, healthier lives. Apixaban is already commonly used to prevent or treat blood clots and is known to be safe for those with cirrhosis.

In the early stages of cirrhosis, most people have no symptoms and lead normal lives; this is called “compensated” cirrhosis. However, when the liver stops working properly, they develop “decompensated” cirrhosis, which causes yellow skin, confusion, vomiting of blood and painful fluid build-up. This is serious, and people are extremely unwell with a poor quality of life, often need to go to the hospital and on average only live for 2 more years.

The APEACH trial will investigate whether giving compensated cirrhosis patients Apixaban will help stop them from developing decompensated cirrhosis and stay in good health for longer.

Previous research studies suggest that taking blood-thinning drugs is safe and helpful for cirrhosis. However, these did not have enough participants to be confident enough in the results to recommend use in everyday clinical care. The APEACH trial will include enough participants to make it clear whether Apixaban is helpful or not.

Who can participate?
Adult patients with cirrhosis due to alcohol will be recruited from about 55 hospitals.

What does the study involve?
Participants will be randomly allocated to receive Apixaban or an identical-looking placebo. Neither patients nor doctors will know which is which in a double-blind trial. Participants will take the tablets for a minimum of 12 months up to 4 years, and will be followed up every 6 months in line with standard liver clinic appointments. They will be assessed for decompensated cirrhosis and unwanted side effects.

To minimise the burden on participants, additional trial-specific visits have been minimised to 2 telephone calls and a final visit. Follow-up visits should be arranged to coincide with standard of

care appointments. All imaging and blood tests are part of the standard of care, and the only additional test will be pregnancy testing for participants of childbearing potential (estimated at 15% of participants). Should participants need to attend their trial location for an additional trial-specific visit, there will be reimbursement for patient travel.

What are the possible benefits and risks of participating?
Anticoagulation has been shown to be safe in compensated cirrhosis patients with a platelet count >50x10/L, and this has been incorporated into the exclusion criteria for the trial.

The main risk for participants is the increased risk of bleeding associated with anticoagulant use. Participants will be informed that they will potentially experience bruising or nuisance bleeding more than usual and be given advice on managing this. Trial treatment will be stopped if the participant is hospitalised during participation, and local protocol should be followed if participants require surgical or dental treatments. Participants will be given an APEACH safety card with contact information of their study team and out-of-hours advice. The safety of participants will be monitored at 6-monthly follow-up visits and telephone calls at months 1 and 3 following randomisation.

Where is the study run from?
University College London, UK.

When is the study starting and how long is it expected to run for?
June 2026 to November 2030.

Who is funding the study?
National Institute for Health and Care Research, UK.

Who is the main contact?
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Contact information

Type(s)
Scientific, Public

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Additional identifiers

Integrated Research Application System (IRAS)
1013519

Central Portfolio Management System (CPMS)
59179

Sponsor's protocol code number
167365

Study information

Scientific Title
APEACH: Apixaban to Prevent dEcompensation of eArly liver CirrHosis trial

Acronym
APEACH

Study objectives
APEACH will determine if apixaban reduces decompensation events in alcohol related, and metabolic-dysfunction and alcohol-associated liver disease, Childs A cirrhotic liver disease and portal hypertension.

To provide safety data on use of anticoagulants in this population, including incidents of major and non-major bleeding events.

Ethics approval required
Ethics approval required

Ethics approval(s)
Submitted 04/06/2026, To be confirmed (-, -, -, United Kingdom; -; -), ref: 26/YH/0102

Primary study design
Interventional

Allocation
Randomized controlled trial

Masking

Blinded (masking used)

Control
Placebo

Assignment
Parallel

Purpose
Prophylaxis

Study type(s)
Safety, Other

Health condition(s) or problem(s) studied
Liver cirrhosis secondary to alcohol, with or without associated metabolic risk factors, i.e. Alcohol Related Liver Disease (ARLD) or metabolic dysfunction-associated steatotic liver disease, where there has been a significant history of alcohol consumption (MetALD)

Interventions
1. Apixaban 2.5mg film-coated tablets (licenced in the UK and/or approved country)
2. Placebo to match film-coated tablets (same visual appearance, no active ingredients).
Participants will be instructed to take one tablet of 2.5mg / matched placebo twice a day (morning and evening). The treatment period will be for a minimum of 12 months for the final randomised participant, and a maximum of 49 months for the first randomised participant. Medication can be taken with or without food.

Intervention Type
Drug

Phase
Phase III

Drug/device/biological/vaccine name(s)
Apixaban [Apixaban]

Primary outcome(s)
1. Time from randomisation to first decompensation event, defined as at least one of the following: Grade 2 or 3 ascites according to the International Club of Ascites (ICA), or spontaneous bacterial peritonitis; Grade 2-4 hepatic encephalopathy; variceal haemorrhage (gastrointestinal bleeding secondary to rupture of varices); and liver-related death measured using data collected from Case Report Forms (CRFs) at 6-monthly trial follow-up visits and throughout the trial, when location study teams become aware of these events, as decompensation normally involves hospitalisation

Key secondary outcome(s)
1. Time to event for individual decompensation events, comprising: time to first grade 2 or 3 ascites or spontaneous bacterial peritonitis; time to grade 2-4 hepatic encephalopathy; time to variceal haemorrhage; and time to liver-related death measured using data collected from CRFs at 6-monthly trial follow-up visits

2. Time to development of grade 1 (small volume) ascites measured using data collected from CRFs at 6-monthly trial follow-up visits

3. Assessment of the safety of anticoagulation in Child's A cirrhosis patients, including the incidence of clinically relevant combined major bleeding and non-major bleeding during the trial treatment period measured using data collected from CRFs at 6-monthly trial follow-up visits

4. Time to all-cause mortality measured using data collected from CRFs at 6-monthly trial follow-up visits

5. Time to portal vein thrombosis or /other thromboembolic events measured using data collected from CRFs at 6-monthly trial follow-up visits

6. Proportion of participants experiencing cardiac events during the trial measured using data collected from CRFs at 6-monthly trial follow-up visits

7. Alcohol abstinence measured using the AUDIT-C questionnaire at 6-monthly trial follow-up visits

8. Health-related quality of life measured using EQ-5D-5L questionnaire at the follow-up visits occurring 12, 24, 36, & 48 months after randomisation

Completion date
30/11/2030

Eligibility

Key inclusion criteria
1. Liver cirrhosis secondary to alcohol, with or without associated metabolic risk factors, i.e. Alcohol related liver disease (ARLD) or metabolic dysfunction-associated steatotic liver disease, where there has been a significant history of alcohol consumption (MetALD)
2. Cirrhosis will be based on histology, or clear radiological evidence, e.g. nodular or heterogeneous liver or non-invasive testing (e.g. Fibroscan®, or Enhanced Liver Fibrosis (ELF) test
3. Childs A Cirrhosis (Participants with a previous episode of decompensated cirrhosis who have now recompensated can be included)
4. Participants with no hepatic encephalopathy or low-grade hepatic encephalopathy (Grade 0 or 1) taking lactulose and/or rifaximin
5. Aged ≥18 years
6. Clinical evidence of portal hypertension, defined as any 1 of:
6.1. Evidence of abdominal collateral circulation, recanalised umbilical vein or varices on imaging
6.2. Asymptomatic ascites (trace only) seen around the liver on imaging in patients who are not taking diuretics
6.3. Liver stiffness measurement >20kPa on FibroScan®/ Vibration-Controlled Transient Elastography (VCTE) (where BMI <35)
6.4. Presence of Gastro-oesophageal varices at endoscopy
6.5. Hepatic venous pressure gradient ≥ 10mmHg
Or Platelet count < 150,000 µL AND any 1 of:
6.6. Spleen size >13 cm in length
6.7. Liver stiffness measurement >20kPa on FibroScan®/VCTE (where BMI >35)
6.8. Presence of portal hypertensive gastropathy at endoscopy

Healthy volunteers allowed
No

Age group
Mixed

Lower age limit
18 Years

Upper age limit
110 Years

Sex
All

Total final enrolment
0

Key exclusion criteria
1. Evidence of decompensation (e.g. ascites requiring treatment other than a thin rim around the liver on imaging). (Evidence of decompensation as follows: Grade 2 or 3 Ascites, Grade 2 – 4 Hepatic Encephalopathy, Variceal Haemorrhage).
2. Causes for cirrhosis other than alcohol, including those with MASLD who have never drunk alcohol above government recommended levels (14 units/week)
3. Pre-existing splanchnic vein thrombosis (portal, splenic, mesenteric, and hepatic veins)
4. Use of (and need for) anticoagulation or dual antiplatelet therapy or clopidogrel
5. Platelets <50x109/L1 at screening
6. Moderate-severe renal impairment defined as eGFR <30ml/min at screening
7. Recent variceal bleed or untreated large varices
8. Malignancy in the last 2 years, if unlikely to survive trial because of comorbidity in the location, according to the PI's opinion
9. Hepatocellular carcinoma
10. Severe cardiac failure or Chronic Obstructive Pulmonary Disease (COPD)
11. Pregnancy
12. INR >1.7 (after vitamin K correction) at screening
13. Previous hypersensitivity reaction to apixaban

Date of first enrolment
30/06/2026

Date of final enrolment
30/04/2029

Locations

Countries of recruitment
United Kingdom

England

Study participating centre
-
-
-
England
-

Sponsor information

Organisation
University College London

ROR
https://ror.org/02jx3x895

Funder(s)

Funder type

Funder Name
National Institute for Health and Care Research

Alternative Name(s)
National Institute for Health Research, NIHR Research, NIHRresearch, NIHR - National Institute for Health Research, NIHR (The National Institute for Health and Care Research), NIHR

Funding Body Type
Government organisation

Funding Body Subtype
National government

Location
United Kingdom

Results and Publications

Individual participant data (IPD) sharing plan

IPD sharing plan summary

Data sharing statement to be made available at a later date