

STUDY NEWS

ASPREE EVENTS ROUND-UP

The second half of this year has seen a hive of ASPREE activity around the country.

In addition to study visits, several sites hosted updates on the ASPREE study, we launched the trial at the University of Wollongong and moved into the Sapphire Coast in NSW.

The team always welcomes the opportunity to meet our participants face-to-face at study events.

Watch for more study updates next year.

TASMANIA

Prof Mark Nelson, a chief investigator to the ASPREE study (and a very proud Tasmanian) presented a study update at the Menzies Institute in Hobart on November 28th, 2013. Around 200 participants and guests attended the event, and like all other study updates in Australia, the feedback has been very positive.



SAPPHIRE COAST

More than 2500 GPs across Australia are registered co-investigators to the ASPREE study. We are fortunate to have GPs, such as Dr Duncan Mackinnon who are happy to talk about their role in the trial. Dr Mackinnon, from the Bega Valley Medical Practice, was one of the first GPs in the area to sign up for the study.

Photo courtesy of the Bega District News.



TRARALGON



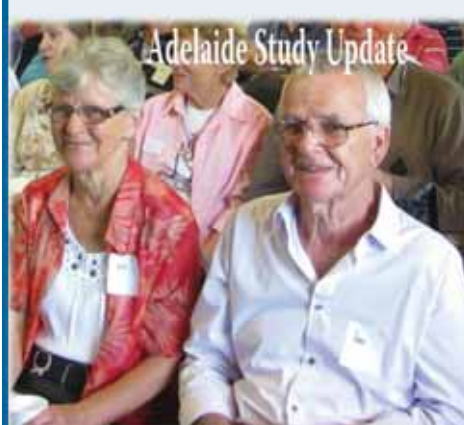
The Traralgon ASPREE team, Jane (left), Deb and newest member, Susan, welcomed around 200 guests to the study update on November 13th, 2013.

MELBOURNE

RIGHT: A full house! The Melbourne ASPREE team welcomed a combined 700 people to three study updates this year. This picture was taken at the Monash Biomedical Imaging Centre, Clayton on November 6th, 2013.



ADELAIDE



Donald and Sue were amongst 200 participants and guests attending the ASPREE study update at the University of Adelaide on November 26th. Prof Nigel Stocks, who leads the Adelaide team, with ASPREE Medical Officer, Dr Jessica Lockery presented the update to the very attentive group.

ASPREE

ASpirin in Reducing Events in the Elderly is:

- A community based study
- Primarily undertaken in general practice
- Funded by the US & Australian governments
- To determine whether aspirin can keep older people healthier for longer

ASpirin in Reducing Events in the Elderly



THE TABLET

The world's largest disease prevention aspirin study in healthy people aged 70 plus

Total (Aust) ASPREE participants: 13,221
Target 16,500

- Females in ASPREE: 55%
 - Males in ASPREE: 45%
 - Participants per Location:
 - Melbourne: 5716
 - Regional Victoria: 4006
 - Tasmania: 1926
 - ACT & Southern NSW: 742
 - Adelaide: 690
 - Wollongong: 141
 - Sub-study participants:
 - SNORE-ASA Study: 1070
 - ASPREE BioBank: 8600
 - ASPREE-Knee: 161
 - ALSOP questionnaires: ~90%
 - GP Co-Investigators: 2549
- Age of ASPREE participants:
Average: 74.8 years Oldest: 97 years
As of 1/12/2013

Update from Prof John McNeil

Accolades for ASPREE becoming the largest clinical trial primarily undertaken at general practice belongs to older Australians and to their supportive GPs. Their ongoing commitment is crucial to the study and a true reflection of community spirit—to pitch in and help solve a big health issue for future generations. At study update events this year, I had the pleasure to meet some of our participants and the opportunity to answer questions face-to-face. People are always interested in aspirin. Researchers around the world publish hundreds of aspirin studies (varying in size, age, methods and results) each year, often recommending further investigation in large randomised trials like ASPREE! Until the ASPREE study has its own findings in 2018, our senior investigators will monitor other aspirin research and notify participants should there be any concerns. An international committee of specialists regularly monitors the ASPREE study. If there is a likelihood of overall harm, the study will be stopped immediately. ASPREE received funding for several new sub-studies this year to further investigate the effect of aspirin on the development and spread of cancer, age-related macular degeneration, osteoporosis, severe blood infections and blood vessel health in the brain. Thanks to our participants, no Australian trial

has ever had the depth and scope of ASPREE. One ASPREE sub-study, ALSOP (ASPREE Longitudinal Study of Older Persons), has proven to be an outstanding success with almost a 90% response from Australian participants. The first booklet, a blue Medical Questionnaire, asks questions on important areas of health such as hearing, vision and pain. The second booklet, a red Social Questionnaire, asks about social factors which may impact health, such as work, family, hobbies and transport. The ALSOP study is now progressing into phase three. The third booklet will be posted in the New Year to our willing participants who have reached their third year milestone with ASPREE. Many of the questions in the new booklet will be familiar; all will be critical to demonstrate changes in your experience over time. ALSOP is gathering significant, fresh perspectives on what it means to age healthily in Australia. Individual responses to the questionnaires are nurturing this knowledge which will be used to develop better health and community approaches to ageing. We are profoundly grateful to the ASPREE community for embracing the ASPREE study and sub-studies to help ensure all Australians, current and future generations, have the chance to enjoy their full health potential in later years.



Professor John McNeil is the Principal Investigator of ASPREE in Australia.

ASPREE Funding Organisations

- National Institute on Aging (NIA/NIH in the USA)
- National Health and Medical Research Council of Australia (NHMRC)
- National Cancer Institute (NCI/NIH in the USA)
- CSIRO
- Victorian Cancer Agency (VCA)

ASPREE Collaborating Organisations

- Monash University
- Menzies Research Institute (TAS)
- Australian National University
- The University of Melbourne
- The University of Adelaide
- Berman Centre for Outcomes & Clinical Research (Minnesota)
- The University of Wollongong

Do you have any questions about ASPREE?
Have there been any changes to your health or circumstance? Have any feedback?
Call **1800 728 745** or email aspree@monash.edu
For updates go to www.aspree.org

Plus we are on twitter! [@aspree_au](https://twitter.com/aspree_au)

Rather receive 'The Tablet' ASPREE newsletter by email? Send your name and email address to aspree@monash.edu or call **1800 728 745**

This newsletter is produced by the ASPREE National Coordinating Centre, Melbourne.

STUDY DETAILS

Memory and thinking tests are considered by some to be the most challenging of the ASPREE health checks, but their inclusion is vital to the trial and, for many participants, they can be reassuring. Consultant Geriatrician, Dr Stephanie Ward explains.....

The way our brain works changes with age; thinking tends to be more 'big picture' rather than 'sweating the small stuff'. Older people have life experience and develop a broader perspective on life.

The trade-off is that sometimes these functional changes in the brain may also manifest as a very subtle loss of memory, such as difficulty remembering small details like a name, occasionally.

ASPREE's Dr Stephanie Ward said cognitive tests are certainly not a test of



intelligence. Instead, they are designed to help identify early changes in the brain associated with normal ageing, or possible disease.

"ASPREE tracks brain function, thinking and memory to determine the effect of aspirin on an ageing brain. One-off cognitive tests such as those undertaken in the study cannot diagnose dementia on their own. Moreover, they would rarely be the only sign of a significant memory or thinking problem," said Dr Ward.

"The vast majority of participants are reassured by these tests at some level.

They may have had a niggling worry about what is or is not normal for their age."

Should the ASPREE cognitive tests identify a possible abnormality, the participant is referred back to their GP for further assessments and diagnosis.

"Dementia is usually a slow, progressive disease," said Dr Ward.

"Early detection empowers people to take control early and be proactive about the disease, whether that involves accessing specialised care, prioritising their life, lifestyle modifications or creating that 'bucket list'."

SUB-STUDIES

AMD sub-study hits the road

More and more newly enrolled participants are undergoing retinal photographs to help investigate the effect of aspirin on age-related macular degeneration. Photographs are taken at the National Coordinating Centre in Prahran, the Monash Biomedical Imaging facility in Clayton and soon, at the Menzies Institute in Hobart. We also have mobile vehicles equipped with retinal cameras (RetCam Vans).

Participants who entered ASPREE prior to the commencement of the AMD sub-study and therefore missed out on the opportunity to have a baseline image taken, may still be able to take part. We are seeking permission from participants to access retrospective photographs taken by their eye-care providers. This permission is being sought at annual ASPREE visits, Biobank visits or by mail outs. A second set of retinal photographs will be taken around the third annual visit to compare changes in eye health.



ABOVE: Retinal photographs can be taken on the road thanks to the RetCam Vans.

Biobanking 3rd Year Samples

The National Cancer Institute, recently awarded funding to the ASPREE study to collect follow-up samples from participants who have previously enrolled in the Healthy Ageing Biobank. Additional samples taken after three years, will provide the opportunity to determine the effect of aspirin on biomarkers in a participant's blood and urine. The ASPREE Healthy Ageing Biobank is the first in the world to collect biospecimens from healthy older people. The study may help researchers determine factors that could predict disease, or even good health.

Have a question about the ASPREE study? Chances are, someone else wants to know too. Send your questions to aspree@monash.edu or ring 1800 728 745 and we'll try to answer it in the next issue of 'The Tablet'.

NEURO study checks brain health

Advanced imaging techniques have shown that older people commonly have changes to small blood vessels in the brain, such as areas of tiny ('micro') haemorrhages or areas of small blockages, without apparent ill effects.

The ASPREE NEURO study will determine if MRI of the brain can accurately predict an individual's risk of having a stroke or developing cognitive decline as a result of changes in blood vessels of the brain.

This new sub-study is open to those newly enrolled in ASPREE who are prepared to travel to Clayton, Melbourne for the MRI.

STUDY UPDATE

Response to the ASPREE study updates in Melbourne, Traralgon, Launceston, Ballarat, Wodonga, Adelaide and Hobart this year exceeded our expectations. We were delighted to meet so many participants and guests and thank you for the wonderful feedback on the trial and staff.

In response to many requests, we've included a summary of the talk for you.

Aspirin has been around for centuries – don't we already know enough it? The main aim of the ASPREE study is to determine if healthy older people (70+) should take low dose aspirin to keep them healthy for longer. All medications have the potential to cause adverse effects, and aspirin is no exception. Doctors often prescribe daily low dose aspirin to people who have already had a heart attack or stroke. Previous studies show that in this instance, the benefit - to prevent another heart attack or stroke - outweighs the risks of aspirin, such as bleeding.

What we don't know is if aspirin can prevent cardiovascular disease (heart attack and stroke), dementia and certain cancers from developing in the first place. Before doctors can know for sure if aspirin helps prolong good health in later years, the benefits must be weighed against the risks.

The ASPREE study needs 19,000 people to reliably answer this important question.

Why aspirin in healthy older people?

This question is particularly important because there have been no clinical aspirin studies focussed on older people; as we age we have the most to gain from the beneficial actions of aspirin but we also have the most risk from aspirin's bleeding side effects. So ASPREE will determine for the first time, the balance of aspirin's effects in healthy older people. People are also living longer. If life expectancy continues along the same trajectory as history, it is predicted that 50% of Australian babies born today will live to 104. At the heart of the ASPREE study is to discover how to maintain years of good quality life within that increased lifespan.

What benefits could aspirin have on older people?

Potential benefits include reducing the risk of cardiovascular disease, dementia, cancer and depression. However, aspirin is known to have side-effects such as bleeding.

If the study shows aspirin is not of net benefit, then many people in the community will stop taking an unnecessary medication that can have side-effects.

What does aspirin do?

Aspirin has two main actions on the body. Its anti-platelet action reduces the ability of the platelets to clump together. Heart attacks and some strokes are caused by tiny clots that reduce blood flow, damaging the organ. When someone has already had a heart attack or stroke, research shows that aspirin reduces these events from happening again.

Aspirin also has an anti-inflammatory effect. In response to an injury or infection, the body produces chemicals called prostaglandins which help the damaged tissues to heal. (Aspirin was first noted for its ability to reduce fever and pain associated with inflammation over 100 years ago.) It is possible that aspirin's ability to dampen the production of prostaglandins and thus inflammation, may also reduce diseases such as cancer and dementia, but we don't know for sure.

If I am taking a placebo, how am I contributing to the study?

Participants in the placebo arm of the trial are pivotal to ASPREE. Without the placebo group, we are unable to clearly determine whether aspirin has any effect on prolonging good health or not. Participants in both arms of the study undergo the same health checks and are invited to be in the same sub-studies.

Will I find out what I have been taking?

Yes! All participants will be advised which tablet they were taking, after the study finishes in 2018.

What if I need to come off the study medications?

It is fine to cease taking study medication for a short time, i.e. surgery or travel. Just let us know when you stopped and when you resume taking the tablet.

Sometimes a doctor may advise that you need to cease study medications. ASPREE is an 'intent to treat' study, which means that all participants, even if they cease study medication, are included in the final analysis.

If we are able to record the health of all participants, we do not have missing data at the end of the trial. Moreover, 'intent to treat' analysis allows for researchers to test the effectiveness of aspirin in real world scenarios, such as someone developing illness or being unable to take the study medication.

If you do have to come off study medication, please continue being part of this very important study.

Why do you need 19,000 people in the study?

This is the number estimated to reliably detect a real difference in health (if there is one) between those taking aspirin and those on a placebo.

We love hearing your feedback, both positive and constructive. If participants have any queries, please do ring 1800 728 745 (toll free from a landline). The phones are manned from 8am – 6pm, however if you can't get through, please leave a message and our team will get back to you. An alternative is to email aspree@monash.edu.