

# The TABLET

WINTER/SPRING 2017

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



## Message from ASPREE Principal Investigator in Australia, Prof John McNeil

On behalf of the ASPREE team, please accept our thanks for the prompt return of study tablets to the National Co-ordinating Centre. Our call to return study tablets followed the NIA's decision to move from the ASPREE intervention phase (taking study tablets) to the ASPREE observation stage (not taking study tablets).

Although six months earlier than originally planned, the smooth change-over is a testament to our dedicated research team and the steadfast support of our participants. We have nearly finished counting the tablets.

The race is now on for the ASPREE team to prepare >80,000 person years' worth of health information for analysis. The early cessation of study tablets also brings forward publication of an answer to the main study question: what is the effect of aspirin on survival free of physical disability and dementia?

Findings about the effect of aspirin on specific diseases, such as prevention of cardiovascular disease (heart attack and stroke), depression, dementia and cancer will follow.

All ASPREE findings will contribute to future health care of older people. This would not be possible without your generous involvement in the study and we look forward to sharing the results of ASPREE with you in 2018.

## ASPREE Study Continues in observation phase, without study medication



Above: The ASPREE study is not over! Study activity such as visits and phone calls will continue until the end of 2017. The difference is that no one will be taking ASPREE study tablets.

The NIA's decision to cease study treatment was due to an interim analysis of ASPREE data that showed no overall benefit (or harm) for participants taking low-dose aspirin, as measured by 'disability free survival'.

In ASPREE, 'disability free survival' is being alive after an average of five years without dementia or a permanent physical disability. The effect of aspirin on disability free life is the main ASPREE study question.

The NIA said the main study question had likely been answered and was highly unlikely to change in the last six months of the trial.

When the main study question had likely already been answered, it was unreasonable to ask people to take study tablets and be at risk of experiencing known side-effects.

Additionally, at the time of the NIA's decision, ASPREE had more than 80,000 human years' worth of health information, which was the study's original target.

It is important to note that disability free survival is only **one** study question. There is still much to learn about the effect of aspirin on the prevention of specific diseases, such as cardiovascular disease (heart attack and stroke), cognitive

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## ASPREE Snapshot

**Total: 16,703** (2,411 in USA)

**Female participants: 9,175**

**Male participants: 7,528**

### ASpIrin in Reducing Events in the Elderly

- Is a community based study.
- Primarily undertaken through general practice in south eastern Australia.
- Funded by the US & Australian Governments.
- A double-blind, randomised placebo controlled trial of 100 mg enteric coated aspirin versus placebo.
- In June 2017, transitioned to the ASPREE observational phase (until December 2017).
- Has 15 sub-studies in Australia.
- Knowledge of whether healthy older people should take low-dose aspirin will only come from a study that considers all the potential benefits and risks in that age group.
- No aspirin trial has focussed on healthy older people.
- Expected publication of main paper early 2018.

Above: Thousands of study tablets have been counted for the main analysis.

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decline, depression and cancer, and if the potential benefits of aspirin outweigh the risks, such as bleeding.

ASPREE study activity, such as annual visits and phone calls will continue until the end of 2017. The only difference is that there won't be any study tablets to take.

### What happens after 2017?

We are working hard to secure funding for a follow-up study called ASPREE-XT (Extension), which will look at possible long term effects of low-dose aspirin on health and well-being.

Studies suggest that taking aspirin for a period of time *may* help prevent the onset and/or spread of some types of cancers. ASPREE-XT will investigate the long-term effects of aspirin on cancer, dementia, depression and other health outcomes.

The ASPREE-XT study will be open to all ASPREE participants and would not require taking study tablets.

Ideally, we'd like to continue in person study visits and phone calls, however this will depend on funding.

We are delighted to have so many participants indicate an interest in a follow up study and will provide more information about ASPREE-XT when it is known.

### FAQs

All ASPREE participants should have received a list of Q&As with the letter we posted in June. A copy of Q&As can be found on [www.aspree.org](http://www.aspree.org). Below are the most frequent questions asked by fellow participants during the transition to the ASPREE observational phase. If you have any other questions, please do contact our team (details on the back page).

#### Why were we asked to stop and return study tablets immediately?

The immediate return of study tablets has greatly helped prepare for early publication of the study's main finding.

Our team is collecting all the relevant information (data) for inclusion in the analysis. An analysis of the full set of data will answer study questions.

The amount of aspirin taken during the trial is important information. As we are 'blinded' to who is on aspirin and who is taking a placebo, we needed to manually count **all** study tablets. The sooner we had the tablets to count, the sooner we had this data ready for inclusion in the main analysis.

It was also important that everyone stopped taking study tablets on, or as close to, the same date as possible. Australian and US letters were co-ordinated to reach participants at around the same time in both countries with the hope that the enclosed reply paid envelope made the tablets' return as convenient as possible.

The immediate return of study tablets also minimised disruption - there was no 'stop date' for participants to have to remember or the burden of receiving reminder letters and phone calls from us.

The blue Health Report Form provided the last opportunity to collect health information for inclusion in the study's main findings.

The response to the mail-out has been outstanding and we sincerely apologise if the letter may have caused concern.

### Why are you asking me to continue with the study if I am no longer taking study tablets?

The effect of aspirin on life free of physical disability and dementia is the main (primary) question being asked by the ASPREE study. It is also only **one** aspect of the study; there is still a lot to learn about the effect of aspirin on specific diseases, such as the prevention of heart attack and stroke, depression and particularly, cancer.

There is also potentially a lot to learn about possible delayed effects of having been on or off aspirin.

Your ongoing participation will provide important information to help answer these questions.

### Will there be side-effects to stopping the study tablets suddenly and should I start aspirin?

ASPREE participants took study tablets (aspirin or placebo) if there was no known medical reason (indication) for being on aspirin *e.g.*, after a heart attack, and if there was no known medical indication why they could not take aspirin, *e.g.*, being on warfarin.

These eligibility criteria helped minimise the risk of harm from stopping study tablets temporarily during the trial, such as prior to

surgery, and at the end of the intervention phase of the trial.

We are unaware of medical research showing side-effects from suddenly stopping low-dose aspirin in healthy older people.

Your GP has looked after your health during the entire study (including advising whether you could or could not take study tablets). If you are at all concerned about stopping study tablets or you want to take daily aspirin, please seek your GP's expert advice.

### When will I find out what study medication I was on?

We will obtain the best quality and reliable data about the effect of aspirin on health and wellbeing if participants, GPs and our research team do not know who was taking aspirin or the matched placebo until the results are published.

Being blinded to study medication encourages the collection of health information without (unconscious) influence or opinion.

We aim to notify you once we have published results of the study.

However, if you are adamant that you need to be 'unblinded' sooner than the main study results are published, please speak to a staff member on 1800 728 745.

## CALL OUT FOR INPUT ON GENETIC FAMILY AND MULTIGENERATIONAL STUDIES

ASPREE has provided an opportunity to investigate factors affecting health and well-being in older people. What is not understood is how factors affecting health, such as lifestyle and genes, can run in families and across generations.

Your thoughts on how to best undertake future studies related to the genetics, health and well-being of families are most welcome.

If you are an ASPREE participant (or have a family member) who is interested in providing input on the design of possible future genetic, family and multi-generational studies, please register your interest by email: [aspree@monash.edu](mailto:aspree@monash.edu) or ring 1800 728 745 (toll free from a landline).

Upon receipt of your expression of interest, you may be contacted by a member of the Public Health Genomics Program at Monash University, who works closely with ASPREE on current genomic sub-studies such as the Resilience Project.

Your contribution to the design of genetic family studies can be as little or as much as you wish and you can cease involvement at any time.

### I read about a British aspirin study around the same time I was asked to return study tablets. Are the two connected?

No. The NIA decision to cease study tablets was made following an interim analysis of **ASPREE** data, before the British Oxford study was published in the Lancet Journal and reported in the media.

The observational British study analysed hospital records of 3166 older patients diagnosed with cardiovascular disease and taking aspirin for **secondary prevention**.

Secondary prevention is when aspirin is prescribed to prevent *further* cardiovascular events, such as another heart attack or stroke.

The paper, led by Peter Rothwell, found that older aspirin users were 10 times more likely to have disabling or fatal gastrointestinal bleeding from aspirin. It recommended doctors prescribe drugs called Proton Pump Inhibitors (PPIs) to patients taking aspirin for secondary prevention to reduce the risk of bleeding.

The increased risk of bleeding associated with low-dose aspirin in older people is not new and has been the subject of several previous studies.

ASPREE was established to determine whether the benefits of low-dose aspirin for **primary prevention** (to prevent a *first* heart attack or stroke caused by blood clots) are sufficient to outweigh side-effects, especially bleeding in healthy older people.

Some press reports of this British aspirin study were unfortunately alarmist and did not give the whole picture. We published a comment on the paper on the ASPREE website: [www.aspree.org](http://www.aspree.org)

In the 'news' section of our website we also have a copy of the same study as reported in an Australian medical publication.

Our main ASPREE study question is expected to be published early next year.

## Meet our first centenarian!



Australia's oldest ASPREE participant, Valda Collie, with a cake to mark her second century. Daughter Denice (right) can't quite believe the milestone, "You'd think she'd be old. But she's not old."

When Valda Collie discussed the ASPREE study with her GP five years ago, she said to him, "If I go to the end of the study, I'll be 100."

Recently, Valda, ASPREE's oldest Australian participant, joined the triple figures club.

"I'd willingly share my secret to a long life – if I knew it," explained the Melbourne-based mother of three and grandmother to six. "I've just lived day to day. I don't feel any different."

The keen reader and Sudoku solver was born the same year Russian Tsar Nicholas abdicated. She has experienced two World Wars, a worldwide depression, the invention of antibiotics, and the eradication of polio in Australia.

She grew up in a musical household and during the late 1920's had a backstage pass to Dame Nellie Melba's farewell concert in Melbourne. The temptation to peek around the curtains mid performance proved too

much for the young Valda, whose face was spotted by her horrified father in the audience.

Valda may have experienced a revolution in communications, home appliances and social change over the last century, but family has always remained her foremost priority. She retired from being chief scorer for her grandson's local cricket club sometime near 90 years of age, a position she had held for a decade. Many of the players recognised 'Nanna' from the years Valda had helped out with reading time at the local primary school.

Valda was two years old when Bayer lost trademark rights to aspirin at the Treaty of Versailles in 1919, heralding world access to the drug. More than 90 years later she enrolled in her first research study, ASPREE.

We send heartiest congratulations to Valda and her family on this milestone and thank her for being such an inspiration to us all.

## MORE STUDY UPDATES ON THE AGENDA



Above: More than 300 north west Tasmanians attended an ASPREE Study update in Devonport last April.

Keep an eye on the mail for your invitation to a nearby ASPREE study update.

The new presentation will provide information on the transition to the ASPREE observational stage of the study and plans for the future.

We try to find the most central location, for all participants in a region, however we do understand that the date and location will not suit everyone.

If you are unable to attend an update and you have an email address and access to the internet, there will be the option to attend a 'webinar' later in the year. This is a live presentation which is watched on your computer.

If you would prefer to attend a webinar, please let our staff know.

### ASPREE's new address:

The ASPREE National Co-ordinating Centre is now located at The Alfred Centre, 99 Commercial Rd, Melbourne. All other contact details are unchanged.

### ASPREE Funding Organisations

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

### ASPREE Collaborating Organisations

- Monash University
- Menzies Institute for Medical Research, University of Tasmania
- Australian National University
- The University of Melbourne
- The University of Adelaide
- Berman Centre for Outcomes & Clinical Research (Minnesota, US)

## Staying in touch with you is very important

- Have you moved?
- Have feedback? We love to hear positive and constructive feedback.
- Rather receive 'The Tablet' ASPREE newsletter by email? Please let us know



CALL:  
**1800 728 745**

( toll free from a landline)

Email: [aspree@monash.edu](mailto:aspree@monash.edu)

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