ASPREE LT

ASPirin in Reducing Events in the Elderly — Long-term

AUTUMN NEWSLETTER 2026

WORLD-FIRST AGEING HEALTH STUDY IN OLDER ADULTS

ASPREE ENTERS ITS THIRD PHASE— ASPREE-LT

We are pleased to share an update on the future of the ASPREE Study. With new funding from the National Cancer Institute in the United States, ASPREE is preparing to begin its third phase, called ASPREE-LT (Long-Term). This support allows us to continue following our valued participants and to build on the important contributions you have already made, with a particular focus on cancer and healthy ageing.

In this new phase, follow-up will be simpler and more convenient. Instead of in-person visits, our team will contact you once a year for a short telephone interview of about 20 –25 minutes, reducing both time and travel while keeping your involvement central to the research. Our team is now smaller than in the past, so this mode of contact keeps the study moving forward too.

We know this transition has taken longer than expected, and we sincerely appreciate your patience.

Now that funding is confirmed, we are ready to move ahead. In the coming weeks, you will receive a participant information and consent package in the mail (for some, these are included with this newsletter, as part of a staggered roll-out), along with a reply-paid envelope. We warmly invite all participants to continue with phase three and hope you will remain with us as we carry this important work forward.

Thank you for your ongoing time, commitment, and partnership. Your contribution truly matters.

IMPORTANT FINDINGS COMING OUT OF PHASE TWO: ASPREE-XT

There were three major outcome reports stemming from the ASPREE-XT study and published in high-quality medical journals, which combined the data from the clinical trial phase (where study medication was taken) and the ASPREE-XT observational phase (where no study medication was taken).

1. Long-term cancer events

This report, led by Associate Professor Suzanne Orchard, director of ASPREE-XT, published in *JAMA Oncology* (2026), reports on the long -term effects of aspirin on cancer.

Across an average 8.6 years of follow-up, 3,448 participants developed cancer, and 1,173 cancer -related deaths had occurred. Importantly, cancer rates were the same in those originally assigned to aspirin compared to those assigned to placebo.

This contradicts earlier studies that reported a decrease in cancer incidence risk, but importantly, these studies were conducted in middle-aged populations, and building evidence now points to a differing aspirin effect dependent on the age of aspirin initiation. More recent aspirin trials with older persons have also reported no aspirin effects on cancer incidence.

The long-term ASPREE study also found an increased risk of cancer-

related mortality (15% above normal level), which is believed to be a 'left-over' effect from the clinical trial phase (35% at trial end), as no difference in cancer mortality risk was seen in analyses confined to the XT observational phase.

We also looked at specific cancer types because some studies have reported aspirin can benefit specific cancers, particularly colorectal cancer. Aspirin did not reduce colorectal cancer risk in our study, but there was a small suggestion it may lower melanoma risk. Because relatively few participants developed melanoma and aspirin carries known risks such as bleeding, this finding needs further investigation before any recommendations can be made.

The main key message here is that starting a multiyear low-dose aspirin

strategy for primary cancer prevention is not recommended in older adults. Anyone concerned about their personal cancer risk is encouraged to speak with their health care provider.

ASPREE researchers will continue monitoring health outcomes, including cancer, with follow-up planned to extend to around 15 years across all three phases of the study, especially to track effects on slow-growing cancers.

2. Long-term cardiovascular events and bleeding

Before 2018, it wasn't clear whether daily low-dose aspirin could help older adults without existing cardiovascular disease (CVD). The ASPREE clinical trial provided important evidence, showing that aspirin did **not** extend disability-free survival or significantly reduce CVD events over nearly five years, but **did** increase the risk of major bleeding. These findings led to updated clinical guidelines advising against starting aspirin for primary prevention in older adults.

Professor Rory Wolfe led the long-term follow up study (~10 years) on the effects of aspirin on CVD and bleeding published in the *European Heart Journal* (2025).

The results showed **no long-term CVD benefit** for those originally assigned to aspirin. In the post-trial years alone, there was a slightly higher rate of CVD events in the former aspirin group compared with placebo. Across the full follow-up period, major bleeding remained higher—about 24% above the population level—in those who had taken aspirin during the trial.

These findings reinforce that, for older adults, the increased bleeding risk outweighs any potential CVD prevention benefit. Decisions about initiating aspirin use should be made carefully with a health care provider, considering individual risk factors.

3. Dementia, physical disability and death

Given the long pre-clinical (symptom-free) phase of many ageing conditions, this main ASPREE outcome paper, led by Professor Shah, examined the legacy effect (post-trial phase only) and the longer-term effect of aspirin versus placebo.

Here, we found there was no effect of randomisation to aspirin, either over the long-term (~10 years) or in analyses confined to the observational ASPREE-XT phase (~4.5 years) on the composite primary outcome of the study (death, dementia, or persistent physical disability). Additionally, there was no aspirin effect on death over the long-term, but an elevated risk of major bleeding was noted, although this risk was not seen in the observational period.

The study concluded that aspirin was not effective in promoting a healthy lifespan in community-dwelling older people who initiate aspirin in later life.

Future findings will continue to come as researchers explore the ASPREE study data to make important discoveries on ageing health. Keep an eye out on the ASPREE News section on the website for further updates.

ASPREE Longitudinal Study of Older Persons (ALSOP) and ALSOP-XT

We thank the large number of participants who have completed ALSOP questionnaires over the course of the ASPREE trial and ASPREE-XT follow up. Research using information from ALSOP has found:

- Listening to music is linked to a 39% reduction in the risk of developing dementia.
- Maintaining social connections in later life has wide-ranging benefits for health, including reducing risk of heart disease and dementia.
- Lower back pain is a risk factor for falls in older people, and should be considered when thinking about ways to reduce injuries from falls.
- Optimism and pessimism are related to heart disease risk.
- Eating nuts is related to maintaining healthy lifespan.
- Many Australian and U.S. ASPREE participants reported using vitamins/ supplements—around two-thirds of Australians and 80% of U.S. participants.

Data from ALSOP is continuing to be widely used to explore how social, environmental and behavioural factors are related to health and wellbeing in later life.

Staying in touch with you is very important

Have you moved house? Changed your phone number or had a change in circumstance? Please let us know! Call: 1800 728 745 Email: aspree@monash.edu Website: www.aspree.org

As we are currently a small team, we may not always be able to answer immediately. If we miss your call, please leave a message and we'll return your call as soon as possible. Email, where possible remains the best way to reach us during the next few months as we roll out this next phase.