15 June 2017

## Decision to stop intervention phase for ASPREE participants is unrelated to the British aspirin and bleeding study published in the Lancet (14th June 2017).

- There have been reports in the media on recent results from another aspirin study, published in The Lancet, that indicate elevated risk of bleeding events in older patients with cardiovascular disease who were taking aspirin.
- The increased risk of low dose aspirin in the elderly is well known and has been the subject of several previous studies.
- Any risks of aspirin, however, must be balanced against its established benefits in reducing the risk of heart disease and stroke in those who have been diagnosed with cardiovascular disease in the past.
- ASPREE was established to determine whether the benefits of low dose aspirin for 'primary' prevention are sufficient to outweigh its side-effects (especially bleeding) in the healthy elderly.
- The interim analysis that has recently led to the cessation of study treatment in ASPREE participants has shown no overall benefit or harm for our participants taking low dose aspirin, as measured by survival free of dementia or physical disability.
- ASPREE will analyze aspirin's effects on specific beneficial health outcomes (e.g, prevention of heart attacks) as well as the bleeding risks in its participants, and will report these when data collection and analyses are completed.
- **The National Institute on Aging's decision to end the intervention phase for ASPREE participants was unrelated to the findings in the Lancet paper and the decision was made before the Lancet findings were known.**

For more information:

*If you are an ASPREE study participant please contact your study site with questions.*

**ASPREE USA COORDINATING CENTER:**
*Berman Center for Outcomes & Clinical Research*

*Dr. Anne Murray, M.D., M.S., US PI*
***EMAIL:*** *amurray@bermancenter.org*
***PHONE:*** *612-873-5541 or 612-385-7910*

*Ms Brenda Kirpach, US Project Manager*
***EMAIL:*** *bkirpach@bermancenter.org*
***PHONE:*** *612-873-6905 or 612-710-3435*