

**STUDY NEWS**

# EVENTS & MILESTONES

## CANBERRA

Due to popularity, the ACT ASPREE team held two study updates on the same day to accommodate all the attending participants and guests. Pictured: Chief Investigator in the ACT, Prof Walter Abhayaratna introduces the ASPREE team during his first presentation for the day.



## WARRNAMBOOL



A/Prof Robyn Woods, Executive Officer of ASPREE, asked Warrnambool participants and guests at the study update in May this year, to raise their hand if they want to live to be 100 years old. Many more hands were raised when the option was to live to 100 and retain good health! A similar update was held in Mount Gambier a week earlier.

## GEELONG



Well done Geelong! Fantastic to meet so many participants and their guests at the biggest turnout at a regional study update this year. Unfortunately, we didn't spot boys in blue training at Simonds Stadium that day.

## MILDURA



Recognising key supporters for the ASPREE study in regional centres, A/Prof Robyn Woods presents a plaque of appreciation to Dr John Buckley from the Merbein Family Medical at the Mildura ASPREE study update in August this year.

Dr Buckley is one of more than 2,800 GPs registered as co-investigators to the ASPREE study.

## New Addition to the RetCam Fleet



### Third RetCam Van Hits the Road

Affectionately known as 'Bob' and 'Phyllis', two near identical RetCam Vans travel across south-eastern Australia, enabling participants to undertake hearing tests and retinal photography in ASPREE sub-studies. If you spot the logo of funding partner 'Phyllis' Connor Memorial Trust on the back door of one van, you'll know which one is on the road near you.

### Please stay in touch!

- Have any questions about ASPREE?
- Have there been any changes to your health or circumstance?
- Have feedback? We love to hear positive and constructive feedback.

Call: **1800 728 745** or email: [aspree@monash.edu](mailto:aspree@monash.edu)  
For updates go to [www.aspree.org](http://www.aspree.org)

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

*This newsletter is produced by the ASPREE National Co-ordinating Centre, Melbourne. @aspree\_aus*

## 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



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

### Participants in Australia's largest clinical trial

**16,318** (2,346 in US)

- Females: 8,975
  - Males: 7,343
  - GP Co-Investigators: 2,803
- Age of Australian ASPREE participants: Average: 76.9 years Oldest: 98 years**  
As of 18.11.2014

### WHY STUDY ASPIRIN IN HEALTHY OLDER PEOPLE?

- Knowledge of whether older healthy people should take low dose aspirin will only come from a study that considers all the potential benefits and risks, such as bleeding, in that age group.
- No previous clinical aspirin study has before focussed on healthy older people.
- People are living longer. If life expectancy continues along the same trajectory as history, 50% of Australian babies born today are predicted to live to 104.
- ASPREE is investigating the common causes of disability in older people such as dementia, cancers and cardiovascular disease (heart attack and stroke).
- At the heart of the ASPREE study is a goal to discover how to maintain a good quality life within that increased lifespan.

### NEWS ON TIMING OF DAILY STUDY MEDICATION

ASPREE participants no longer need to wait 30 minutes between taking the ASPREE study tablet and other medications. What ever time you choose to take ASPREE medication, we ask you to please take it at the same time every day.

## ASPREE Milestone Success



ABOVE: Marking the 10,000th ASPREE Healthy Ageing Biobank milestone with original funding body, the CSIRO earlier this year. Pictured from left: Prof Richard Head, (formerly of the CSIRO and now University of SA), Mr Tom Gilbert (Biobank Manager), Dr Suzanne Orchard (former Biobank Manager), A/Prof Robyn Woods (Director of the Biobank), Dr Trevor Lockett (CSIRO), Prof Lynne Cobiac (CSIRO), Prof John McNeil (ASPREE Principal Investigator) and Dr Emily Parker (Biobank Manager).

Some 15 years ago we first floated the idea of the ASPREE study, knowing it would become one of the most important clinical trials ever undertaken in research history.

What we could not have anticipated at the time, was the overwhelming support from older Australians for the trial; the number of people volunteering to help solve a world-wide problem speaks volumes about your generation.

Due to the strong support from the Australian community, ASPREE is now enrolling 16,500 Australians into the study, a target we are rapidly approaching and 4,000 more than the original target of 12,500 set in 2010.

The flow on effect has enabled the ASPREE Healthy Ageing Biobank to collect and store blood samples from an additional

2,000 ASPREE participants beyond the original target of 10,000. This is quite rare in clinical research.

Additionally, we have been fortunate to develop 11 sub-studies, generating an enormous amount of new, detailed information about how we age in Australia. The sub-studies will uncover factors that affect your quality of life, such as sleep apnoea, blood vessel changes in the brain, and infection. This information will help to improve quality of life for people in their later years.

ASPREE participants are the true heroes of medical research. It is your generosity and commitment today and until 2017, that will help future generations live a life free of disability. We all thank you for this gift.

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

| ASPREE Funding Organisations  |
|---|
| <ul style="list-style-type: none"> <li>• National Institute on Aging (NIA/NIH in the USA)</li> <li>• National Health and Medical Research Council of Australia (NHMRC)</li> <li>• National Cancer Institute (NCI/NIH in the USA)</li> <li>• CSIRO</li> <li>• Victorian Cancer Agency (VCA)</li> </ul>   |
| ASPREE Collaborating Organisations  |
| <ul style="list-style-type: none"> <li>• Monash University</li> <li>• Menzies Institute for Medical Research (TAS)</li> <li>• Australian National University</li> <li>• The University of Melbourne</li> <li>• The University of Adelaide</li> <li>• Illawarra Health and Medical Research Institute</li> <li>• Berman Centre for Outcomes &amp; Clinical Research (Minnesota)</li> </ul> |



## STUDY DETAILS

# Australian ASPREE participant locations



## Have you heard about ASPREE's latest sub-study?

All new ASPREE participants are invited, *regardless of hearing ability*, to be a part of the ASPREE-HEARING sub-study.

Researchers are investigating whether aspirin prevents age-related hearing loss resulting from inflammation or changes in blood flow.

ASPREE-HEARING will also study the effect of aspirin on the relationship between hearing loss and changes in thinking and memory.

If aspirin proves to be beneficial, it may offer a new way to reduce age-related hearing loss in future generations.

Free hearing tests are available to all new ASPREE participants across south-eastern Australia.

Significant changes in hearing will be referred back to your GP for follow-up care. Find out more about ASPREE-HEARING at [www.aspree.org](http://www.aspree.org) or ring 1800 728 745.



### 40 Second Overview of ASPREE Sub-studies....

ASPREE sub-studies are investigating the effect of aspirin on: osteoarthritis (ASPREE-Knee), osteoporosis (ASPREE- FALLS & FRACTURES), age-related macular degeneration (ASPREE-AMD), sleep apnoea (SNORE-ASA), infection (ASPREE-ANTISEPSIS), cancer (ACES – ASPREE Cancer Endpoints Study), hearing loss (ASPREE-HEARING) and microvascular changes in the brain (ASPREE-NEURO) and in the back of the eye (ENVIS-ion). ALSOP questionnaires help identify medical and social factors that may affect the ability to age well, while the ASPREE Healthy Ageing Biobank will help identify biological indicators of health (or disease) in later years. Whew!

### Easy Fix for Damaged Study Meds



If for some reason your study medication looks like this or it accidentally gets wet, dirty or left in extreme heat (think glove box of the car in summer), please let us know and we'll happily replace the tablets for you.

## FAQS

Please keep the questions coming, chances are someone else wants to know too.

Email your question to [aspree@monash.edu](mailto:aspree@monash.edu) or ring 1800 728 745.

### What should I make of stories about aspirin?

- Most people know someone prescribed aspirin after having had a heart attack or stroke, because research clearly shows that aspirin's benefit - reducing the risk of a repeat or 'second' event (secondary prevention) - outweighs the risk of adverse effects, such as bleeding.
- It is a different story for healthy older people, who have not had a heart attack or stroke, because the balance of aspirin's benefits versus the risks is unknown. All medications (including vitamins) have the potential for side effects and aspirin is no exception.
- Some health agencies, such as the US Food and Drug Administration (FDA) err on the side of caution. This is not because the risks are higher - people taking aspirin for secondary prevention are also at risk of experiencing side-effects - but because there is a **lack of evidence** about aspirin's overall benefit versus risk in healthy people.
- In 2008 the US NIA (National Institutes of Health) awarded USD\$50m to fund the only aspirin study that would focus solely on healthy older people - ASPREE. If aspirin is shown to be overall beneficial, thousands of healthy older people around the world will be advised to take daily low dose aspirin to prevent the onset of disease. If aspirin is shown not to be of benefit, it will save thousands from taking an unnecessary medication.
- You may come across aspirin stories that are unbalanced, inaccurate or sensationalised and thus difficult to interpret. ASPREE researchers will respond to relevant articles on our website [www.aspree.org](http://www.aspree.org) and/or will send our participants a letter. If you have any concerns, please contact us.
- The ASPREE trial is regularly reviewed by an independent committee of specialists (as required by law) and if there was even a likelihood of overall harm to participants, the trial would be stopped immediately.
- Until we know the results of ASPREE in 2018, we can all expect to see stories that may promote aspirin or advocate against taking aspirin.
- We thank our participants for helping us progress closer to a definitive answer for once and for all.

### Why do you still want to see me if I can no longer take study medication?

Health information from all our participants is critical to ASPREE findings. Even if you have been advised by your doctor to cease study medication, you are still **very important** to the study!

ASPREE is an 'intention to treat' study, which means health information from **all** our participants will be included in the final analysis of the study; missing or incomplete data dilutes the accuracy of the results. By continuing with annual visits, you help us to learn about changes in health with and without aspirin.

### What happens if I need to temporarily stop taking my study medication?

It is fine to stop taking study medications temporarily, such as prior to surgery — just let us know when you stopped and recommenced the tablets.

We also understand that circumstances can change and sometimes life may be overwhelming.

If this does happen, please do ring us or let us know during our regular phone calls to you. The ASPREE team never wants to add burden; we very much appreciate your participation in the trial. There are a number of options we can discuss to make follow-up easier for you.

It is never too late to recommence study medication once life settles down and you are feeling up to it.

### Will I get results from the Healthy Ageing Biobank?

Samples from the Biobank will be used for research to identify potential biomarkers (proteins or genetic information) that may be associated with a disease, or indeed, a long, healthy life.

Because of the pioneering nature of such research, information from these investigations is primitive, usually requiring rigorous and lengthy validation before it can be applied in real life. Therefore, early research into biomarkers is unlikely to be of immediate benefit to any individual.

To date, there has been no analysis of any sample in the ASPREE Healthy Ageing Biobank. We will be applying for funding in the future for such analyses.

## Spare time to help the ASPREE team?

If any ASPREE participant has the time, and feels inclined to help out with light administrative tasks at the National Co-ordinating Centre in Prahran, please do contact the team.

We would also love to hear from participants happy to help meet and greet invitees at your nearest study update. There would be no minimum time commitment and you are free to decline at any time. (We foremost appreciate your time in the ASPREE study.)

If you are interested, please contact the ASPREE team on 1800 728 745 or email: [aspree@monash.edu](mailto:aspree@monash.edu).

Left: Launceston ASPREE study co-ordinator, Susan McCoy's secret is out! Dad Keith has helped prepare blank ASPREE study visit packs for the last two years. Well done and thank you Keith!

