HIMALAYA

The newsletter of the ASCEND Study

Spring 2014 – Number 12

Welcome to the twelfth edition of HIMALAYA – the newsletter of the ASCEND study. As always, thank you very much for your help and participation in the study so far. We hope this newsletter will inform and entertain you, and tell you more about the study in which you are playing such a vital role. Please read on and find out what we have been up to since the last issue.

Broad Peak also known as K3, is the 12th highest mountain on Earth, with an elevation of 8,051 meters (26,414 ft). Broad Peak is part of the Gasherbrum massif on the border of Pakistan and China. The first ascent of the mountain in 1957, by four Austrians, was unusual as the team used no oxygen and carried all their own equipment.

Recent news about omega-3 fatty acids

In 2013, two studies about the possible effects of omega-3 fatty acids on the development of cancer were published in the medical literature and then reported in the national press. First, the Selenium and Vitamin E Cancer Prevention Trial (SELECT), of more than 35,000 men, examined whether supplements of vitamin E and the mineral selenium might help to prevent prostate cancer. This was a good quality randomized study (similar to ASCEND). The main result, published in 2009, showed neither vitamin E nor selenium was protective. However, in this recent report, the researchers found that blood levels of omega-3 fatty acids were slightly higher in the 800 or so people who developed prostate cancer during the trial, compared to a representative sample of around 1300 trial participants who remained free from prostate cancer. This does not necessarily mean, of course, that omega-3 fatty acids *cause* prostate cancer. For example, this study also found that the people who developed prostate cancer were better educated than those who did not but it would be wrong to assume that going to college caused prostate cancer. The second study looked at the effect of omega-3 fatty acids on cell growth in the laboratory. They found that some skin cancer cells were killed by omega-3 fatty acids but that normal skin cells were not. However, this finding does not tell us whether omega-3 fatty acids are effective against skin cancer in people. To find out whether taking omega-3 fatty acids affects cancer risk, a trial like ASCEND is needed in which people are randomized to take omega-3 fatty acids or placebo for several years. Researchers can then compare the number of new cancers in each group. None of the trials done so far have found any effect of omega-3 fatty acids on any sort of cancer. When complete, ASCEND will give valuable information about the effects of both aspirin and omega-3 fatty acids on cancer.

ASCEND shows the way

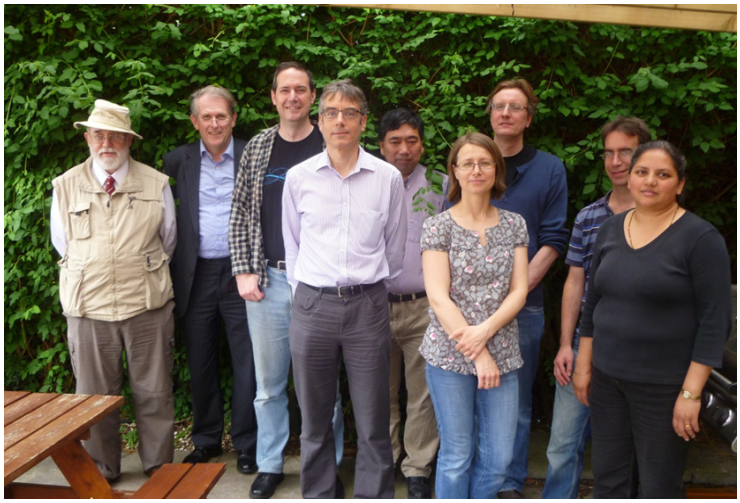
Early in 2013, the design of the ASCEND study was presented at an international meeting of senior researchers run by the Clinical Trials Transformation Initiative (CTTI) in Washington, USA. Dr Louise Bowman, senior ASCEND doctor, described the study to the group to show how important research can be done by a relatively small number of staff members using postal questionnaires and mailed study medication. “Of course it all depends on the goodwill of our study participants” she added “They are the ones that really make it a success”. The CTTI group hope to tackle bureaucracy in the research system and help make it easier for researchers to do studies that address important questions which make a difference to patients’ lives.

Where can people find out more?

They can: visit the ASCEND website: www.ctsu.ox.ac.uk/ascend

call a member of the study team: (Freefone) 0800 585323

The ASCEND Team



The Programming Team: In each issue of HIMALAYA we like to introduce you to different members of the ASCEND team. This picture shows you some of the computer programmers who work on ASCEND. We rely on the software programs they write to make the study work. For example, each questionnaire you return is scanned and read electronically by specially-adapted programs. Other programs automatically generate the study letters and ensure that the study medication is sent out on time. Without these valuable people, keeping ASCEND running smoothly would be impossible.

History corner - Aspirin and Oxfordshire

The North Oxfordshire countryside around the market town of Chipping Norton is a charming landscape of rolling hills and lovely Cotswold stone cottages. Here, while taking a walk in 1757, Edward Stone discovered aspirin. For reasons which are not completely clear, he took a piece of willow bark and tasted it. It tasted horrible, disgustingly bitter, a taste which reminded him of cinchona bark (from which quinine – a drug which treats malaria – is derived). Thinking that the bitter taste might be the mark of powerful medicinal properties, Reverend Stone collected and dried a bag of willow bark one summer. He gave the resulting white powder to 50 patients with malaria (then common in Oxfordshire). He noticed dramatic improvement in his patients' fever and presented his findings to the Royal Society in 1763. By replacing a drug which fights malaria with one which only treats the fever, he may not have done his patients a great service. But doctors at that time did not know how to find out which medicines work. To do that one has to compare what happens to people who take the medicine with what happens to people who don't, ensuring there are no other differences between the two groups of people – in other words to do a randomized controlled trial. By the end of the 18th century willow bark – containing salicin (the compound later used to produce aspirin) – was in widespread use. The most important affect of these compounds – the effect of aspirin against heart attacks and strokes – would not be known for another 170 years.

Madagascan Leech Adventure

ASCEND participant tells of her wildlife adventure

"Madagascar has been the holiday of my dreams for many years. As I am now retired, have type 2 diabetes and knees that have seen more supple days, I decided to book an expensive all-in holiday and go. My aim was to see the wildlife of Madagascar, because many species live nowhere else on earth. I especially wanted to see lemurs. There are around 100 different types, ranging from dwarf lemurs which could sit inside a teacup, to the Indri – 300 times heavier. I was not disappointed. However, one species of wildlife that I would have preferred not to see were leeches. After a while I spotted something in my eye: a leech had hidden itself in the corner and couldn't be budged until it was full. I also had one attached to my ankle and cheek and a couple of others needed to be flicked off. "What is it about you?" my companion said, as no-one else was affected and the local guides were going to a lot of trouble to help me. I joked that perhaps it was my diabetes. Madagascar is a wonderful place to visit. This picture is of me and a Black and White Ruffed Lemur which lives on an island sanctuary. It is one of the most endangered animals on earth!"

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ASCEND is coordinated by the *Clinical Trial Service Unit* of the *University of Oxford*