





The newsletter of the ASCEND Study

Spring 2015 - Number 13

Welcome to the thirteenth edition of **HIMALAYA** – the newsletter of the ASCEND study. We would like to say a big **THANK YOU** for all your help so far. The results from ASCEND will make a big difference to people with diabetes around the world and we really appreciate your valuable contribution.



Gasherbrum II (also known as K4) is the 13th highest mountain in the world. At 8,035 metres (26,362 ft), it is the third-highest mountain in the Gasherbrum massif on the border of Pakistan and China. The mountain was first climbed in 1956.

Aspirin in the news

In 2014, aspirin once again hit the headlines. In June, the National Institute for Health and Care Excellence (NICE) updated the guideline for Atrial Fibrillation (AF) suggesting that aspirin should not be used for this condition and, in July, a paper reviewing the effect of aspirin on cancer appeared in the Annals of Oncology journal. Both of these publications received media attention and we have summarised the main findings for you here.

Aspirin and AF - New NICE Guidelines

People with AF (which causes an 'irregular heart beat') have an increased risk of having a stroke and are often treated with warfarin or aspirin to reduce this risk. In June, the updated NICE guidance on the treatment of AF recommended that aspirin should not be used to prevent stroke in this condition (unless people have another reason to take it). Instead, those individuals with AF who have a higher risk of stroke should be offered warfarin or a new blood thinning tablet. These treatments are more effective than aspirin at preventing strokes caused by AF. However, most people who have a stroke do not have AF and will not benefit from warfarin. Aspirin is known to reduce the risk of heart attacks and strokes among people who have already suffered such events. ASCEND aims to find out whether aspirin is also beneficial for people with diabetes but who do not have cardiovascular disease.

Aspirin and cancer - Annals of Oncology review

This paper published in July did not present any new evidence about the effect of aspirin on cancer, but summarised the information from studies which have already been published. The researchers estimates of the effect of aspirin on seven different types of cancer (cancer of the bowel, oesophagus [gullet], stomach, pancreas, lung, prostate and breast) taken from previous studies. They wanted to work out how many cancers, heart attacks, and strokes would be avoided by using aspirin for 10 years. They concluded that, if 100 otherwise healthy 60-year-old men took aspirin for 10 years, then two cases of cancer may be avoided. However, the estimates of the effect of aspirin on the different types of cancer used in this calculation could be inaccurate. For three of the types of cancer (oesophagus, stomach and pancreas cancer) there was almost no information from randomized controlled trials, while the estimates of the effect of aspirin on bowel cancer and lung cancer were based on only a small number of cases. We still don't know whether aspirin helps to prevent different types of cancer. The results of the ASCEND study will help to answer this important question.

ASCEND goes online

In November 2014, ASCEND launched a new web-based follow-up questionnaire. Your next paper follow-up questionnaire will include a leaflet giving details about how, instead of returning the blue paper form, you can complete your follow-up information online via our secure web-site (after entering your ASCEND document reference and date of birth). This will reduce the work needed at the coordinating centre and may be easier for you. All information collected in this way is secure and confidential. If you prefer, you can continue to complete the paper form as before.

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

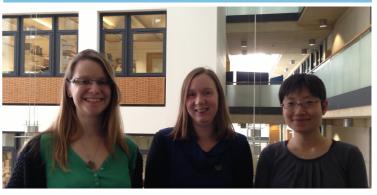


Goodbye Andrew



In May 2014 we sadly said goodbye to Andrew Collett, ASCEND Study Administrator. Andrew, who has worked on ASCEND since 2006, is retiring to Devon. His hard work and unfailing courtesy will be missed. Professor Jane Armitage (ASCEND Chief Investigator) is seen presenting Andrew with a picture of Oxford as a reminder of his time here.

Welcome to ASCEND



It's "hello" to three new members of the ASCEND team. Louise Young (left) worked for 7 years as a critical care nurse before joining ASCEND as a research nurse in August 2014. Lizzie Butler (middle) joined the ASCEND team in April, having previously worked on other large trials. Ryonfa Lee (right), an experienced researcher, replaced Andrew Collett, who has retired.

Every participant counts

It remains really important that as many participants as possible continue to take their ASCEND medication. At the end of the study, the people who were allocated aspirin (or omega-3 fatty acids) will be compared with the people who were allocated a placebo (or dummy) tablet or capsule, whether or not they took the medication. However, if too many people stop the study medication, it could make aspirin (or omega-3 fatty acids) appear less effective than they really are. Some people have to stop the ASCEND medication and participants can choose to stop at any time. However, it is important for the study

that as many people as possible continue to take the study treatments.

Clare, from York, joined ASCEND in 2006. Diabetic since 2003, Clare now takes 13 tablets every day. In August 2014, she decided to stop her ASCEND tablets. She felt that it was just too difficult to take extra medication every day and she found the capsules difficult to swallow. After talking this through with one of the study doctors, Clare felt she could continue the white tablets, although she could not manage the capsules. In doing this she is helping to make the study a success. Thank you Clare.

ASCEND Superstars

In this section we report on ASCEND staff and participants who have gone the extra mile.

ASCEND participant, David, raised over £1,100 for the cancer centre in North Stafford Hospital where he was treated for the disease. "I've still got the cancer," he said, "but it's under control. I always fight illnesses and I don't let them get me down." What a fantastic achievement!

ASCEND study nurse, Vicky, walked 26 miles from Stonehenge to the stone circle in Avebury, Wiltshire, to raise money for the Alzheimer's Society. Having lost her mother to Lewy body dementia, Vicky wanted to help the fight against this serious disease.

Joan, from Staffordshire, joined ASCEND in 2011. Having developed angina, she also agreed to join the REVEAL trial (which is also co-ordinated by the Clinical Trial Service Unit, University of Oxford). REVEAL is assessing whether a new medication which increases "good" cholesterol will reduce the risk of heart attacks and strokes among people with known cardiovascular disease. Despite being 86 years old, Joan is making an important contribution to two major research studies. Well done Joan!

In November 2014, Tony, a 67-year-old retired design engineer from Tyne and Wear, became the first ASCEND participant to complete their follow-up form online. He found it "quite easy" and it took only a "few minutes".

If you would think you may be an ASCEND Superstar, or have any suggestions for the newsletter, please let us know.



Freefone 0800 585323

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







www.ctsu.ox.ac.uk/ascend