

## The newsletter of the ASCEND Study

Summer 2008 – Number 3

Welcome to the third edition of **HIMALAYA** – the newsletter of the ASCEND study. Thank you very much for your interest and participation in the ASCEND study so far. If you have not received **HIMALAYA** before, we hope this newsletter will

educate and entertain you, and tell you more about the study that you are playing such a vital role in. If you have, then read on and find out what we (and you!) have been up to since the last issue.

### ASCEND CONTINUES TO MAKE GOOD PROGRESS

ASCEND has now randomised over 4,000 people, which means we are nearing the halfway mark of our way towards our target of 10,000 participants. The picture opposite shows Kangchenjunga (the world's third highest mountain), which is also one of the hardest to climb, as it is the most easterly 8000 metre peak and therefore bears the brunt of the monsoon storms. There are many different routes to the top; the one shown here is the original 1955 route which was from the south-west. Kangchenjunga was also the name given by the children in "Swallows and Amazons" to the Old Man of Coniston in the Lake District.



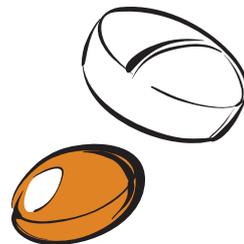
### Why does ASCEND need to take so long?

We need to follow all our participants up for at least five years because—like all modern medical treatments—the effects of the study treatment are likely to be moderate in size. This means that it may take five years for a clear difference between the group who are taking active treatment and the group taking placebo ('dummy') treat-

ment to appear (if there is one). Sometimes the effects can change over time, so it is important to follow people up to be able to detect this. We have an independent Data Monitoring Committee who review the results every year, and at their meeting earlier this year they said that we should continue as planned.

### WHAT IF I'VE STOPPED MY STUDY TREATMENTS?

If you have been recommended to stop your study treatments by a doctor, then please let us know if you have not already done so. If you have simply forgotten to take them for a while, then we would be very grateful if you would consider re-starting them. Although a gap in treatment is not ideal, it is much better for the



study if you were to start taking them again now than not. Similarly, if you feel you have had some side-effects from the study treatments, we would like to know. If you would like to discuss any of these matters with a study doctor, then please contact us on the Freephone number below.

### Where can people find out more?

They can:  visit the ASCEND website: [www.ctsu.ox.ac.uk/ascend](http://www.ctsu.ox.ac.uk/ascend)

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

## THE ASCEND TEAM

In each issue of **HIMALAYA** we hope to introduce you to different members of the ASCEND team. This picture shows you some of the computer programmers who work on ASCEND. They are crucial for ASCEND, because we rely on computers to automate many of the study processes. For example, the



questionnaires and other letters we send you are all generated automatically and each questionnaire you return is electronically scanned and read optically by specially-written programs. Our programmers have written dozens of different programs without which the study would simply not run.

## HOW DO YOU KNOW IF THE TABLETS ARE HAVING AN EFFECT?

We are very appreciative of the effort all our ASCEND participants put in to taking their study treatments every day, and completing the follow-up questionnaires. Sometimes we are asked how we can tell if the treatments are having any effect, because we do not do regular blood tests or see you in a clinic. Other participants tell us that they don't feel any different to before they entered the study. This is because the main outcomes of the ASCEND study are circulatory problems, like heart attacks and strokes. We do not expect our treatments to have

any significant effect on how you feel, or blood results or blood pressure, but this is not to say that they will not affect circulatory problems, and therefore your overall health. We know that we can collect reliable information from our questionnaires and by telephone about how many of our participants have had problems with their circulation, and this is one reason why it is so important that you send us your completed questionnaires, even if you are no longer taking the study treatments. We hope that the study treatments will reduce circulatory problems, but

we also know that aspirin can slightly increase the risk of bleeding. One critical question ASCEND hopes to answer is "do the benefits of reducing circulatory problems outweigh the increased bleeding risk?". Blood tests will not be able to tell us this; only careful follow-up of two large groups of people who only differ in whether they are taking aspirin or not (in other words, you!) can. For ASCEND to be successful, we need as many participants as possible to take their study treatments, and to complete their questionnaires so we know how you are getting on.

## WHAT IF MY MEDICATION CHANGES?

You will notice that every follow-up form that we send you (which we will do about every six months after you enter the study) has a section where we ask you about your other current medication, and in particular other drugs used to thin your blood, such as aspirin, warfarin, clopidogrel (Plavix) and dipyridamole (Persantin or Asasantin). If a doctor does start you on one of these, please call a study doctor (on Freefone 0800 585323) to discuss it. You will

remain part of the ASCEND study, but we may need to ask you to stop one of the study treatments. If a doctor is thinking about starting aspirin, please make sure they know that you

are taking part in ASCEND, and let them know that they can also use the Freefone line to find out more about it.

