

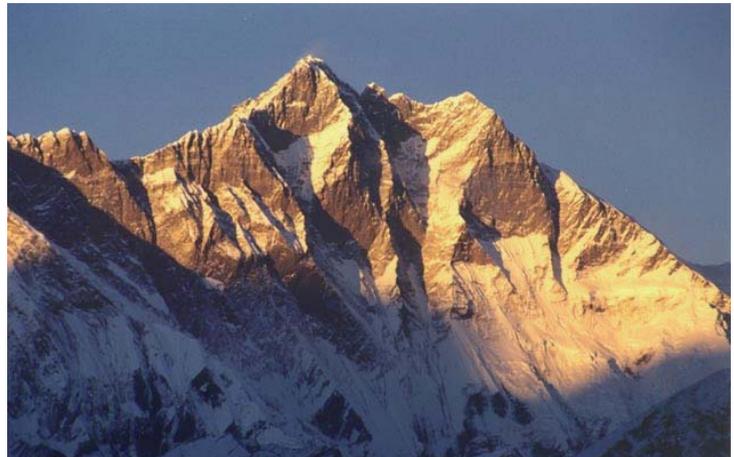
## The newsletter of the ASCEND Study

Winter 2008/9 – Number 4

Welcome to the fourth 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 have been up to since the last issue.

### ASCEND MAKES GOOD PROGRESS

ASCEND has now randomised over 4,400 people, which means we are nearing the halfway mark of our way towards our target of 10,000 participants. We hope to randomise the 5,000th person by Christmas! We are also delighted because the *British Heart Foundation*, who fund the study, have recently pledged their support for another five years. The picture opposite shows *Lhotse* which is the fourth highest mountain in the world at 8,516 metres, but it is often overlooked as it stands next to Everest.



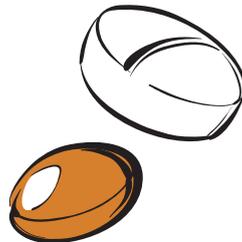
### Why are we sending another issue of **HIMALAYA** so soon?

One reason that we publish **HIMALAYA** is to keep you informed about studies which are related to ASCEND and that you may be interested in. Many of you have contacted us following the publication of the POPADAD study (Prevention of Progression of Arterial Disease and Diabetes) from Scotland. In this issue of **HIMALAYA** we hope to

put this in context for you, as well as inform you about the results of another similar study from Japan called JPAD (Japanese primary Prevention of atherosclerosis with Aspirin for Diabetes) which was also recently published in a medical journal. Please see the article overleaf for more details.

### 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 restarting them. Although a gap in treatment is not ideal, it is much better for the



study if you were to restart taking them now rather than not taking them again. 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.ctsuo.ox.ac.uk/ascend](http://www.ctsuo.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. You may have wondered who Jane Armitage and Louise Bowman are who sign many of the letters you receive. Jane has worked at Oxford University since 1990 and is very well known for her work on “statins” (which many of you take) as she was instrumental in two large trials which have



contributed significantly to our knowledge of them and how effective they are. Louise has worked in the department for 8 years and specialises in diabetes. They both regularly see people with diabetes in their hospital clinics and have worked together for many years on trials, most recently developing the ASCEND study and they now head up the study team.

### ...stop press... TRIALS UPDATE ...stop press...



POPADAD and JPAD are similar to ASCEND in many ways. Both trials recruited people with diabetes but no history of vascular disease (e.g. heart attacks, angina, stroke etc.) and randomly allocated them to either aspirin or not. POPADAD was run in Scotland and involved 1,276 people, whereas JPAD was an “open-label” (i.e. not placebo-controlled) study run in Japan which involved 2,539 people. Everyone was followed up for about 5 years in both trials, and the number of serious vascular events (e.g. heart attacks or strokes) was counted, and the number compared in those who received aspirin with those who did not. This is exactly what we are doing in ASCEND, although we will recruit 10,000 people.

Patients receiving aspirin in both trials had fewer vascular events, but the difference was not large enough to be considered significant by conventional standards. However, neither POPADAD

nor JPAD was a large enough trial to provide a definite result alone but they provide a valuable contribution to the evidence in this area. The larger a trial, the more confident one can be about the results. If a trial is too small, the results will not be as reliable and are more susceptible to the play of chance.

In order to know for sure whether aspirin is safe and effective, we need larger studies (such as ASCEND) so that we can be more sure of the results. This is not to say POPADAD and JPAD are not useful: their results can be combined with ASCEND to get a more reliable answer to the question, but by themselves they cannot do this. This means it is even more important that we continue ASCEND so we can know with confidence whether people with diabetes should—or should not—take aspirin to prevent heart attacks and strokes.

## HOW CAN I MAKE ASCEND A SUCCESS?

You have a major role to play to help ASCEND provide a clear answer about aspirin and fish oils in people with diabetes. Firstly, please complete the follow-up questionnaires we send every six months. It is vital that we know what happens to you (even if you're not taking study treatment) to ensure the answer ASCEND gives is not biased in any way.

Secondly, please take your study treatments! If you have been told to stop either

treatment (or been put on aspirin or drugs such as warfarin or clopidogrel), please call 0800 585323 to let us know (if you haven't done so already). Finally, tell anyone else you know

with diabetes about the study and help us reach our target of 10,000 people!!



THE QUEEN'S  
ANNIVERSARY PRIZES  
2005

