Trial: ADAPTABLE
Aspirin Dosing: A Patient-Centric Trial Assessing Benefits and Long-Term Effectiveness

Purpose: Examine the effectiveness and safety of **i) 81 mg aspirin vs. ii) 325 mg aspirin** in patients with established atherosclerotic cardiovascular disease

Trial Design: Randomized, open label pragmatic study.

Primary Effectiveness Endpoint: Composite of all-cause death, hospitalization for MI or stroke.

Primary Safety Endpoint: Hospitalization for major bleeding with an associated blood product transfusion.

Results: There was substantial dose switching to 81 mg aspirin and no significant difference in death, MI, stroke or bleeding in patients assigned to 81 mg dose vs. 325 mg daily.

Endpoints (Primary Effectiveness and Primary Safety)	81 mg aspirin (N = 7434)	325 mg aspirin (N = 7330)	Hazard Ratio (95% CI)	P value
Composite of all-cause death, hospitalization for MI, hospitalization for stroke.	590 (7.28%)	569 (7.51%)	1.02 (0.91 –1.14)	0.75
Hospitalization for major bleeding with an associated blood product transfusion	53 (0.63%)	44 (0.60%)	1.18 (0.79 – 1.77)	0.41
All-cause death	315 (3.80%)	357 (4.43%)	0.87 (0.75 – 1.01)	
Hospitalization for MI	228 (2.99%)	213 (2.87%)	1.06 (0.88 – 1.45)	
Hospitalization for stroke	102 (1.23%)	92 (1.27%)	1.09 (0.83 – 1.45)	
PCI or CABG	471 (6.05%)	446 (5.96%)	1.04 (0.92 – 1.19)	

Results reflect the data available at the time of presentation.