Discussant: Low-dose aspirin for primary prevention of cardiovascular events in elderly Japanese patients with atherosclerotic risk factors: a randomized clinical trial by Ikeda et al. for JPPP

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Key results

• Study stopped due to futility: Number of primary end points insufficient for the study to reach statistical power

• Primary prevention with low dose aspirin does not reduce the overall risk of atherosclerotic events in elderly Japanese patients with or without risk factors

End of the road for aspirin in primary prevention?
Why are the results negative?

• Lack of power?
• Is the law of diminishing returns operative?
• Potentially higher bleeds and stroke in an elderly Japanese population (Age/stroke interaction for stroke?)
• Statins overriding the benefits of aspirin
• Risk for events imposed by isolated elevations of individual risk factors low
End of the road for aspirin in primary prevention?

- Benefit unlikely in very low risk population (<1% events per year)
- Role in special groups, younger populations not evaluated well (eg: LMIC/LIC; ethnicities with high risk for CHD)
- Risk scores needed for LMIC for identification of high risk subjects
- Await results of other studies in primary prevention including studies such as TIPS 2
Practical Step-wise approach: use of Aspirin in Primary Prevention

Step 1: Assess 10 year risk of major CV events
- <10%
  - Stop
- 10-20%
  - Go ahead with caution
- >20%
  - Proceed

Step 2: history of bleeding without reversible causes, concurrent use of other medications that increase bleeding risk

Consider family history of GI (especially colon) cancer /patient values and preferences

Low-dose aspirin

Halvorsen et al: 2014; JACC; 64:319-27
Death is inevitable but premature death is not.

- Sir Richard Doll

In reducing premature death Aspirin is the most inexpensive option and we should pursue with vigor in identifying individuals and populations who may benefit.