ARRIVE - Aspirin to Reduce Risk of Initial Vascular Events

Purpose: Evaluation of primary prevention of CV events of acetylsalicylic acid in patients at *moderate* risk of stroke or MI but no history of CVD.

Trial Design: N = 12,546. Phase 3; Parallel, randomized, double-blinded, placebo-controlled, multi-center; 100 mg enteric-coated aspirin daily vs placebo; approximate 6-year follow-up.

Primary Endpoints: Time to composite of MI, stroke, CV death, unstable angina (US), or transient ischemic attack (TIA)

Time to composite adverse events	aspirin	placebo	P value
Intention-to-treat primary endpoint	4.29%	4.48%	0.60
Per-protocol primary endpoint	3.40%	4.19%	0.0756
Per-protocol Total MI reduction	HR 0.53		00014
Per-protocol non-fatal MI reduction	HR 0.55		0.0056
Results: Aspirin did not reduce the risk for major cardiovascular events in this moderate-risk study population.			

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