Clinical trials of antiplatelets drug for cardiovascular prevention in primary prevention

TrialResults-center www.trialresultscenter.org

1 platelet aggregation inhibitors

Trial	Treatments	Patients	Trials design and methods
error vs error			
JPPP ongoing [NCT00225849] n=NA follow-up:	aspirin versus no aspirin	Japanese patients aged 60 to 85 years with hypertension, dyslipidemia, or diabetes mellitus	Parallel groups open Japan
aspirin vs no treatment	,		
British Doctors Trial , 1988 n=3429/1710 follow-up: 5.5 years	aspirin 500 mg/d versus no aspirin	apparently healthy male doctors	Parallel groups open UK
Primary Prevention Project , 2001 n=2226/2269 follow-up: 3.6 y	aspirin 100 mg/d versus no aspirin (open control)	men and women aged 50 years or greater, with at least one of the major recognised cardiovascular risk factors.	Factorial plan Open Italy
aspirin vs placebo			
AAA , 2009 [ISRCTN66587262] n=1675/1675 follow-up: 8.2 y (mean)	aspirin 100mg daily versus placebo	men and women aged 50 to 80 years with asymptomatic atherosclerosis detected by low ankle brachial index ($<=0.95$)	Parallel groups double blind UK, Scotland
Physicians Health Study , 1989 [NCT00000500] n=11037/11034 follow-up: 60.2 months	aspirin 325 mg every other day versus placebo	Healthy men	Parallel groups double blind
Thrombosis Prevention Trial , 1998 [NCT00000614] n=2545/2540 follow-up: median 6.8y	aspirin 75 mg/d (controlled release) versus placebo	Men at high risk of CHD	Factorial plan double blind UK
HOT, 1998 n=9399/9391 follow-up: mean 3.8 y (range 3.3-4.9y)	aspirin 75 mg daily versus placebo	patients aged 50-80 with hypertension and diastolic blood pressure between 100 mmHG and 115 mmHG	Factorial plan Double blind Europe, North and South America, and Asia

continued...

Trial	Treatments	Patients	Trials design and methods
Womens Health Study , 2005	aspirin 100mg daily	initially healthy women 45 years of age or	Factorial plan
n=19934/19942	versus	older	Double blind
follow-up: 10.1 y mean (range	placebo		
8.2 to 10.9			

References

JPPP,:

Teramoto T, Shimada K, Uchiyama S, Sugawara M, Goto Y, Yamada N, Oikawa S, Ando K, Ishizuka N, Yamazaki T, Yokoyama K, Murata M, Ikeda Y Rationale, design, and baseline data of the Japanese Primary Prevention Project (JPPP)-a randomized, open-label, controlled trial of aspirin versus no aspirin in patients with multiple risk factors for vascular events. Am Heart J 2010;159:361-369.e4 [20211296] 10.1016/j.ahj.2009.11.030

British Doctors Trial, 1988:

Peto R, Gray R, Collins R, Wheatley K, Hennekens C, Jamrozik K, Warlow C, Hafner B, Thompson E, Norton S Randomised trial of prophylactic daily aspirin in British male doctors. Br Med J (Clin Res Ed) 1988 Jan 30;296:313-6 [3125882]

Primary Prevention Project, 2001:

de Gaetano G Low-dose aspirin and vitamin E in people at cardiovascular risk: a randomised trial in general practice. Collaborative Group of the Primary Prevention Project. Lancet 2001 Jan 13;357:89-95 [11197445]

AAA, 2009:

Fowkes FG, Price JF, Stewart MC, Butcher I, Leng GC, Pell AC, Sandercock PA, Fox KA, Lowe GD, Murray GD Aspirin for prevention of cardiovascular events in a general population screened for a low ankle brachial index: a randomized controlled trial. JAMA 2010 Mar 3;303:841-8 [20197530] 10.1001/jama.2010.221

Physicians Health Study, 1989:

Final report on the aspirin component of the ongoing Physicians' Health Study. Steering Committee of the Physicians' Health Study Research Group. N Engl J Med 1989 Jul 20;321:129-35 [2664509]

Thrombosis Prevention Trial, 1998:

Thrombosis prevention trial: randomised trial of low-intensity oral anticoagulation with warfarin and low-dose aspirin in the primary prevention of ischaemic heart disease in men at increased risk. The Medical Research Council's General Practice Research Framework. Lancet 1998 Jan 24;351:233-41 [9457092]

Meade TW, Wilkes HC, Stirling Y, Brennan PJ, Kelleher C, Browne W Randomized controlled trial of low dose warfarin in the primary prevention of ischaemic heart disease in men at high risk: design and pilot study. Eur Heart J 1988;9:836-43 [3053176]

HOT, 1998:

Hansson L, Zanchetti A, Carruthers SG, Dahlof B, Elmfeldt D, Julius S, Menard J, Rahn KH, Wedel H, Westerling S Effects of intensive blood-pressure lowering and low-dose aspirin in patients with hypertension: principal results of the Hypertension Optimal Treatment (HOT) randomised trial. HOT Study Group. Lancet 1998 Jun 13;351:1755-62 [9635947]

Hansson L, Zanchetti A The Hypertension Optimal Treatment (HOT) Study–patient characteristics: randomization, risk profiles, and early blood pressure results. Blood Press 1994;3:322-7 [7866597]

Womens Health Study, 2005:

Ridker PM, Cook NR, Lee IM, Gordon D, Gaziano JM, Manson JE, Hennekens CH, Buring JE A randomized trial of low-dose aspirin in the primary prevention of cardiovascular disease in women. N Engl J Med 2005 Mar 31;352:1293-304 [15753114]

Rexrode KM, Lee IM, Cook NR, Hennekens CH, Buring JE Baseline characteristics of participants in the Women's Health Study. J Womens Health Gend Based Med 2000;9:19-27 [10718501] 10.1089/152460900318911

2 About TrialResults-center.org

TrialResults-center is an innovative knowledge database that collects the results of RCTs and provides dynamic interactive systematic reviews and meta-analysis in the field of all major heart and vessels diseases.

The TrialResults-center database provides a unique view of the treatment efficacy based on all data provided directly from clinical trial results, offering a valuable alternative to personal bibliographic search, published meta-analysis, etc. Furthermore, it would allow comparing easily the various concurrent therapeutic for the same clinical condition.

Rigorous meta-analysis method is used to populate TrialResults-center: widespread search of published and non published trials, study selection using pre-specified criteria, data extraction using standard form.

TrialResults-center is continually updated on a weekly basis. We continually search all new results (whatever their publication channel) and these news results are immediately added to the database with a maximum of 1 week.

TrialResults-center is non-profit and self-funded.