

Council on Aspirin for Health and Prevention

A Retrospective

FROM THE ASPIRIN TASK FORCE TO
THE ASPIRIN PROJECT

Harris Survey of Aspirin Use: 2006

Investigators performed a nationally representative Internet-based survey of U.S. consumers aged 40 and older using online databases maintained by Harris Interactive. The purpose was to measure use of aspirin for cardiovascular disease prevention and assess factors associated with its use. Conclusions from this study indicated that aspirin use was low, even among consumers at increased risk. Better provider-patient communication about aspirin and prevention is associated with greater use, and should be established as a public health priority in the United States.

The Aspirin Task Force: 2007

The first meeting of the Aspirin Task Force was April 12-14, 2007 in Sundance, Utah. Discussions about the need for such a team of experts began as far back as 2004. The Sundance meeting provided a strong beginning for a formal expert group to advocate for the appropriate use of aspirin in the United States. The Task Force was launched to advance aspirin as a powerful prevention measure to improve the nation's cardiovascular health.

National Commission on Prevention Priorities: 2007

In 2007, the Partnership for Prevention-convened National Commission on Prevention Priorities published a new study ranking those community preventive services that provide the greatest impact and are the most cost-effective. The research concluded that utilization rates remain low for many preventive services that are very cost-effective and save lives. The Commission determined that counseling about regular aspirin use was one of the top-ranked clinical preventive services based on value and impact.

NCQA/HEDIS measure: 2008

Partnership for Prevention and the Aspirin Task Force worked with the National Committee for Quality Assurance to develop an aspirin quality measure for health plans. Task Force members Dr. Michael Pignone, Dr. Randall Stafford, and Kathy Berra served as the aspirin experts. The process began in 2008 and the measure was added to the Healthcare Effectiveness Data and Information Set (HEDIS) in 2010. Through a consumer survey, the aspirin quality measure assesses the fraction of men aged 46-79 and women aged 56-79 enrolled in commercial plans who have discussed the benefits and harms of aspirin with their health care provider. Today, CAHP members continue to be involved in NCQA CVD prevention guideline development.

Online Aspirin Advice Tool: 2008

Randall Stafford, MD

Dr. Stafford developed an online tool that advises consumers about whether aspirin is right for them and facilitates patient-provider discussions about aspirin. It was pilot tested among Stanford University employees. Data collected through the online tool showed that of patients without past stroke or heart attack who were most likely to benefit from aspirin, only 56% were taking aspirin. Of those with little to gain from aspirin, 11% were nonetheless taking aspirin. The tool advised users to speak with their health care providers, particularly when the recommendation for use was different from their current practices.

American Medical Association Resolution: 2008

Aspirin Task Force and the American College of Preventive Medicine successfully advocated that the AMA develop and support an aspirin resolution. Final wording in the approved resolution included increasing physician education on the importance of aspirin counseling for the prevention of heart disease and stroke and improving the physician office environment for the promotion of appropriate aspirin use. The policy also supported quality improvement efforts and coverage benefits for counseling about aspirin use.

Aspirin for Primary Cardioprevention: 2009

Fred Miser, MD

Dr. Miser conducted a detailed clinical survey of aspirin use in five family medicine practices in the Ohio State University Primary Care Network. A total of 1,615 subjects, age 40 to 79 years, were asked about their cardiac risk factors, patterns of aspirin use, and interactions with health providers about aspirin. The most common reasons for not taking daily aspirin were that no one recommended it (32%), already taking too many medications (13%), concern about interactions (9%), bleeding problems (8%), and aspirin allergy (5%). The survey showed that discussions between patients and clinicians were key to decisions to start taking aspirin.

Aspirin Task Force Response to the Lancet Meta-Analysis: 2009

The Aspirin Task Force recommended no immediate change in medical practice based on the *Lancet* publication, which concluded that “in primary prevention without previous disease, aspirin is of uncertain net value as the reduction in occlusive events needs to be weighed against any increase in major bleeds.” The Task Force emphasized the importance of aspirin counseling as the key to ensuring appropriate patients are prescribed aspirin. It was recommended that educating consumers and providers about current AHA/ADA and USPSTF guidelines as the standards for clinical practice would yield the greatest individual and public health benefit, until additional clarity is available.

<http://www.ncbi.nlm.nih.gov/pubmed/19482214>

Aspirin Talks Toolkit: 2009

Aspirin Talks was developed by a panel of experts assembled by the American College of Preventive Medicine. Several members of the Council on Aspirin participated. The toolkit features an aspirin decision tree based on evidence-based guidelines (AHA, ACC, USPSTF, ADA) to provide credible direction to guide aspirin counseling and appropriate use. It also includes a discussion guide to help direct an effective discussion on aspirin with patients. The five A's approach (Ask, Assess, Address, Advise, Assist) is adapted from other evidence-based behavior change models. The Aspirin Talks toolkit was never disseminated after the pilot fell through and sufficient funding was unavailable.

Excursus

In 2009, the U.S. Preventive Services Task Force (USPSTF) determined that aspirin should be used for the primary prevention of heart disease when its benefits outweigh its harms. The purpose of this recommendation is to provide advice to clinicians and consumers about who should and should not take aspirin.

In 2010, the Affordable Care Act was signed into law by President Barack Obama. It requires that private insurance plans provide coverage without patient cost-sharing for evidence-based preventive services recommended by the USPSTF. Aspirin is included because it received an “A” rating by the USPSTF.

Transition: 2010

THE ASPIRIN TASK FORCE BECAME
THE COUNCIL ON ASPIRIN FOR HEALTH AND PREVENTION

Broadening the Agenda: 2010

In its early years, the Aspirin Task Force focused entirely on daily, low-dose aspirin for the primary prevention of cardiovascular disease. When the Task Force became the Council on Aspirin, its scope broadened to include aspirin for secondary prevention of CVD and aspirin for cancer prevention. Andrew Chan, MD, an internationally recognized expert and researcher on cancer issues, was invited to serve on the Council at that time.

Medicare National Coverage Determination: 2010

In 2010, Partnership for Prevention and the Council on Aspirin for Health and Prevention submitted a National Coverage Determination request to the Centers for Medicare & Medicaid Services (CMS). Randall Stafford, MD and Jason Spangler, MD led this campaign, requesting that health care providers be reimbursed for talking to patients about taking aspirin to prevent heart attack and stroke. CMS reviewed the request and the evidence behind aspirin counseling and agreed, creating an “intensive behavioral counseling for cardiovascular disease” benefit to reimburse providers. Partnership for Prevention received the Health Policy Award from the National Forum for Heart Disease and Stroke Prevention for this work.

Aspirin Cost Effectiveness: 2010

Michael Pignone, MD

Dr. Pignone published an article on how cancer mortality affects the cost-effectiveness of using aspirin to prevent first heart attacks in men. Modeling a hypothetical population of middle aged men without diabetes or heart disease who were given aspirin therapy, he estimated their decreased risk of cardiovascular disease and cancer compared with the increased risk of gastrointestinal bleeding and stroke. Accounting for both cardiovascular and cancer prevention benefits, aspirin was cost-effective for middle aged men with a 10-year chance of developing cardiovascular disease as low as 2.5%. This expanded the population in which aspirin benefits exceeded harms. This analysis suggests that aspirin recommendation should not be based solely on cardiovascular disease, but rather should incorporate cancer prevention.

<http://www.ncbi.nlm.nih.gov/pubmed/23681842>

A Survey of Aspirin Use in the USA: 2012

Craig Williams, PharmD

The Council on Aspirin for Health and Prevention conducted a national survey of U.S. adults on aspirin use to update a previous survey conducted in 2006. 2,509 adults aged 45-79 were asked about their current aspirin use, their knowledge of aspirin's benefits and harms, and whether they discussed taking aspirin with a health care provider. Of those without a history of cardiovascular disease, 47% reported using aspirin. Aspirin use was more common if risk factors for heart attacks and stroke were present. In addition, those surveyed were more likely to use aspirin if they were more knowledgeable about aspirin's benefits and harms and if they had discussed aspirin use with their health care providers.

<http://www.ajpmonline.org/article/S0749-3797%2814%2900661-8/fulltext>

Aspirin Project Brand Developed: 2013



www.aspirinproject.org: 2013

The screenshot shows a web browser window with the URL `aspirinproject.org`. The website features a dark blue header with the logo "THE ASPIRIN PROJECT" and a navigation menu with links for HOME, ASPIRIN PROJECT, CONSUMERS, PROVIDERS, ASPIRIN POLICY, ASPIRIN RESEARCH, and RESOURCES. A Facebook icon is also present. The main content area is a dark blue banner with a large image of a man holding a mug. To the right of the image is the heading "Should I Take Aspirin?" followed by a paragraph of text and a "read more" button. Below the banner are three white boxes with images and text: "for Consumers" (with a photo of four people), "for Providers" (with a photo of a woman in a lab coat), and "for Policymakers" (with a photo of a document titled "Policy" and a green ribbon).

AP The Aspirin Project

aspirinproject.org

THE ASPIRIN PROJECT

HOME ASPIRIN PROJECT CONSUMERS PROVIDERS ASPIRIN POLICY ASPIRIN RESEARCH RESOURCES

Should I Take Aspirin?

Daily low-dose aspirin can help you stay healthy as you age. Aspirin prevents heart attacks, strokes and even cancer, but you need accurate, detailed information to help you decide if aspirin is right for you.

read more

for Consumers

for Providers

Policy
A policy described government, private
ent of Inter

for Policymakers

10:01 AM
8/31/2015

Video - “Who Should Take Aspirin?”: 2013



Randall S. Stafford, MD, Ph.D
Professor of Medicine, Stanford Prevention
Research Center,
Stanford University

Video – “Aspirin and Cancer Prevention”: 2013



Andrew T. Chan, MD, MPH
Associate Professor, Department of Medicine,
Harvard Medical School

Key Evidence Summaries: 2013

[Read Summary](#)

Updated evidence for the 2009 U.S. Preventive Services Task Force aspirin recommendations

Based on past clinical trials, this article examines the benefits and harms of taking aspirin for the primary prevention of heart attacks, strokes and cardiovascular death. This synthesis provides the evidence that guided the 2009 U.S. Preventive Services Task Force recommendations.

[Read Summary](#)

Guidelines for the role of aspirin in the primary prevention of stroke

These recommendations on stroke prevention incorporate evidence on both established and emerging risk factors.

[Read Summary](#)

Benefits and harms of aspirin use in men and women for cardiovascular disease prevention from a gender-specific meta-analysis of clinical trials

The Aspirin Project maintains a repository of key evidence related to aspirin and prevention. The key evidence articles feature most of the critical research studies in recent years that inform national aspirin use guidelines and recommendations.

Fact Sheets: 2013

- Council on Aspirin for Health and Prevention
- Aspirin's Revolution: Folk Remedy to Wonder Drug
- Men and Women: Protecting Our Hearts & Brains
- Experts Say Aspirin is Lifesaving
- Aspirin and Primary Prevention: Benefits and Harms
- Should I Prescribe Aspirin for Primary Prevention in My Patients?



Aspirin in the News: 2013

Each month, the Aspirin Project publishes a two-page digest called Aspirin in the News, highlighting recent consumer-friendly and scientific articles of significance.



Council on Aspirin Response to the FDA: 2014

The Aspirin Project also advocates for the appropriate use of aspirin. The policy section of the website addresses policy matters and records the positions and actions of the Council on Aspirin.



- A recent example is a written response to the FDA regarding its decision to not recommend aspirin use for primary prevention.

Downloadable Aspirin Ad: 2014



**Daily,
low-dose
aspirin can
save lives**

Want to stay healthy as you age?

Aspirin is not for everyone, but it could save your life. Learn if taking something as simple as a daily low-dose aspirin can protect you from heart attack, stroke, and even cancer.

Start a conversation that could save your life. Ask your doctor whether aspirin is right for you.

**THE
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PROJECT**
COUNCIL ON ASPIRIN FOR
HEALTH AND PREVENTION

www.aspirinproject.org

Downloadable Aspirin Ad: 2014



**A simple aspirin
could prevent this**

Want to stay healthy as you age? Aspirin is not for everyone, but it could save your life. Learn if taking something as simple as a daily low-dose aspirin can protect you from heart attack, stroke, and even cancer.

Start a conversation that could save your life. Ask your doctor whether aspirin is right for you.

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www.aspirinproject.org

Aspirin Project Facebook Page: 2014



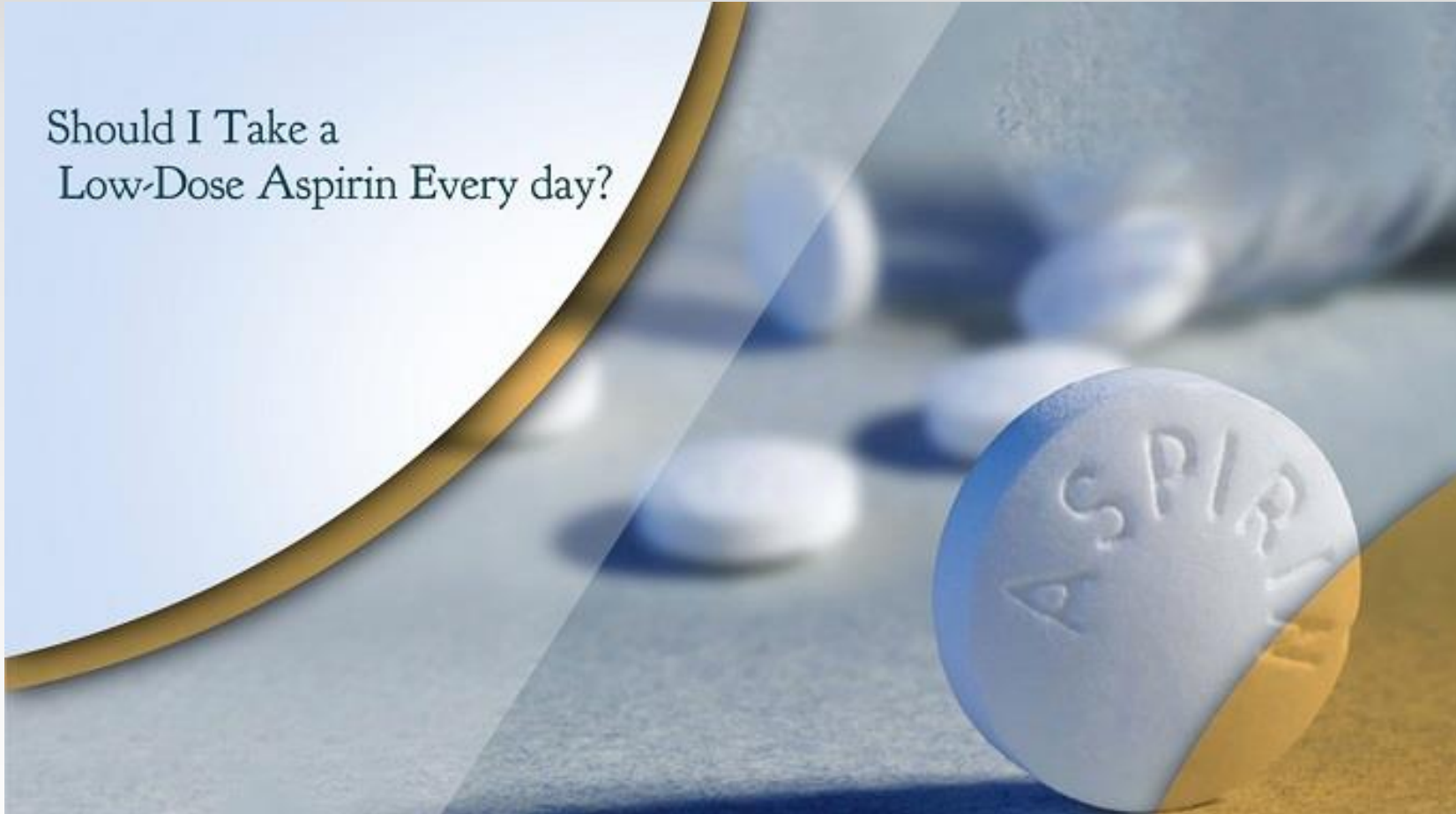
Educational Program: 2014

Aspirin & Disease Prevention: A Clinical Perspective



Aspirin Project Promo Video: 2014

Should I Take a
Low-Dose Aspirin Every day?



Transition: 2015

Altarum Institute purchased Partnership for Prevention's assets, including the Council on Aspirin for Health and Prevention. Altarum, which has been in existence since the 1940's, serves the public good by solving complex systems problems to improve human health, integrating research, technology, analysis, and consulting skills. The company includes subsidiaries KAI Research (health research) and Palladian Partners (health communications).

Aspirin Grants to External Organizations: 2015



The Council on Aspirin will award grants up to \$10,000 for the implementation of projects to increase the appropriate use of low-dose aspirin. Funds may be requested for educational, communications, implementation science, and/or partnership-building activities that relate to aspirin and disease prevention.

New Council on Aspirin Research Project: 2015

The Council on Aspirin awarded a research grant to Craig Williams, PharmD, Oregon Health & Science University. The pilot study, “Role of Platelets Activation in Colon Cancer Metastasis under Coagulation and Shear”, will test the effect of aspirin on the ability of platelets to adhere to and transport tumor cells in circulation. The primary aims of the project will be to examine the survivability of the colon cancer cells, as well as the ability of the cells to extravasate across the microvessel platform.

New Council on Aspirin Research Project: 2015

The Council on Aspirin awarded a grant to Russell Luepker, MD, University of Minnesota School of Public Health. The project, titled “Testing a Community Intervention to Increase Aspirin Use for Primary Prevention of Cardiovascular Disease,” will develop strategies to improve the appropriate aspirin use in an underserved Hispanic/Latino community utilizing a Community Based Participatory Research approach.

Preventive Services Task Force Aspirin Recommendation: 2015

In September 2015, the U.S. Preventive Services Task Force posted a draft recommendation statement and draft evidence summaries on aspirin to prevent cardiovascular disease and cancer. In adults ages 50 to 69 years who are at increased CVD risk, the benefits of aspirin use include prevention of MI and ischemic stroke and, with long-term use, possible reduction in the incidence of colorectal cancer. Aspirin use for primary prevention of CVD and colorectal cancer in adults 50-59 was given a “B” grade. For adults 60-69, a “C” grade. For adults under 50 and over 69, an “I” grade. The Council on Aspirin submitted a public comment.

2016 Council on Aspirin

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Gerald Fletcher, MD

Russell V. Luepker, MD, MS

W. Fred Miser, MD, MA

Mitchell Schwartz, MD

Nilay D. Shah, PhD

Randall S. Stafford, MD, PhD, MHS

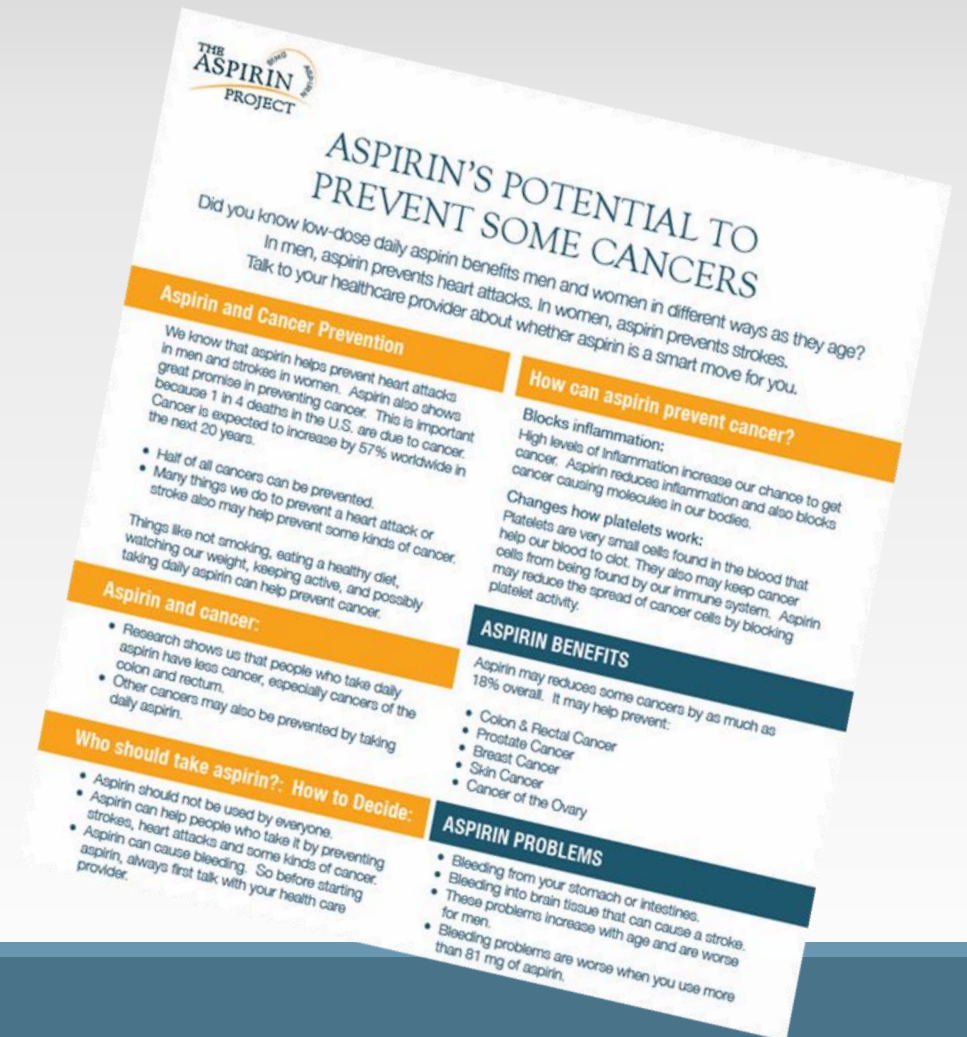
Karol E. Watson, MD, PhD

Craig D. Williams, PharmD, BCPS,
FNLA

Altarum Staff: David Zauche

Aspirin and Cancer Fact Sheets: 2016

- Cancer Prevention: Another Potential Benefit of Low-Dose Aspirin
- Aspirin's Potential To Prevent Some Cancers



Twitter: 2016

The Aspirin Project added a Twitter feed in 2016 to disseminate timely information about aspirin and disease prevention.

It can be accessed at:

<https://twitter.com/AspirinProject>

Case Study: 2016 Minnesota's "Ask About Aspirin" Program

In 2012, the Minnesota Heart Health Program launched the "Ask About Aspirin" initiative. The goal is to support the State of Minnesota Heart Disease and Stroke Prevention Plan by lowering the number of first heart attacks and strokes with the usage of low dose aspirin. The program is currently planned to run from May 1, 2015 to December 31, 2020. The Council on Aspirin sees this as a unique and outstanding example of a state effort to increase the appropriate use of aspirin for primary prevention. A case study was developed and is available at:

<http://aspirinproject.org/wp-content/uploads/2016/03/Minnesota-case-study1.pdf>

Marketing Activities: 2016

To increase traffic on www.aspirinproject.org and the project's Facebook page, various marketing activities were launched. These include the purchase of Google and Facebook ads, the development of short videos, and search engine optimization of the website. The goal was to significantly increase visits to the site, increase Facebook page "likes", and decrease the website bounce rate.

New Website Content: Future Aspirin and Cancer Prevention

In the last several years, the cancer preventing benefits of aspirin have become more well-established. Thus, the Council will add content to www.aspirinproject.org which will include a summary of the evidence for cancer prevention and information targeted to consumers and health care providers.

Revision Project: Future Aspirin Talks Toolkit

The Council is planning to review, update, and disseminate the Aspirin Talks Toolkit. Discussions with the American College of Preventive Medicine have led to this collaborative effort, which may include digitizing the materials and formatting them for web, app, and/or EHR. The toolkit was developed six years ago but not piloted or disseminated to the health care community.

Aspirin Task Force / Council on Aspirin Chairs

2010 - George Anderson, MD, MPH

2011 - Randall Stafford, MD, PhD, MHS

2012 - Fred Miser, MD, MA

2013 - Gerald Fletcher, MD

2014 - Craig Williams, PharmD

2015 - Kathy Berra, MSN, ANP, FAAN

2016 - Andrew Chan, MD, MPH

2017 - Karol Watson, MD, PhD (Chair-elect)

