

Presenter Disclosure Information

- *Marian C. Limacher, MD, FAHA, FACC*
- *Discussion: JPAD*

FINANCIAL DISCLOSURE:

Research support: Orexigen Therapeutics, Inc

UNLABELED/UNAPPROVED USES DISCLOSURE:

None

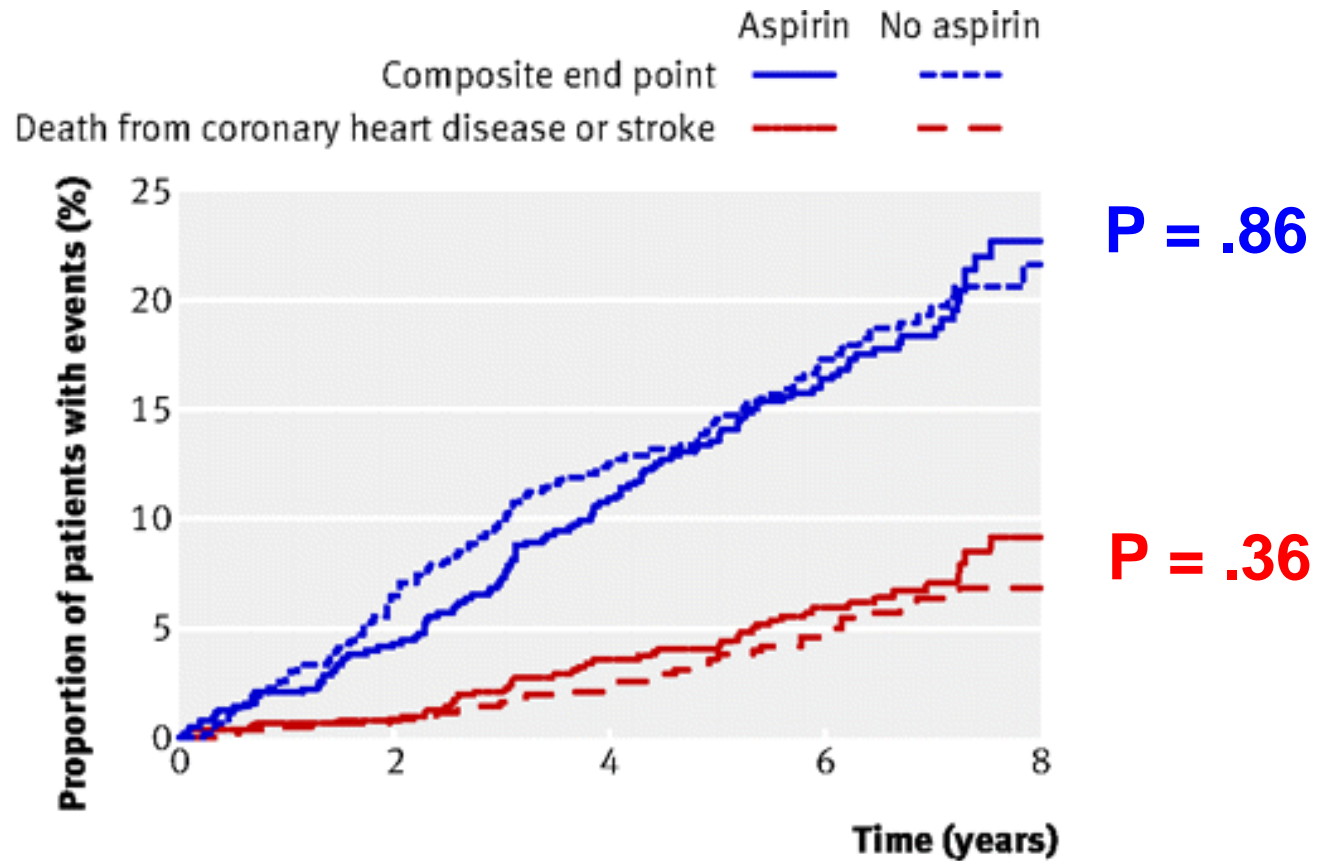
Understanding JPAD Results

- Choice of population?
- Best dose?
- Long enough intervention?
- Not effective enough?
 - On top of contemporary treatments
 - Statins, ACE-I, ARB?
- Just not effective?

POPADAD (Prevention Of Progression Of Arterial Disease And Diabetes trial)

- BMJ 2008;337:a1840, reported October, 2008
- Study of low dose aspirin in Type I and Type II diabetics
- Composite Endpoints:
 - (1)CHD death, stroke death, MI, stroke or AKA.
 - (2) CHD death or stroke death

Fig 2. Kaplan-Meier estimates in aspirin and no aspirin groups of proportion of patients who experienced the composite end point of death from coronary heart disease or stroke, non-fatal myocardial infarction or stroke, or above ankle amputation for critical limb ischaemia; and death from coronary heart disease or stroke. POPADAD trial.



Numbers at risk for composite end point

Aspirin	638	599	543	399	48
No aspirin	638	590	534	381	48

Belch, J. et al. BMJ 2008;337:a1840

BMJ

POPADAD vs. JPAD

POPADAD

JPAD

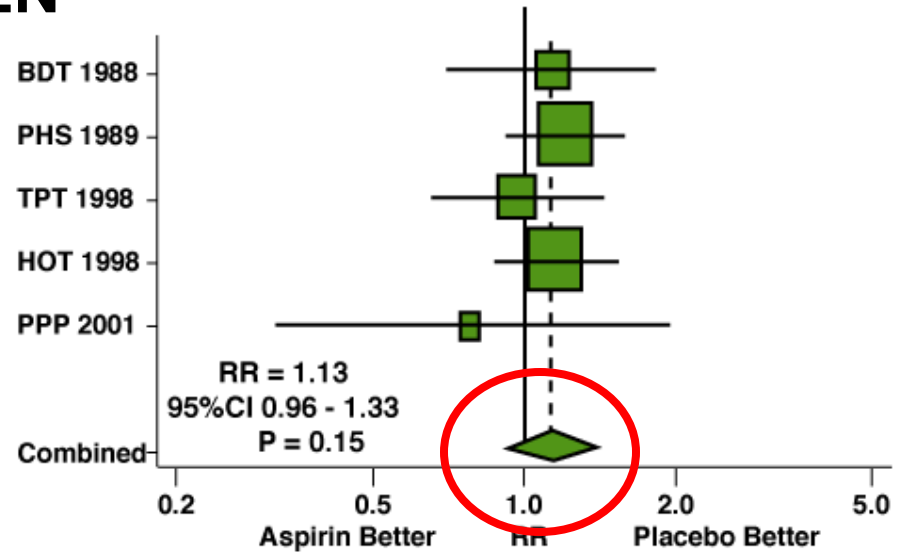
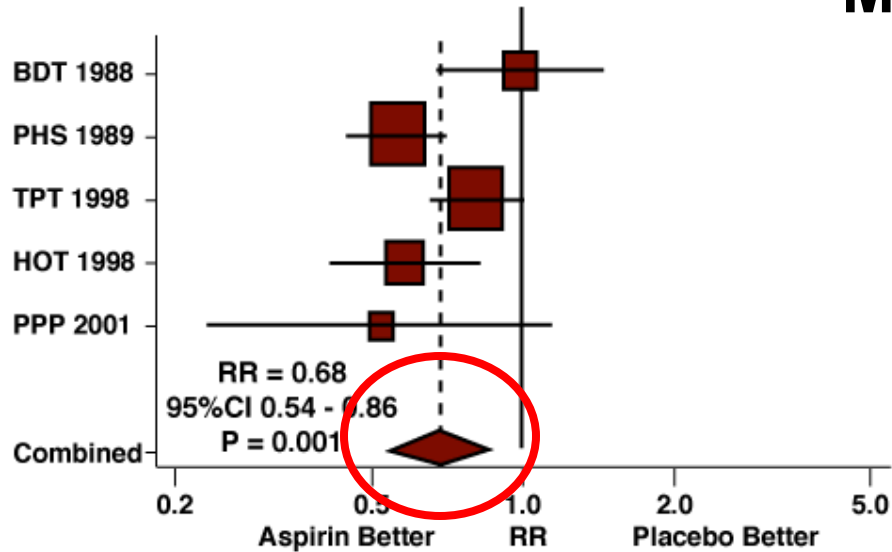
Size	1296	2530
% women	56% F	44% F
Dose	100 mg/d	81 or 100 mg/d
Mean age	60-61	64-65
% Events ASA vs non	18% vs 18%	5.4% vs 6.7%

Meta-Analysis: Low-Dose Aspirin in Primary Prevention

MEN

Men - Myocardial Infarction

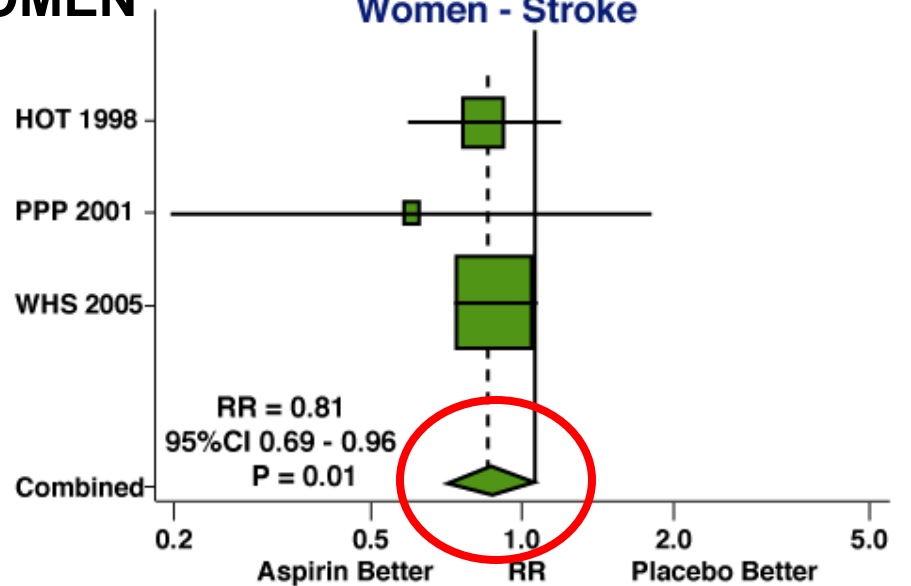
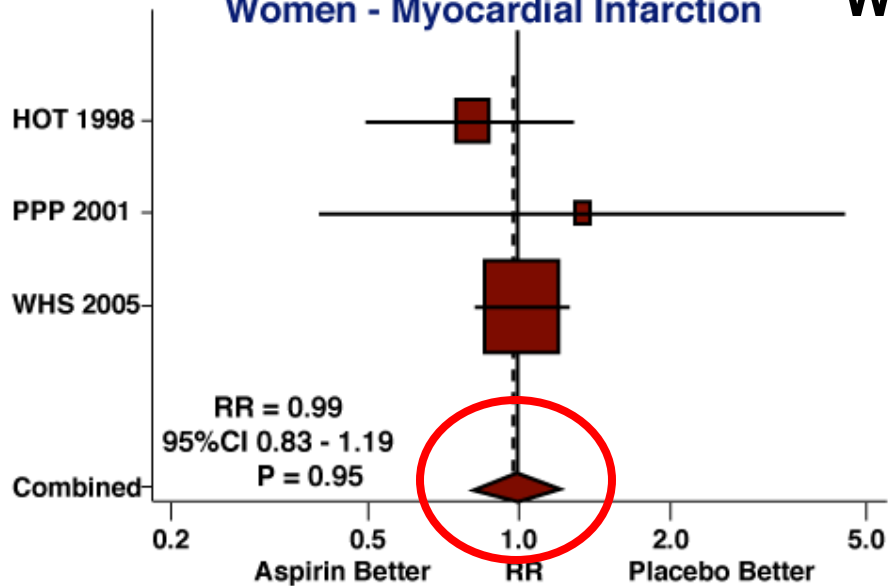
Men - Stroke



WOMEN

Women - Myocardial Infarction

Women - Stroke



Post JPAD

- Will this study change clinical practice?
 - Maybe. Especially < age 65.
- Will this study change guidelines?
 - Should be reviewed
- Large “simple” CVD clinical trials giving one drug, one dose to all -- may no longer be needed
- For the future:
 - well characterized populations
 - mechanistic as well as outcome information