

# ASPIrin use and colorectal CANcer risk (ASPICAN)

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Study

Ongoing

## Administrative details

### PURI

<https://redirect.ema.europa.eu/resource/24908>

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### EU PAS number

EUPAS24907

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### Study ID

24908

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### DARWIN EU® study

No

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### Study countries

Italy

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## **Study description**

Aspirin has been associated with a reduced risk of Colorectal cancer (CRC) and its use for the primary prevention of CRC has been debated for a long time. Recently, the United States Preventive Services Task Force recommended low-dose aspirin use for the primary prevention of cardiovascular diseases (CVD) and CRC among “adults aged 50 to 59 years who have a 10% or greater 10-year CVD risk ...”. To date, different observational studies investigated this topic considering different patients populations and study designs to minimize the effect of possible residual and/or uncontrolled confounders with respect to the association between LDA use and CRC. To the best of our knowledge, no study have addressed this issue within a population of patients for which LDA use should be expected, i.e. in secondary cardiovascular prevention. Using regional administrative data from Tuscany, Italy (>3.5 million inhabitants), we will perform a case-control study nested in a cohort of patients with first occurrence of a CVD between 2005-2010 (cohort entry). The 5th anniversary after the index hospital discharge will be the start of the period at risk for the occurrence of CRC. Each patient will be followed until the occurrence of the study outcome or any other censoring event (death, exit from the database, other cancer types, 31 December 2016) whichever came first. The date of occurrence of CRC will be the case index date. Per each case, up to 5 controls matched by sex, age and year of cohort entry. According to utilization of low-dose aspirin (LDA) prior to index date, we will define “ever use” as 2 or more LDA dispensings and “nonuse” as fewer than 2 dispensings. We will then model the exposure within the ever use category according to recency, continuity, duration, prescribed daily dose and average daily amount of LDA received during follow-up. Multivariable logistic regression will be used to estimate Odds Ratio and 95% IC intervals for the association between CRC and LDA.

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## **Study status**

Ongoing

## **Research institutions and networks**

## Institutions

### Agenzia regionale di sanità della Toscana (ARS)

Italy

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**Institution**

**EU Institution/Body/Agency**

**ENCePP partner**

ISPRO Florence, Italy

## Contact details

### Study institution contact

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**Study contact**

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### Primary lead investigator

Leonardo Ventura

**Primary lead investigator**

## Study timelines

## **Date when funding contract was signed**

Actual: 09/01/2017

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## **Study start date**

Actual: 10/07/2017

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## **Date of final study report**

Planned: 04/03/2019

## Sources of funding

- Other

## More details on funding

ARS and ISPRO

## Study protocol

[ASPICAN\\_ENCEPP Protocol\\_v1.pdf](#)(111.53 KB)

## Regulatory

### **Was the study required by a regulatory body?**

No

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### **Is the study required by a Risk Management Plan (RMP)?**

Not applicable

## Methodological aspects

### Study type

### Study type list

**Study topic:**

Disease /health condition  
Human medicinal product

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**Study type:**

Non-interventional study

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**Scope of the study:**

Effectiveness study (incl. comparative)

**Data collection methods:**

Secondary use of data

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**Main study objective:**

The aim of this study is to investigate the association between LDA use and the risk of developing CRC in patients in secondary cardiovascular prevention.

## Study Design

**Non-interventional study design**

Case-control

## Study drug and medical condition

**Study drug International non-proprietary name (INN) or common name**

ACETYLSALICYLIC ACID

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**Medical condition to be studied**

Colorectal cancer

## Population studied

## **Short description of the study population**

Patients with a first hospitalization for cardiovascular disease (CVD) during the period 2005-2010.

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### **Age groups**

Adults (18 to < 46 years)

Adults (46 to < 65 years)

Adults (65 to < 75 years)

Adults (75 to < 85 years)

Adults (85 years and over)

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### **Special population of interest**

Other

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### **Special population of interest, other**

Colorectal cancer patients

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### **Estimated number of subjects**

35000

## **Study design details**

### **Outcomes**

New onset of colorectal cancer

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### **Data analysis plan**

Use of LDA in the study cohort will be described during the first 5 years from cohort entry according to the exposure categories defined above.

Characteristics of the full study cohort will be described at cohort entry and at start of at risk period. The incidence rate of CRC will be calculated using the

number of observed cases as the numerator and the total amount of person-time cumulated during the “period at risk” (i.e. after the fifth year from cohort entry) as the denominator, stratified by sex and age group. Multivariable conditional regression will be applied to estimate odds ratio and 95% confidence intervals for the association between LDA use and CRC.

## Data management

### Data sources

**Data source(s)**

ARS Toscana

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**Data sources (types)**

[Administrative healthcare records \(e.g., claims\)](#)

### Use of a Common Data Model (CDM)

**CDM mapping**

No

### Data quality specifications

**Check conformance**

Unknown

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## **Check completeness**

Unknown

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## **Check stability**

Unknown

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## **Check logical consistency**

Unknown

# Data characterisation

## **Data characterisation conducted**

Unknown