



**McMASTER UNIVERSITY**

Department of Clinical Epidemiology & Biostatistics  
1200 Main Street West, Hamilton, Ontario, Canada L8N 3Z5  
Telephone: Area Code 905 525-9140  
Fax: Area Code 905 577-0017

**May 19, 1999**

**Ms. Marie-Claire McMenemy, Senior Editor  
The Lancet  
42 Bedford Square  
London, England UK  
WC1B 3SL**

**Dear Marie-Claire:**

Enclosed is a manuscript which I hope you will consider for the Lancet fast track.

It reports the results of a randomized trial of 2804 patients who, prior to receiving carotid endarterectomy, were randomized to one of 4 doses of ASA (81, 325, 650 or 1300 mg/day). Our objective was to determine whether the risk of stroke, MI and death within 30 days and 3 months of surgery would be effected by the dose of ASA. The results showed a significant risk reduction for the 2 lower doses compared to the 2 higher doses. At 3 months the NNT in the intention to treat analysis was 46 ( $p=.03$ ) and in the efficacy analysis was 17 ( $p=.0002$ ).

This result is important because of the controversy that exists, particularly in North America, regarding the dose of ASA required for stroke prevention. Many of those who manage stroke threatened patients in the USA and Canada prescribe 1300 mg of ASA per day. For those patients headed for carotid endarterectomy this appears to be exactly the wrong thing to do. With approximately 150,000 procedures performed in North America per year the above NNTs indicate that between 3,260 and 8,823 patients could be spared stroke, MI or death each year by prescribing 80-325 mg of ASA per day instead of 650-1300 mg/day.

Thank you for considering this request.

Sincerely,

**D. Wayne Taylor  
Professor**