| tudy | Design | Country | N Rando-mized | Inclusion Criteria | Exclusion Criteria | Mean Followup and Range (years) |
| --- | --- | --- | --- | --- | --- | --- |
| AMIS, 1980 308375,124,125  Fair | RCT | United States | 4745 | Aged 30-69 years, documented MI (ECG criteria) ≥ 8 weeks (up to 5 years) before enrollment | ASA intolerance, severe ulcer disease, previous CV surgery, uncontrolled HTN, taking anticoagulants, ASA, dipyridamole or sulfinpyrazone; women capable of becoming pregnant, not willing to participate | 3.2 (range, ≥ 3 years) |
| Baron, 2003 (AFPPS)77  Good (KQ1); Fair (KQ2, KQ6) | RCT, 3x2 factorial | United States | 1121 | Aged 21-80 years; good health; either ≥ 1 histologically confirmed colorectal adenomas removed w/in 3 months before recruitment, ≥ 1 histologically confirmed adenomas removed w/in 16 months before recruitment, and lifetime history of ≥ 2 confirmed adenomas or a histologically confirmed adenoma ≥ 1 cm diameter removed w/in 16 months before recruitment; undergone complete colonoscopy w/in 3 months w/no known colorectal polyps remaining | History of familial CRC syndrome, invasive large-bowel cancer, malabsorption syndromes, any condition that could potentially be worsened by supplemental ASA or folic acid, any condition commonly treated with ASA, NSAIDs or folate (e.g., arthritis, atherosclerotic vascular disease) | 2.7 (range, NR) |
| Becattini, 2012 (WARFASA)78  Fair | RCT | Italy | 403 | Aged ≥ 18 years, treated for 6-18 months w/ vitamin K antagonists (target INR 2-3) for first ever, objectively confirmed, symptomatic, unprovoked DVT, PE, or both | Known cancer, major thrombophilia, other indication for long-term anticoagulant therapy (e.g. AF), previous symptomatic atherosclerosis complications requiring ASA or antiplatelet therapy, active bleeding, high-risk for bleeding, ASA allergy or intolerance, life expectancy < 6 months, pregnant, breast feeding, anticipated nonadherence, participation in other study in past 30 days, VTE associated with use of estro-progestin therapy; treatment w/ non-selective COX-1/2 NSAIDs | 2.0 (range, NR) |
| Belch, 2008 (POPADAD)57  Fair | RCT, 2x2 factorial | Scotland | 1276 | Aged ≥ 40 years, type I or II DM, and asymptomatic PAD as detected by ABI ≤ 0.99 | Evidence of symptomatic CVD (not further defined); using ASA or antioxidants on a regular basis; peptic ulceration; severe dyspepsia; bleeding disorders; intolerance to ASA; suspected physical illness which might shorten life expectancy (e.g., cancer); psychiatric illness; and congenital heart disease; not currently free from vascular disease symptoms | 6.7 (range, 4.5-8.6) |
| Benamouzig, 2003 (APACC)82  Fair | RCT | France | 272 | Aged 18-75 years, able to conform to protocol, ≥ 1 histologically confirmed colorectal adenomatous polyp, underwent a complete colonoscopy w/ polypectomy after adequate bowel preparation, no more than 3 months before initial consultation, confirmed free of polyps; ≥ 3 adenomas or ≥ 1 measuring ≥ 6 mm in diameter; no intentions to become pregnant, menopausal and/or using efficacious contraceptive methods | CRC, FAP (presence of > 50 polyps), chornic inflammatory disease in bowel, bowel resection excluding appendectomy, debilitating life-threatening disease | 1 (range, 1) |
| Brighton, 2012 (ASPIRE)58  Good | RCT | Multi-national (5 countries including Australia, New Zealand) | 822 | Aged ≥ 18 years, first unprovoked episode of objectively diagnosed symptomatic DVT involving the popliteal vein or more proximal leg veins or an acute PE; and completed initial anticoagulation w/ heparin followed by warfarin (or an effective alternative anticoagulant) for 1.5-24 months | Not unprovoked (transient risk factors during the preceding 2 months: bed confinement > 1 week, major surgery, trauma requiring a cast, pregnancy or puerperium, oral contraceptives or HRT), first unprovoked episode ≥ 2 years ago; indication or contraindication for ASA, other antiplatelet or NSAID therapy; indication for continuing oral anticoagulation; other medical conditions interfering w/ participation or would limit life expectancy | 3.1 (range, NR) |
| CDPRG, 1980 (CDPA)59  Good | RCT | United States | 1529 | Men who had ≥ 1 ECG-documented MI prior to entry were in functional classes I, II or III of the NYHA and who discontinued from the treatment regimens of the Coronary Drug Project | Life-limiting diseases other than CHD (e.g., cancer, chronic renal disease, chronic hepatic disease, and pulmonary insufficiency), use of ASA or ASA-containing drug on regular basis and inability to be removed from ASA regimen; use of anticoagulants; ASA hypersensitivity or contraindication (e.g., peptic ulcer; history of GI bleeding) | 1.83 (range, 0.83-2.33) |
| Cook, 2005 (WHS)60  Good | RCT, 2x2x2 factorial | United States | 39876 | Women health professionals aged ≥ 45 years; post-menopausal or hand no intention of becoming pregnant | Participants in the Nurses' Health study; history of coronary heart disease, cerebrovascular disease, cancer (except NMSC), or other major chronic illness; history of side effects to any of the study medications; taking ASA or NSAIDs ≥ 1/week (or not willing to forego their use during the trial); taking anticoagulants or corticosteroids; and were taking individual supplements of vitamin A, E, or beta carotene ≥ 1/week | 10.1 (range, 8.2-10.9) |
| *Cook, 2013 (companion publication to Cook, 2005)88*  *Good* | *RCT, 2x2 factorial* | *United States* | *39876* | *Female health professionals aged ≥ 45 years* | *History of cancer (except NMSC), CVD, or other major chronic illnesses; not willing to forgo outside use of study medications* | *17.5 (range, 10.4-18.8)* |
| Cote, 1995 (ACBS)79  Fair | RCT | Canada | 372 | Neurologically asymptomatic pts w/ an audible cervical bruit in whom duplex ultrasonography indicated the presence in ≥ 1 artery of a carotid lesion that reduced the diameter by ≥ 50% | History of symptomatic ischemic cerebrovascular disease, valvular heart disease other than mitral valve prolapse, nonvalvular AF, recent (< 3 months) MI or unstable angina, previous carotid endarterectomy, medically necessary use of ASA or regular use of NSAIDs, use of anticoagulants, life expectancy < 5 years, ASA allergy or intolerance | 2.4 (range, NR) |
| DAMAD, 198951  Fair | RCT | France, United Kingdom | 314 | Aged 17-67 years, type I or II DM, FBG > 6 mM and 2-hour postprandial blood glucose > 10 mM before treatment; presence of early diabetic retinopathy w/ ≥ 5 microaneurysms visualized by fluorescein angiograms of the field centered on the fovea | Other intercurrent diseases (e.g., CAD), HTN (DBP > 105 mm Hg on 3 successive exams), ASA contraindication (e.g., hemorrhagic tendency, history of peptic ulcer); macular edema, proliferative lesions, or previous photocoagulation, other eyes diseases (e.g., cataracts, glaucoma) | 3 (range, NR) |
| de Berardis, 201285  Good | Cohort, Retrospective | Italy | NA | ASA users: New users of low-dose ASA (≤ 300 mg) during the index period; aged ≥ 30 years on index date w/ no prescription for ASA in the past year; current users those who had the last ASA prescription filled ≤ 75 days before hospitalization for major bleeding events or the end of followup. ASA nonusers: All pts not receiving ASA throughout study period. | ASA users and ASA nonusers: Aged <30 years or > 95 years, former ASA user (i.e., last ASA prescription ≥ 75 days before event) and those w/ diabetes w/out antidiabetic prescription during study period only | 5.7 (range, 2.4-6.0) |
| de Gaetano, 2001 (PPP)61  Fair | RCT, 2x2 factorial | Italy | 4495 | Aged ≥ 50 years w/ one of the following risk factors: age ≥ 65 years; HTN (SBP ≥ 160 mm Hg or DBP ≥ 95 mm Hg on at least 3 separate occasions); hypercholesterolemia (TC ≥ 6.4 mmol/L on ≥ 2 separate occasions); DM (FPG concentration ≥ 7.8 mmol/L on ≥ 2 separate occasions [chronic drug treatment for any of the 3 latter conditions was also a criterion for inclusion]); obesity (BMI ≥ 30 kg/m2); and family history of MI before 55 years of age in ≥ 1 parent or sibling | Treatment w/ antiplatelet drugs (history of vascular events or diseases); chronic use of anti-inflammatory agents or anticoagulants; contraindications to ASA; diseases w/ predictable poor short-term prognosis; and predictable psychological or logistical difficulties affecting compliance with the trial requirements | 3.6 (range, NR) |
| Diener, 1997 (ESPS-2)62  Good | RCT, 2x2 factorial | Europe (13 countries) | 3298 | Aged ≥ 18 years; experienced a recent (within 3 months) ischemic cerebrovascular event (TIA or stroke) diagnosed by clinical exam | Cerebral hemorrhage; brain tumor; cerebral disorders; ASA hypersensitivity; peptic ulceration; neurovascular surgery in past 6 weeks; uncontrolled HTN; chronic renal failure; bleeding disturbances; poor life expectancy; life-threatening disease; uncontrolled DM; conditions for anticoagulation; NSAIDs, anticoagulant or antiplatelet use; pregnancy; refusal to participate | 2 (range, NR) |
| EAFT, 199363  Fair | RCT | Europe (13 countries), Israel | 782 | Aged > 25 years, had a TIA or minor ischemic stroke (≤ grade 3 on modified Rankin scale) in previous 3 months if AF had been proven by ECG or, in paroxysmal AF, in past 24 months and if echocardiography showed no evidence of rheumatic valvular disease | AF secondary to other disorders (e.g., hyperthyroidism), ASA contraindications, taking NSAIDs, other anti-platelet drugs or oral anticoagulants; other sources of cardiac emboli (e.g., prosthetic valves, cardiac aneurysms, atrial myxoma, cardiothoracic ration > 0.5, MI in past 3 months or blood coagulation disorders), scheduled for carotid endarterectomy or coronary surgery w/in next 3 months | 2.3 (range, 1-4.6) |
| Ekstrom, 2013 (SNDR)86  Fair | Cohort, Prospective | Sweden | NA | Aged 30-80 years, type 2 diabetics (treatment with diet only, oral hypoglycemics only or onset age of diabetes ≥ 40 years and insulin only or combined with oral agents) with data available in 2006 for all analyzed variables | History of CVD, cancer or bleeding; taking ASA dose other than 75 mg/day; BMI < 18 and/or plasma Cr > 150 umol/L; incomplete records; taking other anticoagulant drugs (except ASA), cardiac glycosides, or organic nitrates, history of CHD, CABG, PCI, stroke including cerebral bleeding, CHF, AF, PVD, amputation, renal failure, GI ulcer; ventricular, respiratory, other bleeding | 3.9 (range, NR) |
| ETDRS, 199264  Good | RCT, 2x2 factorial | United States | 3711 | Aged 18-70 years; clinical diagnosis of DM and one of the following categories of diabetic retinopathy: mild nonproliferative with macular edema, or moderate to severe nonproliferative or early proliferative (less severe than the high-risk proliferative stage, as defined by the Diabetic Retinopathy Study) with or without macular edema. Visual acuity was required to be better than 20/40 in each eye (or 20/400 if acuity was reduced as a result of diabetic macular edema) | SBP >210 mm Hg and/or DBP >110 mm Hg despite the use of HTN medication; history of GI hemorrhage or diagnosis of active GI ulcer in the past 2 years; inability or unwillingness to stop taking anticoagulants or antiplatelet drugs; allergy to ASA; pregnancy or lactation; or poor prognosis for 5 years of followup because of a prior major CV event, cancer, or another chronic disease | 5 (range, 4-9) |
| Farrell, 1991 (UK-TIA)65  Fair | RCT | United Kingdom | 2449 | Aged ≥ 40 years, had a recent TIA or minor ischemic stroke | Last cerebrovascular events occurred > 3 months earlier, previously experienced a disabling major stroke, attacks definitely due to something other than arterial thromboembolisms (e.g., migraine); likely to experience AEs from ASA (i.e., previous abnormal bleeding, alcoholism, chronic renal failure, peptic ulceration in previous 3 years); analysis likely to be confounded by ASA taken from 90 days or more pre-randomization, needed regular ASA (or any other antihemostatic medication), MI w/in 3 months before randomization, difficulty w/ followup, poor compliance, sever intercurrent non-vascular disease | 4 (range, 1-7) |
| Fowkes, 2010 (AAA)66  Good | RCT | United Kingdom | 3350 | Aged 50-75 years w/ no history of MI, CVA, angina or PAD and an ABI of ≤0.95 as determined by screening by trialist | History of MI, stroke, angina, or PAD; currently used ASA, other anti-platelets or anticoagulant agents; severe indigestion; chronic liver or kidney disease; receiving chemo-therapy; contraindications to ASA; or an abnormally high or low hematocrit value | 8.2 (range, NR) |
| Hansson, 1998 (HOT)67  Fair | RCT, 2x2 factorial | International (Europe, North and South America, Asia) | 19193 | Hypertensives aged 50-80 years; DBP ≥100 and ≤115 mmHg on two occasions, ≥ 1 week apart | Malignant HTN; secondary HTN; DBP >115 mmHg; stroke or MI w/in past 12 months; decompensated CHF; other serious concomitant disease which could affect survival in the next 2-3 years; require a beta-blocker, ACE inhibitor or diuretic or reasons other than HTN; require antiplatelet or anticoagulant treatment; insulin-treated diabetics; hypersensitivity to felodipine; ASA contraindications | 3.8 (range, 3.3-4.9) |
| Huang, 2010 (HPS)83  Fair | Cohort, Prospective | United States | NA | Male dentists, optometrists, osteopaths, podiatrists, pharmacists, and veterinarians who returned a health questionnaire in 1986 who also returned the 1994 questionnaire on ASA use | Prior history of GI bleeding, cancer or peptic ulcer disease, bleeding related to cancer or post-polypectomy complications or w/out a known date of diagnosis | 11.4 (range, ≤ 14) |
| *Strate, 2011 (companion publication to Huang, 2010) 5585126*  *Fair* | *Cohort, Prospective* | *United States* | *NA* | *Male dentists, veterinarians, pharmacists, optometrists, osteopathic physicians, and podiatrists, aged 40-75 years in 1986* | *Diverticulitis, diverticulosis, or diverticular bleeding; cancer (except NMSC), or IBD; did not return the BL food frequency questionnaire or provided implausible dietary data* | *22 (range, NR)* |
| Huang, 2011 (NHS)84  Fair | Cohort, Prospective | United States | NA | Female registered nurses aged 30-55 years, returned 1990 questionnaire | Prior history of GI bleeding, cancer, peptic ulcer disease, bleeding related to cancer or polypectomy, or w/out a date of bleeding diagnosis | 12.5 (range, NR) |
| *Iso, 1999 (companion publication to Huang, 2011)94*  *Fair* | *Cohort, Prospective* | *United States* | *NR* | *Female registered nurses who responded to the 1980 questionnaire* | *Regular use of NSAIDs, cancer except NMSC, MI, angina, coronary revascularization, stroke, other CVD, RA in 1980* | *14 (range, NR)* |
| *Manson, 1991 (companion publicaton to Huang, 2011)127*  *Fair* | *Cohort, Prospective* | *United States* | *NA* | *Female registered nurses aged 30-55 years, responded to 1980 questionnaire* | *CHD, stroke, cancer in 1980; regularly took non-ASA, non-steroidal anti-inflammatory analgesics; previous history of RA* | *6 (range, NR)* |
| Juul-Moller, 1992 (SAPAT)54  Fair | RCT | Sweden | 2035 | Aged 30-80 years with a history of exertional chest pain (chronic stable angina pectoris) for ≥ 1 month; treated with increasing doses of sotalol until optimal symptom control and well tolerated for ≥ 3 weeks | Already on treatment w/ or requiring ASA, anticoagulants, verapamil or NSAIDs; pts needing ≥ 50 mg hydrochlorthiazide, ≥ 5 mg bendroflumethiazide or ≥ 40 mg frusemide qd; resting HR < 55 bpm, ongoing treatment w/ class I antiarrhytmic drugs, history of MI, A-V block II/III, symptoms of obstructive lung disease, active peptic ulcer, ASA hypersensitivity, juvenile DM, uncontrolled late-onset DM | 4.2 (range, 1.9-6.3) |
| Logan, 2008 (ukCAP)68  Fair | RCT, 2x2 factorial | United Kingdom, Denmark | 945 | Aged < 75 years, had colorectal adenoma ≥ 0.5 cm (after fixation) removed in the past 6 months or longer if then followed by removal ≥ 1 adenomas of any size in the past 6 months; clean colon as determined by a complete colonoscopy or barium enema if colonoscopy was incomplete at time of commencing trial medication | Serious medical conditions that might preclude successful completion of trial (e.g., hepatic cirrhosis, renal failure, unstable heart conditions), need for regular NSAID/ASA treatment, ASA intolerance or sensitivity, active ulcer disease, bleeding disorders or anticoagulant treatment; resection of large bowel or incomplete adenoma removal | 3.4 (range, NR) |
| MRC, 1998 (TPT)69  Good | RCT, 2x2 factorial | United Kingdom | 2540 | Men aged 45-69 years, at the top 20% of the IHD risk score distribution, or 25% if from regions with high IHD rates. Risk score variables were weighted according to their association with IHD in the Northwick Park Heart Study and a risk score derived | Current or recent history of possible peptic ulceration, hiatus hernia, or esophagitis; a recent history of possible or definite MI or stroke, medication incompatible with trial treatment; history of bleeding tendency; actual or likely treatment w/ drugs interacting w/ Warfarin; history of cerebrovascular disease; already on antithrombotic drugs; likely inability to comply with trial; known or suspected alcohol abuse; a range of other conditions including liver disease, malignant disease, and other illnesses | 6.8 (range, NR) |
| Nelson, 2008 (ASPREE)53  Fair | RCT | Australia | 209 | GPs: Participated in second Australian National BP Study in Melbourne. Pts: Aged ≥ 70 years w/out overt CVD, compliant with placebo run-in | GPs: Did not have Medical Director clinical software. Pts: Deceased; GP considered unsuitable or not their usual pts; AAA, MI, angina, angioplasty, ASA/anticoagulants, CABG, CAD, cerebral aneurysm, coronary angiography, dementia, DM, gastric ulcer, HF, IHD, peptic ulcer, PAD, stroke, TIA | 1 (range, NR) |
| Ogawa, 2008 (JPAD)70  Fair | RCT | Japan | 2539 | Aged 30-85 years, type II DM, ability to provide informed consent | ECG changes consisting of ischemic ST-segment depression, ST-segment elevation, or pathologic Q waves; a history of CHD confirmed by coronary angiography; a history of cerebrovascular disease consisting of cerebral infarction, cerebral hemorrhage, subarachnoid hemorrhage, and TIA; a history of arteriosclerotic disease necessitating medical treatment; AF; ASA, ticlopidine, cilostazol, dipyridamole, trapidil, warfarin, and argatroban; a history of severe gastric or duodenal ulcer; severe liver dysfunction; severe renal dysfunction, and ASA allergy; pregnancy | 4.37 (range, NR) |
| PARIS, 1980 71  Good | RCT | United States, United Kingdom | 1216 | Aged 30-74 years w/ ≥ 1 ECG-documented MI w/in past 5 years, clinical history and cardiac enzymes, cardiac disease NYHA class I or II | MI thought to be due to coronary artery embolism, aortic dissection or prolonged arrhythmia; life-limiting diseases (e.g., cancer) or problems possibly affecting long-term followup (e.g., alcoholism); condition precluding regular ASA or dipyridamole use (e.g., hypersensitivity); previous cardiac or coronary surgery, prosthetic valve insertion or permanent pacemaker implantation; postural hypotension; SBP < 200 mm Hg, DBP < 115 mm Hg; child-bearing potential | 3.4 (range, ) |
| Petersen, 1989 (Copenhagen AFASAK)80  Fair | RCT | Denmark | 672 | Aged ≥ 18 years, have an ECG-verified chronic AF | Previous anticoagulation therapy > 6 months; cerebrovascular events w/in past month; contraindications, side effects, or current treatment w/ ASA/warfarin therapy; pregnancy or breast-feeding; persistent BP > 180/100 mm Hg; psychiatric diseases (including alcoholism); heart surgery w/ valve replacement; sinus rhythm; rheumatic heart disease; refusal to participate | 2 (range, NR) |
| Peto, 1988 (BMD)72  Fair | RCT | United Kingdom | 5139 | Male physicians born in 20th century and listed in the 1977 Medical Directory who answered a 1951 smoking questionnaire | Already taking aspirin for various reasons; could not take aspirin; history of peptic ulcer, stroke, or definite MI | 6 (range, NR) |
| PHS, 198973  Good (KQ1); Fair (KQ6) | RCT, 2x2 factorial | United States | 22071 | Male physicians residing in the US; aged 40-84 years; no history of cancer (except nonmelanoma skin cancer), MI, stroke, or transient cerebral ischemia | Current liver or renal disease, peptic ulcer, or gout; contraindications to aspirin consumption; current use of aspirin, other platelet-active drugs, or non-steroidal anti-inflammatory agents; current use of vitamin A supplement | 5.0 (range, 3.8-6.4) |
| SALT, 199174  Good | RCT | Sweden | 1360 | Aged 50-79 years, had had a TIA, minor ischemic stroke (i.e., by 3 weeks after onset, pts could be discharged home, walk w/out assistance, and cope unaided w/ self-care activities) or retinal artery occlusion w/in the previous 3 months | Potential cardiac source of emboli (chronic or intermittent AF, mitral valve disease, MI w/in preceding 3 months, prosthetic valve or other specified but less common sources), previous or planned carotid surgery, other causes of established symptoms (e.g., migraine, arteritis), other severe disorders that might affect prognosis or compliance; ASA contraindications (e.g., peptic ulcer); full cooperation unlikely; need for long-term anticoagulant or antiplatelet treatment | 2.67 (range, NR) |
| Sato, 2006 (JAST)81  Fair | RCT | Japan | 871 | Pts w/ chronic or intermittent AF documented by ECG ≥ twice w/in 12 months | Prosthetic heart valve, rheumatic HD, mitral valve disease, uncontrolled HTN, hyperthyroidism, severe HF (NYHA class IV), past history of symptomatic thromboembolic disease w/in a year, previous intracranial bleeding, GI hemorrhage w/in 6 months, other indications for anticoagulant therapy or antiplatelet agents (e.g., CAD, PE, VTE, other diseases), physicians considered inappropriate to participate | 2.1 (range, 0.04-3.7) |
| Silagy, 199352  Fair | RCT | Australia | 400 | Aged ≥ 70 years | Clinical history of major preexisting CVD, ASA contraindication, receiving concomitant treatment w/ NSAIDs | 1 (range, NR) |
| SPAF, 199176  Good | RCT | United States | 1120 | Pts w/ non-rheumatic AF (ECG-documented) w/in the past year including some who had a history of stroke or TIA > 2 years before entry | Unable to consent; transient, self-limited AF; successful electrical or chemical cardioversion; mitral stenosis; NYHA class IV CHF; mitral regurgitation w/ CHF and left atrial diameter > 5.5 cm; idiopathic cardiomyopathy w/ CHF; prosthetic heart valve; MI w/in past 3 months; coronary bypass surgery w/in past year; percutaneous transluminal coronary angioplasty w/in past 3 months; unstable angina w/in past year; stroke, TIA or carotid endarterectomy w/in past 2 years; life expectancy < 2 years (e.g., due to cancer); chronic renal failure (serum Cr > 3.0 mg/dL); warfarin for arterial embolism or other indication (e.g., PE, DVT); severe chronic alcohol habituation; NSAID treatment; "other"; physician referred anticoagulant therapy, thrombocyopenia or anemia | 1.3 (range, NR) |

**Abbreviations**: AAA = abdominal aortic aneurysm; ABI = ankle brachial index; ACE = angiotensin-converting enzyme; AE = adverse effect; AF = atrial fibrillation; ASA = acetylsalicylic acid; AV = atrioventricular; BMI = body mass index; BP = blood pressure; bpm = beats per minute; CABG = coronary artery bypass graft; CAD = coronary artery disease; CAD = coronary artery disease; CHD = coronary heart disease; CHF = coronary heart failure; COX = celecoxib; Cr = creatinine; CRC = colorectal cancer; CV = cardiovascular; CVA = cerebrovascular accident; CVD = cardiovascular disease; DBP = diastolic blood pressure; dL = deciliter; DM = diabetes mellitus; DVT = deep vein thrombosis; ECG = electrocardiogram; FAP = familial adenomatous polyposis; FBG = fasting blood glucose; GI = gastrointestinal; GP = general practitioner; HD = heart disease; HF = heart failure; HR = heart rate; HRT = hormone replacement therapy; HTN = hypertension; IBD = irritable bowel disease; IHD = ischemic heart disease; INR = international normalized ratio; kg = kilogram(s); KQ = key question; L = liter(s); LVA = left ventricular atrophy; m = meter(s); mg = milligram(s); MI = myocardial infarction; mM = millimolar; mm Hg = millimeters of mercury; mmol = millimole(s); NMSC = non-melanoma skin cancer; NR = not reported; NSAID = non-steroidal anti-inflammatory drug; NYHA = New York Heart Association; PAD = peripheral artery disease; PCI = percutaneous coronary intervention; PE = pulmonary embolism; pt(s) = participant(s); PVD = peripheral vascular disease; qd = daily; RA = rheumatoid arthritis; RCT = randomized controlled trial; SBP = systolic blood pressure; TIA = transient ischemic attack; VTE = venous thromboembolism; w/ =with