

Appendix 1 (as supplied by the authors):

Search Strategy for the Use of ASA for Prevention of Vascular Events

Primary prevention

A standardized search of online databases including PubMed, EMBASE, and the Cochrane Central Register of Controlled Trials was performed to identify related literature published from inception until end of November 2019 using the following keywords, text words and MESH terms, as available: (“aspirin”, OR “acetylsalicylic acid”), AND (“stroke”, OR “cardiovascular disease”, OR “transient ischemic attack”, OR “coronary artery disease”, OR “myocardial infarction”, OR “cerebrovascular disorders”, OR “peripheral arterial disease”) AND “primary prevention”.

Searches were restricted to randomized controlled trials (RCT), systematic reviews & meta-analyses and large observational studies. Filters were human, adults and English language. Hand searches using bibliographies from identified meta-analyses were also scanned for additional studies.

Trials that compared ASA (any dose) versus placebo or no aspirin for primary prevention, as defined by the study authors, for the prevention of any form of cardiovascular or cerebrovascular disease, were included. Writing group members selected which articles were to be used in the development of recommendations, with emphasis on the most recently published works.

PICO format for primary prevention

Population: General population

Intervention: ASA (any dose)

Comparison: No ASA or placebo

Outcome: Major adverse cardiovascular events (MACE), e.g., nonfatal stroke, nonfatal myocardial infarction, and cardiovascular death, major and minor bleeding, death, and other morbidity

Type of question: Prevention

Type of studies to be retrieved: RCTs, meta-analyses, observational studies

Secondary prevention

The same databases and date ranges were used for secondary prevention searches. Search terms included: (“aspirin”, OR “acetylsalicylic acid” OR “antiplatelet” OR “platelet aggregation inhibitors”), AND (“stroke”, OR “cardiovascular disease”, OR “transient ischemic attack”, OR “coronary artery disease”, OR “myocardial infarction”, OR “cerebrovascular disorders”, OR “peripheral arterial disease”) AND “secondary prevention”.

PICO format for secondary prevention

Population: People with previous vascular event such as stroke, TIA, myocardial infarction, angina, heart failure and people with vascular risk factors

Intervention: ASA (any dose), antiplatelets (any type, any dose)

Comparison: No ASA or other antiplatelet medication or placebo

Outcome: As per primary prevention, MACE, major and minor bleeding, death, other morbidity

Type of question: Prevention

Type of studies to be retrieved: RCTs, meta-analyses, observational studies

Search Strategy for Shared Decision Making

A standardized search of the same online databases and date ranges as primary and secondary prevention was conducted. Any studies that examined the role of shared decision-making in the context of aspirin use for the primary prevention of cardiovascular/cerebrovascular disease, were included.

The following keywords, text words and MESH terms, were used as available with no restriction on study type: ("cerebrovascular disorders", OR "cardiovascular diseases"), AND ("aspirin", OR "acetylsalicylic acid") AND ("Decision Making, Shared" OR "patient participation" OR "patient involvement"). Filters were English language, adult and human.

The search returned no applicable results; therefore, the parameters were broadened, and additional searches were conducted to identify studies that examined shared decision making for vascular risk reduction, using an iterative approach. Following this process, several papers were identified, which the writing group reviewed and used in the development of recommendations. One review paper was found on general principles of shared decision making in cardiovascular care.