ADAPTABLE is a pragmatic clinical trial designed to compare the effectiveness of two commonly prescribed doses of aspirin (81 mg vs. 325 mg) among patients diagnosed with heart disease. Using PCORnet resources, the study aims to follow approximately 15,000 patients living with heart disease in order to identify the optimal aspirin dosage for the prevention of secondary ischemic events. Participants will be randomly assigned to either dose of aspirin and followed up to 30 months. The primary safety endpoint will be a composite of all-cause death and hospitalization for myocardial infarction (MI) or stroke. The primary safety endpoint will be the first occurrence of a major bleeding event. The study will be led by researchers at Duke University and involve the participation of seven PCORnet partner networks, including the Greater Plains Collaborative (see figure).

**STUDY DESIGN AND AIMS**

- **Aim 1:** To compare the effectiveness of two daily doses of aspirin (81 mg and 325 mg) in reducing a composite of all-cause death and hospitalization for nonfatal MI, or nonfatal stroke in high-risk patients with a history of MI or documented atherosclerotic cardiovascular disease (ASCVD). The primary safety endpoint will be major bleeding complications.

- **Aim 2:** To compare the effects of aspirin in selected subgroups of patients, including women vs men, older vs younger patients, racial minority patients vs white patients, diabetic vs non-diabetic patients, patients with and without advanced chronic kidney disease (CKD), and patients who use the Internet vs those who do not.

- **Aim 3:** To develop and refine the infrastructure for PCORnet in order to conduct multiple comparative-effectiveness trials in the future.

- **Aim 4:** To explore biological mediators of heterogeneity of response to aspirin and of impact on clinical events. We hypothesize that there is an optimal dose of aspirin that will provide maximal benefit to the global population of patients with ASCVD while maintaining a tolerable level of side effects. However, among subgroups within this population, we postulate that patients’ responses to aspirin, in terms of both benefit and harm, may be modified by genetic, biological and drug interaction factors.

**RESULTS**

- Of the 693 participants enrolled within the GPC network, 44% were between the ages of 60 and 70, 66% were male, and 82% were non-Hispanic White.

- Participating sites launched recruitment efforts using several approach methods including mailing of hard-copy letters, emails, MyChart messages, in-clinic recruitment and phone-call follow-up.

- Of GPC participants that have been approached, approximately 5% have visited the online patient portal and 2% have enrolled.

**CONCLUSIONS**

- GPC sites are continuing to work to improve enrollment rates by re-running the computable phenotype and identifying new approach methods.