

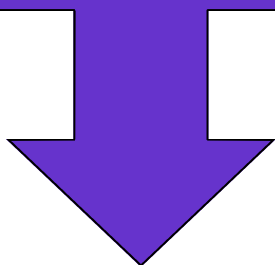
Advantages of the AspirinWorks® Test

Measures *in vivo* production of thromboxane A₂ (the target of aspirin therapy) to determine aspirin effect

Uses a random urine sample and is not subject to variables associated with blood sampling

Available through clinical reference labs nationwide

Allows for individualized aspirin therapy



Up to 25% of patients receive little or no benefit from their aspirin therapy

TEST TO BE SURE!

“It is important to your patient’s health that the dose and frequency with which they use aspirin is right for them.”*

*U.S. Food and Drug Administration, www.fda.gov

References:

1. Circulation 2002;105:1650-1655. Eikelboom JW et al. *Aspirin-Resistant Thromboxane Biosynthesis and the Risk of Myocardial Infarction, Stroke, or Cardio-vascular Death in Patients at High Risk for Cardiovascular Events.*
2. BMJ 2008;336:195-8. Krasopoulos G et al. *Aspirin “resistance” and risk of cardiovascular morbidity: systematic review and meta-analysis.*
3. BMJ 2003;326:82-3. Friend M et al. *Platelet Responsiveness to Aspirin in Patients With Hyperlipidaemia.*
4. Circulation 2007;115:3156-64. Gurbel P et al. *Evolution of Dose Related Effects of Aspirin on Platelet Function.*
5. Diabetes December 2007; 56:3014-19. DiChiara J et al. *The Effect of Aspirin Dosing on Platelet Function in Diabetic and Non-diabetic Patients.*
6. J Cardiol 2006;98:774-9. Faraday N et al. *Relation Between Atherosclerosis Risk Factors and Aspirin Resistance in Primary Prevention Population.*
7. Basic & Clin Pharmacol Toxicol 2006;98:503-9. Markuszewski L et al. *Reduced Blood Platelet Sensitivity to Aspirin in Coronary Artery Disease: Are Dyslipidemia and Inflammatory States Possible Factors Predisposing to Sub-Optimal Platelet Response to Aspirin?*

ASPIRINWORKS®

by

corgenix

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Are your patients adequately protected by their current dose of aspirin?



Now you can identify which ones are not.

ASPIRINWORKS®

The Urine Test for Aspirin Effect

Protecting Your Patients With the AspirinWorks® Test

The AspirinWorks® Test is an enzyme-linked immunoassay (ELISA) to determine levels of 11-dehydro thromboxane B₂ (11 dhTXB₂) in human urine, which aids in the qualitative detection of aspirin effect in apparently healthy individuals post ingestion.

Who to Test

Apparently healthy individuals on low-dose aspirin therapy.

Why Test

Not everyone benefits from the same dose of aspirin.

- ◆ In aspirin treated patients, high levels of 11 dhTXB₂ are associated with increased risk of heart attack and cardiac death.¹
- ◆ Patients classified as aspirin resistant are at about a four-fold increased risk of cardiovascular events.²
- ◆ Hyperlipidemia is associated with diminished response to aspirin.^{3,7}
- ◆ 11 dhTXB₂ levels demonstrate a dose related effect of aspirin treatment.⁴
- ◆ Diabetes may contribute to a diminished response to aspirin.⁵
- ◆ 11 dhTXB₂ levels have been shown to correlate with a Framingham Risk Score.⁶

Frequency of Testing

The frequency of testing is determined by your patient's medical history. Consideration of medical conditions and concurrent medications is essential. (see algorithm to the right)

Are you comfortable assuming the same dose of aspirin will protect all of your patients? Optimizing aspirin therapy is your responsibility!

Test your patients to ensure they are protected.

Utilize the AspirinWorks® Results to Optimize Therapy

