



## Brand Guidelines

# Brand Guidelines

This is a guide to the basic elements of the branding of the International Aspirin Foundation.



The logo is a very valuable asset and is a registered trademark No. 00003064107.

The Aspirin Foundation is a registered trademark No. 0000306656.

This logo must be used for all printed materials including publications, advertising, posters, flyers and online use.

Please contact us to obtain copies of the logo for authorised use.

The logo is available in various formats.



# What not to do

To ensure our identity is instantly recognisable, please ensure that it is used exactly as shown in the supplied files and not altered in any way.

Shown here are some typical examples that should be avoided.



Do not use in a different colour



Do not stretch



Do not remove part of the identity



Do not place on a too similar colour background



Do not rotate



# Use of the Aspirin Foundation Logo

The colour version of the Aspirin Foundation Logo should be used wherever possible – minimum diameter of at least 15mm.



The Examples to the right show the logo used on the Aspirin Foundation Secondary colours.



The Examples to the right show the mono version of the logo which is for use in single colour documents.



The Examples to the right show the white text version of the logo which is for use on non Aspirin Foundation colours.



# Our Colours

## Our Logo Colours

Aspirin Foundation  
Logo Blue  
C100 | M81 | Y19 | K4  
R0 | G74 | B144  
#004a90

Aspirin Foundation  
Logo Grey  
C85 | M60 | Y50 | K35  
R153 | G155 | B158  
#999b9e

## Aspirin Foundation Secondary Colours

Aspirin Foundation  
Green One  
C59 | M0 | Y27 | K0  
R137 | G193 | B195  
#8ac1c3

Aspirin Foundation  
Green Two  
C82 | M0 | Y40 | K0  
R78 | G168 | B166  
#4ea8a6

Aspirin Foundation  
Grey One  
C53 | M37 | Y34 | K15  
R125 | G133 | B139  
#7e858b

Aspirin Foundation  
Grey Two  
C85 | M60 | Y50 | K35  
R58 | G75 | B86  
#3A4B56



# Our Typeface

The main font is Kepler Std, the chosen font of the Aspirin Foundation. This should be used for body copy and headlines.

## Kepler Std Caps

ABCDEFGHIJKLMNOPQRSTUVWXYZ  
1234567890!@:;?&


## Kepler Std Lower Case


abcdefghijklmnopqrstuvwxyz  
1234567890!@:;?&

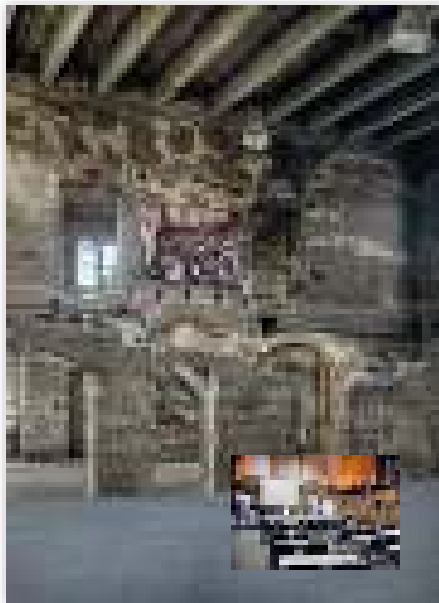


# Example Materials

Here are some further examples of the communication materials:



  
2017 Scientific Conference  
**Aspirin:  
120 years  
of innovation**  
  
14th September 2017  
Charité – Berlin Museum of Medical History  
8.00am - 5.30pm



**The disease burden of cardiovascular disease and major strategy of primary prevention in China**  
Dong Zhao  
Capital Medical University affiliated Beijing Anshen Hospital, Beijing Institute of Heart, Lung and Blood Vessel Disease

In China, cardiovascular disease (CVD) is leading cause of death. In 2012 CVD accounted for 41 and 39% of the total deaths in urban and rural populations respectively.<sup>1</sup> A 2013 study published in *Lancet* on the rapid health transition in China from 1990 to 2010 showed that stroke and ischemic heart disease (IHD) came first and second out of 235 causes of death. In 2010, China had accumulated 1.73 million deaths from stroke and 935 million deaths from IHD.<sup>2</sup>


The trend in IHD mortality rate differs from that of stroke. In the previous 20 years, IHD had a 120.3% increase in crude mortality rate and a 31.4% increase in age-standardized mortality rate. It jumped from the seventh leading cause of years of life lost in 1990 to the second in 2010.<sup>3</sup> In the Chinese urban population, IHD has replaced stroke as the leading cause of death. According to a World Bank report, the estimated number of patients with IHD in China will increase from 6.1 million in 2010 to 224 million in 2030.<sup>4</sup> For stroke, several studies reported a notable decrease in the age-standardized mortality rate and disability-adjusted life year (DALY).<sup>5-7</sup> However, the decreasing stroke mortality rate is likely caused by increased survival rate in hospitalized stroke victims rather than a decreased incidence of stroke.<sup>8</sup> The World Bank report also predicts a substantial increase in the number of stroke patients, from 5.1 million in 2010 to 32 million in 2030.<sup>9</sup>

What is the impact of CVD deaths on the life expectancy (LE) of Chinese people? Ten recently published papers provided answers for this question.<sup>10-19</sup> They analyzed the effect of total CVD deaths and common specific disease deaths on life expectancy in the Chinese population, using recent mortality data from the National Death Surveillance Point System covering more than 70 million Chinese (6% of the total population of China). This sample is nationally representative in age, gender, and regional distribution. According to the study in 2010 the Chinese LE at birth was 73.2 years. The top five major causes of death in the Chinese population resulted in a total 106 year reduction in LE. CVD deaths reduced LE by 4.8 years, malignant tumors by 2.7 years, injury and poisoning by 1.5 years, respiratory diseases by 1.2 years, and perinatal diseases by 0.6 years. The study also found that 14.6% of the loss of life expectancy (LLE) from CVD deaths in men and 21.7% in women, was from the premature CVD deaths of people aged 25-44 years.

Premature CVD deaths contributed more to LLE in rural areas (38.7%) than in urban areas (23.3%). Of the 4.8 year LLE caused by CVD, 2.5 years (52%) was from stroke, 1.2 years (25%) from IHD, and 1.1 years from other forms of CVD. In men, 55.1% of total LLE from CVD deaths was caused by stroke death, and more than 39% was attributed to premature death in people aged 45 years. However, IHD deaths contributed more to LLE in urban men and women than in rural men and women. Based on the study, 2.7% reduction in CVD mortality would increase LE at birth by 1 year in the Chinese population. If there were no change in the mortality rate of other diseases.

Several published studies have tried to identify the key determinants of the current CVD trend in China.<sup>20-22</sup> Aging and population growth will expand at least half of the increase in CVD over the coming 20 years, and unfavorable trends in smoking, blood pressure, cholesterol, diabetes, and obesity are key determinants for the CVD epidemic in China. In 2012, the China National Plan for Non-Communicable Disease (Prevention and Treatment) was issued with clearly defined targets for CVD prevention.<sup>23</sup> Several actions in CVD prevention have been identified as development priorities for public health policies and actions. The main strategies in CVD primary prevention include promotion of healthy diet and physical activities, tobacco control, hypertension control, LDL-C lowering and anti-thrombotic treatment by aspirin among high risk people. However, the greatest challenge is how to effectively implement these plans in CVD prevention practice.

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**Aspirin yesterday,  
aspirin today, aspirin  
tomorrow: a history of  
prophylactic aspirin**  
  
Professor Peter Elwood  
DSc MD FRCP FRCM Hon DSc

## I. Introduction

*'Let doctors leave the centre stage,  
and usher in the prophylactic age'*

Archie Cochrane in Poems from a POW Camp 1942

The history of aspirin goes back a long way: from Hippocrates, who in 300 BC recommended a brew of willow leaves for the pain of childbirth; to the Rev. Edward Stone in 1763 who reported to the President of the Royal Society that he had cured the aches of 20 his parishioners with increasing doses of powdered willow bark; to Felix Hoffman and his manager Arthur Eichengrün (NL, the political turmoil of Europe in the 1930s and 1940s has obscured the exact level and significance of the contributions of Hoffman and Eichengrün in aspirin's pathway of discovery) who synthesised acetylated salicylic acid extracted from Meadowsweet to produce the white powder which is acknowledged by some to be the foundation of the modern pharmaceutical industry, and then to Laurence Craven, who in 1953 recorded how he had advised more than 400 of his patients to take a five grain tablet each day, apparently protecting all of them from a vascular event while he himself died of an acute myocardial infarct.

And then, in the late 1960s and early 70s a new phase in the use of aspirin began – an explosion, rather than simply a new phase. In the 1960s and 60s about 15 scientific papers on aspirin were published each year and by the 1980s this had increased twelve fold. Now, in the present decade, around a thousand reports on aspirin are published each year. Surely a record for any drug, and certainly for one not driven by profit!

In 1996 Robert Huxley, a gerontologist, Director of an International Longevity Center in New York wrote an editorial with the title 'Thanks Hippocrates for the first miracle drug'. In this he referred solely to the prevention of vascular disease by aspirin. The concept of the humble aspirin as a truly miraculous drug was somewhat enhanced when evidence of benefit in cancer began to emerge, and it was predicted that the prevention of cancer would become the main use of the drug.

Vascular disease and cancer account for perhaps 60% of the deaths and serious disabilities in Western countries, and across the world are together

responsible for about twenty five million deaths each year. That a simple drug, based on a compound that is widespread throughout the plant world, has such an effect reminds one of the doctrine of signatures which had so inspired the Reverend Stone.

The brief history which follows focuses alone on aspirin as a prophylactic. On aspirin and vascular disease, in which the benefits have been established beyond reasonable doubt, on the reduction and the treatment of cancer, in which some uncertainties have yet to be resolved, on aspirin in the treatment of cancer for which evidence is accumulating but is far from proof, and on the undesirable side effects of the drug for which doubts and probable misconceptions have yet to be resolved.

Someone has said 'Beliefs divide people, doubt unites them'. Hopefully this brief account of a miraculous drug will unite researchers in renewed efforts to resolve some of the doubts and to more exactly define the areas of human disease in which aspirin can make a contribution to the maintenance of health and survival.

**For much more comprehensive accounts of aspirin, read:**  
Schier R., *Aspirin's Life*. Acad. Wiley-Blackwell: 2008. ISBN 978-1-527-52109-4.  
Jeffrey D., *ASPIRIN: The Story of a Wonder Drug*. Bloomsbury Publishing Plc. 2004. ISBN 0-7453-7977-8.  
Mason C. and Plummer M., *The Aspirin Heart: Money, Medicine, and 100 Years of Rampant Competition*. Knopf. 1991. ISBN: 1-55780-08-0/5587.  
Fuster V., *Secondary IM ASPIRIN: a historical and contemporary therapeutic overview*. *Circulation*. 2011;123:786-778.  
Stenacker W. *The discovery of aspirin: an appraisal*. *BMJ*. 2000;321:1591-1591.

Aspirin yesterday, aspirin today, aspirin tomorrow: a history of prophylactic aspirin.

Professor Peter Elwood





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## Aspirin ASCVD prevention in China Update Chinese guideline on ASCVD primary and secondary prevention

Cardiovascular disease has become the leading cause of death in China with the development of China economy and improvement of living standard and lifestyle changes. The incidence of cardiovascular disease as well as CVD risk factors continues to increase. The newly released 'Guideline of Healthy China 2030' advocated management strategy for chronic disease including cardiovascular disease changed from treatment into prevention. To achieve the early arrest of cardiovascular disease affecting point, the most effective prevention strategy is primary prevention.

Aspirin has been widely used in cardiovascular and cerebrovascular disease which plays an indispensable role in cardiovascular disease primary and secondary prevention with a most cost-effectiveness value. However, the accuracy of primary prevention needs to be improved. Actual usage rate of aspirin in clinical practice was 14.09% in primary prevention population, and 26.63% in secondary prevention population. To standardize cardiovascular disease prevention and management, improve the accuracy of primary prevention, Chinese society of cardiology updated guideline on ASCVD disease prevention which will be published in second quarter of 2017.

Chinese guidelines recommended whether patients without cardiovascular disease should take aspirin should refer to patient's baseline CVD risk, those with a 10-year CVD risk ≥10% should consider taking aspirin for primary prevention under doctor's recommendation. According to the epidemiology of cardiovascular risk factors in China, Chinese guideline developed a new stratified ASCVD risk assessment process considering hypertension was the most decisive parameter. For patients younger than 55 years old with moderate CVD risk, assessment of ASCVD risk was recommended to be the only identification of individuals with high risk of ASCVD during the rest of their lives, and gave actively intervene at the early stage.

For patients with cardiovascular disease, guideline recommended that once patients was diagnosed as cardiovascular disease, low dose of aspirin should be the routine of clinical treatment, among these without contraindications.

## Published 2016 Chinese expert consensus on Aspirin use in patients with ASCVD

For standardized use of aspirin in primary prevention, Chinese consensus by the geriatrics branch of Chinese Medical Association defined target groups for aspirin ASCVD primary prevention: 1) those 40 years old CVD risk higher than 10%; 2) Hypertension patients 15-72 years old for 10H, CVD-related 5 years old; 3) Diabetes patients aged ≥ 50 years old with at least one major risk factor (family history of premature CVD, hypertension, smoking, Dyslipidemia or abnormal lipid); 4) hypertension patients with any 2 conditions before: male ≥ 45 years old or female ≥ 50 years old, smoking, low HDL-C, LDL cholesterol ≥ 263 mg/dl or ≥ 200 mg/dl; 5) those who do not meet above conditions but have any 4 items before: male ≥ 45 years old or female ≥ 50 years old, smoking, family history of premature CVD, HDL-C ≥ 200 mg/dl, Dyslipidemia.



Aspirin Disease Prevention and Current Research Summaries

## Publication: Aspirin 100 Q&A for clinical doctors

Standardized use of aspirin is a prerequisite for clinical benefit. For better understanding the preventive role of aspirin in ASCVD appropriate use in clinical practice, Aspirin 100 Q&A for clinical doctors was published. The brochure included common questions doctors were interested in, contents including basic pharmacological knowledge of aspirin, effect on primary and secondary prevention of cardiovascular disease, aspirin adverse effect and how to overcome drug interaction, and making suggestions in clinical use.

In a randomized trials conducted at 114 centers in China, clopidogrel with aspirin in acute minor stroke or transient ischemic attack concluded the combination of clopidogrel and aspirin is superior to aspirin alone for reducing the risk of stroke in the first 90 days and does not increase the risk of hemorrhage. Among 2953 patients who underwent CYP2C19 mutation, 3043 patients were carriers of loss of function alleles which was higher than western countries. And compare to aspirin alone, clopidogrel plus aspirin did not reduce the risk of new stroke in the subgroup of patients who were the carriers of CYP2C19 loss of function alleles.

## New research on antiplatelet therapy in Chinese

### References

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2. Yang Zhongqun, Shao Zhengqun, Tian Haining, et al. Current status of aspirin use in cardiovascular prevention in some areas of China. Chinese Journal of Evidence-Based Medicine. 2013; 13(1):22-26.
3. Chinese Society of Cardiology. Guidelines for diagnosis and treatment of ST-segment elevation myocardial infarction. Chinese Journal of Cardiology. 2015; 43(20):1915.
4. The Geriatrics Branch of Chinese Medical Association. Aspirin use in patients with atherosclerotic cardiovascular disease: 2016 Chinese expert consensus statement. Chinese Journal of Internal Medicine. 2017; 26(1):1-13.
5. Xiangqing L. Aspirin 100 Q&A for clinical doctors. People's military medical press.
6. Zhang Wang, Xiangqun Zuo, Jintao Lin, et al. Association between CYP2C19 Loss of Function, Allele Status and Efficacy of Clopidogrel for Risk Reduction among Patients with Minor Stroke or Transient Ischemic Attack. JAMA. 2016; 316(25):2578-2586.

Aspirin Disease Prevention and Current Research Summaries



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