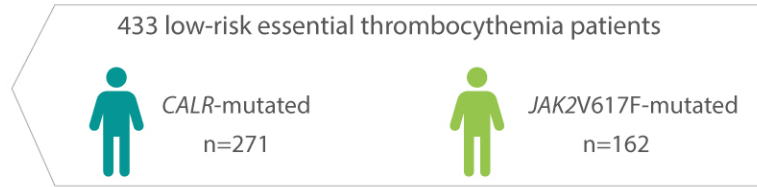


Low-dose aspirin antiplatelet therapy does not reduce the risk of thrombosis and may increase the risk of bleeding in patients with low-risk, *CALR*-mutated essential thrombocythemia





low-dose aspirin as antiplatelet therapy



2215 person-years follow-up

Episodes recorded

 25 thrombotic
 17 bleeding

Benefit/risk assesment



CALR-mutated

Antiplaetlet therapy

did not affect the risk of thrombosis
was associated with a higher incidence of bleeding

Time free from cytoreduction: median time 5 years



JAK2V617F-mutated

Antiplaetlet therapy

was associated with a reduced incidence of thrombosis
had no effect on the risk of bleeding

Time free from cytoreduction: median time 9.8 years

p=0.0002