



..The Health Center

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ASPIRIN AND CANCER REDUCTION

A small dose of aspirin a day reduces the risk of several common cancers and should be considered by most adults.

The two cancers that have sufficient data relating aspirin to reduced risk to lead the US Preventive Medicine Task Force ("PMTF") to recommend daily aspirin are Colo-rectal Cancer and Prostate Cancer. But there are several other "reductions" which are very likely additional benefits of taking the aspirin for these most proven benefits.

Aspirin reduces the-occurrence of precancerous polyps in the colon, the likelihood of having colorectal cancer, and the aggressiveness of cancers which do occur. This latter effect means that cancers which do occur "behave less badly" in aspirin takers. This means these spread less and are quite a bit less apt to be fatal. Aspirin also reduces the likelihood of persons who have had a colon cancer having recurrent cancer.

Persons with family histories of colon cancer which occurs at younger ages should consider taking aspirin daily beginning earlier in life. but those at normal / average risk should discuss with their clinician starting this at age 40. The PMTF says the strongest data support taking aspirin for a decade beginning at 50, leaving the question of starting earlier or continuing beyond 59 to the patient/ provider conversation. Our gastroenterologists recommend continuing until age 70 for persons with no contraindication to taking the aspirin, or until 75 for healthy persons anticipating a longer life.

But by the time one is 60 (or 45 or 55) there is a second indication for aspirin use now endorsed by the PMTF, that being for primary reduction in risk of heart attack and stroke, so the matter of when to stop is out of the colon cancer doctors' hands at that juncture and in the cardiovascular risk reduction domain. The PMTF now recommends aspirin therapy for men between the ages of 45 and 79 when the potential benefit for lowering heart attacks outweighs the risks. The task force recommends aspirin therapy for women between the ages of 55 to 79 when the potential benefit for lowering strokes outweighs the risks. The risks, primarily of bleeding, are slight in most people and decrease with longer use. Some studies find those on placebo more apt to bleed than aspirin users, serving to illustrate the small risks involved.

Secondary CV risk reduction, for those with cerebrovascular or cardiovascular event histories is another matter altogether, usually involving use into older ages.

The good news, we think, is that aspirin has been reported to reduce the risk of having a number of cancers other than colon or prostate cancer. These include, in women and men, lung, esophagus, stomach, pancreas, and melanoma cancers and breast and ovary cancers in women. Thus the risk of seven cancers in men and eight in women have at least possible reductions from the simple, cheap, and safe intervention "indicated" for reducing colon cancer. The data is less consistent, but the aggregate benefit is notable, overall.

In an article summarizing the situation a few years ago, taking a daily aspirin for at least three years reduced cancer incidence by close to 25% in both men and women and taking a low-dose aspirin every day reduced the risk of death from cancer by 37% after at least five years of use.

The reported reduction in pancreatic cancer, notoriously difficult to detect early and quite apt to be rapidly aggressive and fatal, is 60% after a decade of 81mg ("low dose") aspirin a day and 73% after the same interval on a 325mg (standard dose) daily. The low dose in studies in the UK is 60mg, their usual low dose strength.

So this PMTF and Gastroenterologist endorsed preventive medicine maneuver is potentially far more helpful, with quite minimal associated risks, beyond the surest benefits. If only half the benefit for half the cancers reported to be helped actually were to result,-we think a daily aspirin would still be an extremely cost effective and safe intervention.

Alas, taking aspirin does not replace the need for periodic screening colonoscopies. We should do both, as well as following a smart (Mediterranean) diet, to maximize our protection from colon cancer, one of the most common cancers in our population today.