

Re: Cancer and aspirin – Aspirin as Cancer Prevention Pill Still a Long Way Off

Source: <http://sci.tech–archive.net/Archive/sci.med.diseases.cancer/2007–05/msg00028.html>

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 - *Date:* Mon, 14 May 2007 01:37:52 +0300
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On Sun, 13 May 2007 16:30:52 –0400, J <nexsw@nvalid,anon> wrote:

?The American Cancer Society does not recommend using aspirin to prevent cancer because aspirin can cause serious gastrointestinal bleeding,? said Dr. Jacobs. ?Recommendations for aspirin use should continue to be based on prevention of heart disease and stroke, not cancer. However if further research confirms that daily adult–strength aspirin can meaningfully reduce cancer risk, future recommendations could take cancer prevention into account when deciding on the best dose for people who already need to take aspirin to prevent cardiovascular disease.?

Article: Jacobs EJ, Thun MJ, Bain EB, Rodriguez C, Henley SJ, Calle EE. A Large Cohort Study of Long–Term Daily Use of Adult–Strength Aspirin and Cancer Incidence. *J Natl Cancer Inst* 2007; 99: 608–615

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http://www.cancer.org/docroot/NWS/content/NWS_1_1x_Long–term_Aspirin_Use_Linked_to_Lower_Cance

Long–term Aspirin Use Linked to Lower Cancer Risk
But Aspirin as Cancer Prevention Pill Still a Long Way Off
Article date: 2007/04/18

Summary: A large analysis by American Cancer Society researchers suggests that daily long–term use of adult–strength aspirin may reduce cancer risk by about 15% in both men and women. But don't start popping pills yet. Aspirin can cause serious side effects, and the evidence for cancer prevention isn't strong enough yet to justify a recommendation, the researchers caution.

The above mentioned Jacobs et al. study is an epidemiological study, which predates the study

Flossmann E, Rothwell PM
Effect of aspirin on long–term risk of colorectal cancer: consistent

evidence from randomised and observational studies

The Lancet, May 12, 2007; vol 369: pp 1603–1673.

DOI:10.1016/S0140–6736(07)60747–8.

<<http://www.thelancet.com/journals/lancet/article/PIIS0140673607607478/abstract>>

which I mentioned earlier. Therefore at the time of the writing of the Jacobs et al. article neither Jacobs et al. nor ACS were aware of the results of this Flossmann and Rothwell Lancet study. However, even Jacobs et al. found that the use full-dose aspirin for ≤ 12 years was associated with statistically significant 32% reduction in colorectal cancer risk. This was less than the 74% reduction in Flossmann and Rothwell Lancet study, but the observation period was also shorter than in Flossmann and Rothwell Lancet study, which found that the maximum reduction was achieved with at least five years use after 10 years latency period, i.e. after at least 15 years of use of full-dose aspirin. Also, Flossmann and Rothwell article was largely based on two large randomised controlled trials with reliable post-trial follow-up for more than 20 years. Therefore, unlike Jacobs et al., whose study was epidemiological, Flossmann and Rothwell were able to draw definite causal conclusions, and not only present statistical associations like Jacobs et al.

Flossmann and Rothwell are certainly aware of Jacobs et al. results, which were published before their study, but knowing these and their own results they still recommend full-dose aspirin for people at high risk of colorectal cancer, for example for blood-relatives of colon cancer patients (if they can tolerate aspirin).

IMHO, where possible, regular colonoscopies could possibly be used instead of aspirin for people at high risk of colorectal cancer.

Unfortunately in many countries this is not possible. Therefore I tend to agree with Flossmann and Rothwell and suggest the daily use of full-dose aspirin for people at high risk of colon cancer (at least then, when regular colonoscopies are not possible), if they can tolerate aspirin, and if their doctor agrees to it after assessing the person's colorectal cancer risk and the possible risks the full-dose aspirin could cause for her/him.

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Matti Narkia

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