ASPIRIN

You’ll hear buzz about whether to use aspirin to prevent cancer...on the heels of it falling out of favor for PRIMARY prevention of CV disease.

Mounting evidence suggests CV benefit of low-dose aspirin is offset by serious bleeding in patients without a prior heart attack or stroke.

But patients are still hearing that aspirin is linked to a lower risk of various cancers...colon, esophageal, liver, ovarian, etc.

The best evidence is with colon cancer. But any possible benefit is very small...and aspirin isn’t benign.

For example, using aspirin 81 mg/day in 1,000 55-year-old women may prevent about 13 cases of colorectal cancer...at a cost of 20 serious GI bleeds and 3 hemorrhagic strokes over their lifetimes.

Also explain that it takes about 5 to 10 years for possible benefits to “kick in”...but bleeding risk starts right away. And evidence about which aspirin dose to use for cancer prevention is limited.

Plus other recent evidence has researchers scratching their heads. Using aspirin for about 5 years in patients age 70 or older is linked with HIGHER risk of death DUE TO cancer in one in 125 patients versus placebo.

For now, don’t recommend aspirin to prevent cancer...especially in older patients or those with bleeding risks, such as a prior GI bleed, anticoagulant or chronic NSAID use, or uncontrolled BP.

Reinforce appropriate cancer screening instead of aspirin. For example, recommend colon cancer screening starting at age 45 to 50... or sooner for high-risk patients, such as those with a family history.

Get details in our commentary, Does Aspirin Prevent Cancer?

(For more on this topic, see Clinical Resource #341206 at PharmacistsLetter.com.)

DISCUSSION QUESTIONS

OVERVIEW OF CURRENT THERAPY

1. What is known about cancer prevention with aspirin?

ANALYSIS OF NEW STUDY

2. What type of study was this? How were the patients selected for inclusion?

3. How were the study groups defined?

4. How were the outcomes evaluated?

5. What were the outcomes of this study?

See LEADER NOTES for answers to discussion questions.
6. What were the strengths and weaknesses of this study?

7. Were the results expressed in terms we care about and can use?

HOW SHOULD THE NEW FINDINGS CHANGE CURRENT THERAPY?

8. Do the results change your practice? How?

APPLY THE NEW FINDINGS TO THE FOLLOWING CASE

DA is a 58-year-old African American female who presents to your office to establish care. She has recently moved to the area and has no current complaints. She has a history of hypertension, diabetes, and hyperlipidemia. She currently takes lisinopril 10 mg daily, metformin XR 1,000 mg twice daily, and atorvastatin 10 mg daily. She has been taking aspirin 81 mg daily for many years to "keep her healthy." She saw a recent news story about aspirin, and that it doesn't seem to prevent heart attacks and might cause cancer. She's wondering if she should continue or stop it. Her father died of an MI at the age of 54, and her mother died of colon cancer at the age of 58. Today her blood pressure is 128/72 mmHg, heart rate is 85 beats per minute, and her A1C is 7.3%. Her lipid panel is as follows: total cholesterol 178 mg/dL, HDL 45 mg/dL, LDL 97 mg/dL, and triglycerides 180 mg/dL. She has never smoked cigarettes and doesn't drink alcohol.

See LEADER NOTES for answers to discussion questions.
9. What is your assessment of DA’s level of risk for future bleeding, CV events, or cancer?

10. What is the new evidence that has contributed to the controversy regarding aspirin use for primary prevention of CV disease?

11. How should the impact of aspirin be summarized regarding DA’s overall risk of CV events, cancer, and bleeding?

12. How do you counsel DA regarding the best evidence to reduce her risk of CV events and cancer?

See LEADER NOTES for answers to discussion questions.
REFERENCES


Additional Pharmacist’s Letter Resources available at PharmacistLetter.com

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See LEADER NOTES for answers to discussion questions.