

Daily Low-Dose Aspirin Lowers Long-Term Cancer Mortality

Benefit increased with longer use.

In a recently published meta-analysis of placebo-controlled cardiovascular prevention trials, treatment with daily low-dose aspirin for more than 5 years significantly lowered long-term colorectal cancer incidence and mortality ([JW Gen Med Dec 21 2010](#)). In a new meta-analysis, investigators now examine the effect of daily aspirin on overall cancer mortality.

Researchers combined patient-level data from eight cardiovascular prevention trials, in which 25,000 patients took daily aspirin (any dose) or placebo (or no treatment) for at least 4 years. While the trials were in progress, cancer mortality was about 20% lower overall among patients assigned to aspirin, with the greatest effect at more than 5 years after randomization.

Long-term data were available from national registries for three British trials (>12,000 patients). After 20 years, patients assigned to aspirin in these studies had significantly lower mortality from all solid cancers (hazard ratio, 0.80) and gastrointestinal (GI) cancers (HR, 0.65) but not from hematological cancers (HR, 1.03). The lower mortality from solid cancers increased with longer duration of treatment; it reached significance in patients who received aspirin for 5 years or more and was independent of aspirin dose. Overall, the absolute reduction in 20-year risk for death for aspirin users was about 2% each for GI and non-GI solid tumors.

Comment: The potential value of low-dose daily aspirin for cancer prevention could tip the balance for patients at low cardiovascular risk for whom the modest cardiovascular preventive benefits of aspirin previously do not quite outweigh risk for adverse GI effects.

— [Bruce Soloway, MD](#)

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