

Eligibility for aspirin for primary prevention in men increases when cancer mortality benefit added

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While aspirin has been shown to be effective in preventing heart attacks in men, it also increases the risk of gastrointestinal bleeding and possibly stroke, even at low doses. As such, national guidelines suggest that aspirin be used for prevention only in men at higher risk for cardiovascular events, so that the benefits of aspirin are greater than its adverse effects.

Recent data suggest that aspirin may also be effective for reducing cancer deaths. Would the possible combined health benefits of reducing heart attacks and cancer outweigh the risks of [gastrointestinal bleeding](#) and stroke for middle-aged men?

A research team, including UNC scientists, reports that including the positive effect of aspirin on cancer mortality influences the threshold for prescribing aspirin for primary prevention in men. The benefit of aspirin for [cancer mortality](#) prevention would help offset the risks and thus lower the age and increase the number of men for whom aspirin is recommended.

Their results were published in the June issue of the *Journal of General Internal Medicine*.

Michael Pignone, MD, MPH, study lead author, says, "We found that including a risk reduction for cancer deaths had a substantial impact on

the overall benefits of aspirin, especially for early middle-aged men from 45 to 55 years of age. Based on this effect, several million men who were not previously good candidates for aspirin prevention would now become eligible."

Dr. Pignone is professor of medicine and chief of the division of general internal medicine, and a member of UNC Lineberger Comprehensive Cancer Center.

The U.S. Preventive Services Task Force, of which Dr. Pignone is a recently appointed member, recommends aspirin for primary prevention in men "when the potential benefit of a reduction in [myocardial infarctions](#) outweighs the potential harm of an increase in gastrointestinal hemorrhage." This recommendation was issued in 2009, before the potential benefits for cancer reduction were recognized.

Provided by University of North Carolina Health Care

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