

Aspirin could increase survival in cancer

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Does aspirin increase survival in cancer patients? UK researchers say that despite the smaller side-effects of aspirin, taking the drug has an overall positive effect on survival for people with cancer. The team reviewed past research on aspirin and say that it can reduce cancer-related inflammation, abnormal clotting, abnormal blood vessel growth,

and enhance cellular repair processes.

Additionally, they found an association between aspirin and reductions in cancer-related deaths, the spread, and the vascular complications of cancer. They say even though aspirin increases the number of bleeds, the severity of them is low, suggesting that the drug could be used to benefit a wide range of cancers.

Published in *Open Biology*, this [review of studies](#) on biological mechanisms and [clinical outcomes](#) suggests an "overall positive effect" on survival and reductions in cancer spread. This outweighs "the smaller associated side-effects" like aspirin-related bleeds. Research is needed to understand the scale and variability of any effect, but should be conducted "with a high degree of confidence that aspirin is a relatively safe drug," the authors said.

There is extensive evidence suggesting benefit from aspirin in preventing cancer growth and metastatic spread. Evidence on [biological mechanisms](#) include reductions by aspirin in cancer-related inflammation, abnormal clotting, abnormal blood vessel growth, and enhancement in cellular repair processes. Evidence from clinical and [epidemiological studies](#) show an association between aspirin and reductions in cancer-related deaths, the spread and the vascular complications of cancer. Although aspirin increases the number of bleeds, the severity of bleeds attributable to aspirin is low. Aspirin appears therefore to benefit a wide range of cancers, suggesting an overall positive effect which outweighs the much smaller associated side-effects.

More information: Aspirin increases survival in cancer?, *Open Biology* (2022). [DOI: 10.1098/rsob.22.0124](https://doi.org/10.1098/rsob.22.0124)
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