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## **Aspirin for Primary Prevention of Atherosclerotic Cardiovascular Disease and Colorectal Carcinomas**

**Editor** – In their review of aspirin for the primary prevention of cardiovascular events, Soodi et al report aspirin’s effect in the primary prevention of cardiovascular disease is unclear.<sup>1</sup>

American College of Cardiology / American Heart Association (ACC/AHA) guidelines provide the following recommendations for aspirin use for the primary prevention of atherosclerotic cardiovascular disease (ASCVD): (1) low-dose aspirin might be considered for the primary prevention of ASCVD among select adults 40 to 70 years of age who are at higher ASCVD risk but not at increased bleeding; (2) low-dose should not be administered on a routine basis for the primary prevention of ASCVD among adults >70 years of age; and (3) low-dose aspirin should not be administered for the primary prevention of ASCVD among adults of any age who are at increased risk of bleeding.<sup>2</sup>

As Soodi et al and the ACC/AHA advise, the clinician must balance an understanding of a patient’s estimated ASCVD risk with potential benefits and adverse risk from pharmacological therapy in the context of a risk discussion. In addition to reviewing the potential benefit of aspirin for the primary prevention of ASCVD, we believe the risk discussion should also note the potential benefit of long-term aspirin use in reducing the risk of developing overall cancer and colorectal cancer. In an analysis of over 135,000 participants, the use of aspirin for 6 years or longer was associated with a 19% decreased risk of colorectal cancer and a 15% decreased risk of any type of gastrointestinal cancer.<sup>3</sup> Investigators concluded long-term aspirin use was associated with modest but significantly reduced risk of overall cancer, especially

gastrointestinal tumors. The United States Preventive Services Task Force recommends initiating low-dose aspirin use for the primary prevention of cardiovascular disease (CVD) and colorectal cancer in adults aged 50 to 59 years who have a 10% or greater 10-year CVD risk, are not at increased risk for bleeding, have a life expectancy of at least 10 years, and are willing to take low-dose aspirin daily for at least 10 years.<sup>4</sup>

In sum, we agree with Soodi et al that a thoughtful discussion between patients and their doctors should be conducted before beginning aspirin for primary prevention of cardiovascular events. When those discussions occur, the potential role of long-term aspirin use in preventing the development of colorectal cancer should also be reviewed so that patients will be fully informed of the potential benefits of long-term aspirin use.

### Keywords

Cardiovascular; Aspirin; Colorectal carcinomas; Primary prevention

### References

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