

Clinical Studies of Aspirin and Cancer Prevention Signals

**NCI Board of Scientific Advisors
National Cancer Advisory Board**

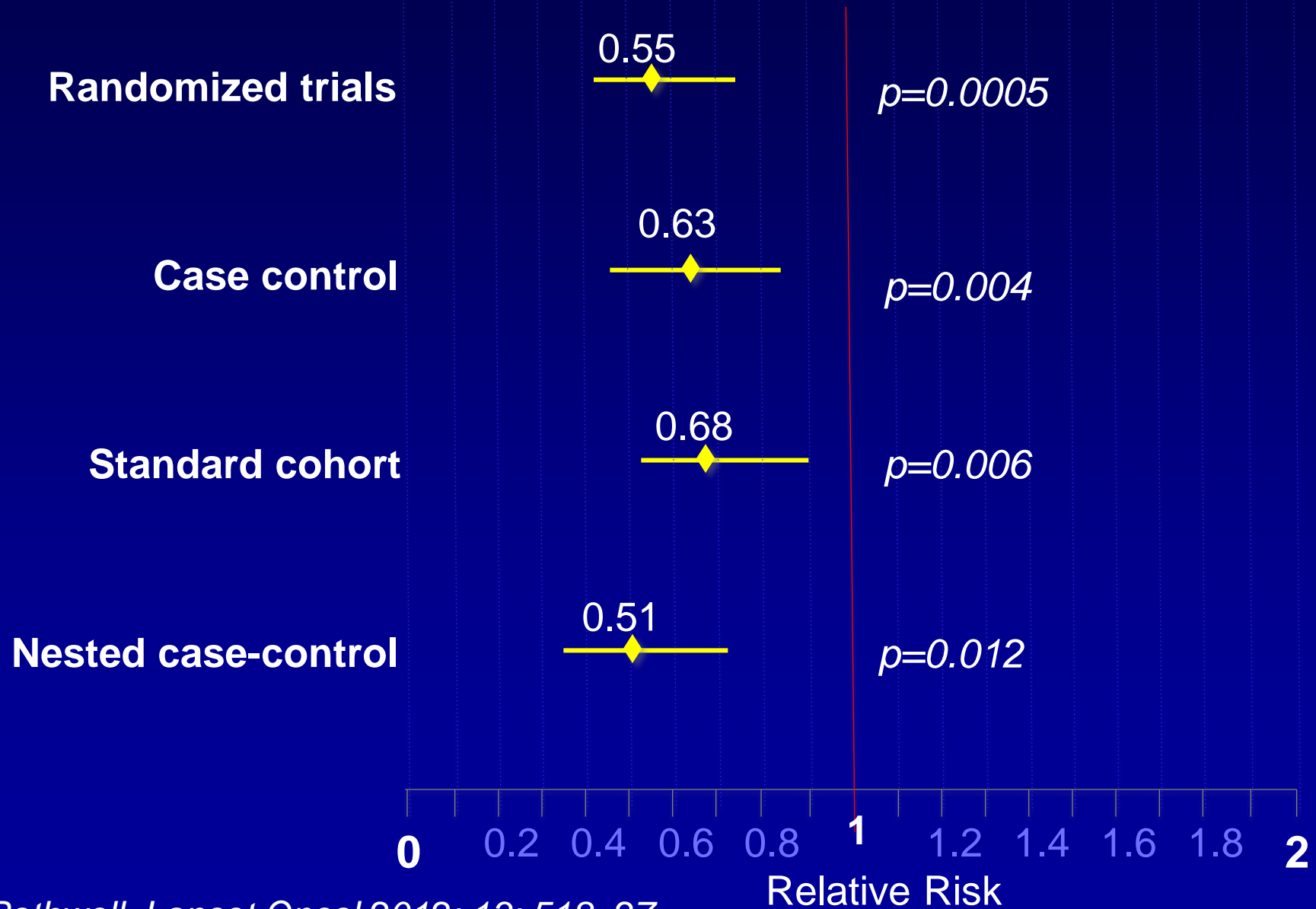
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Caveats

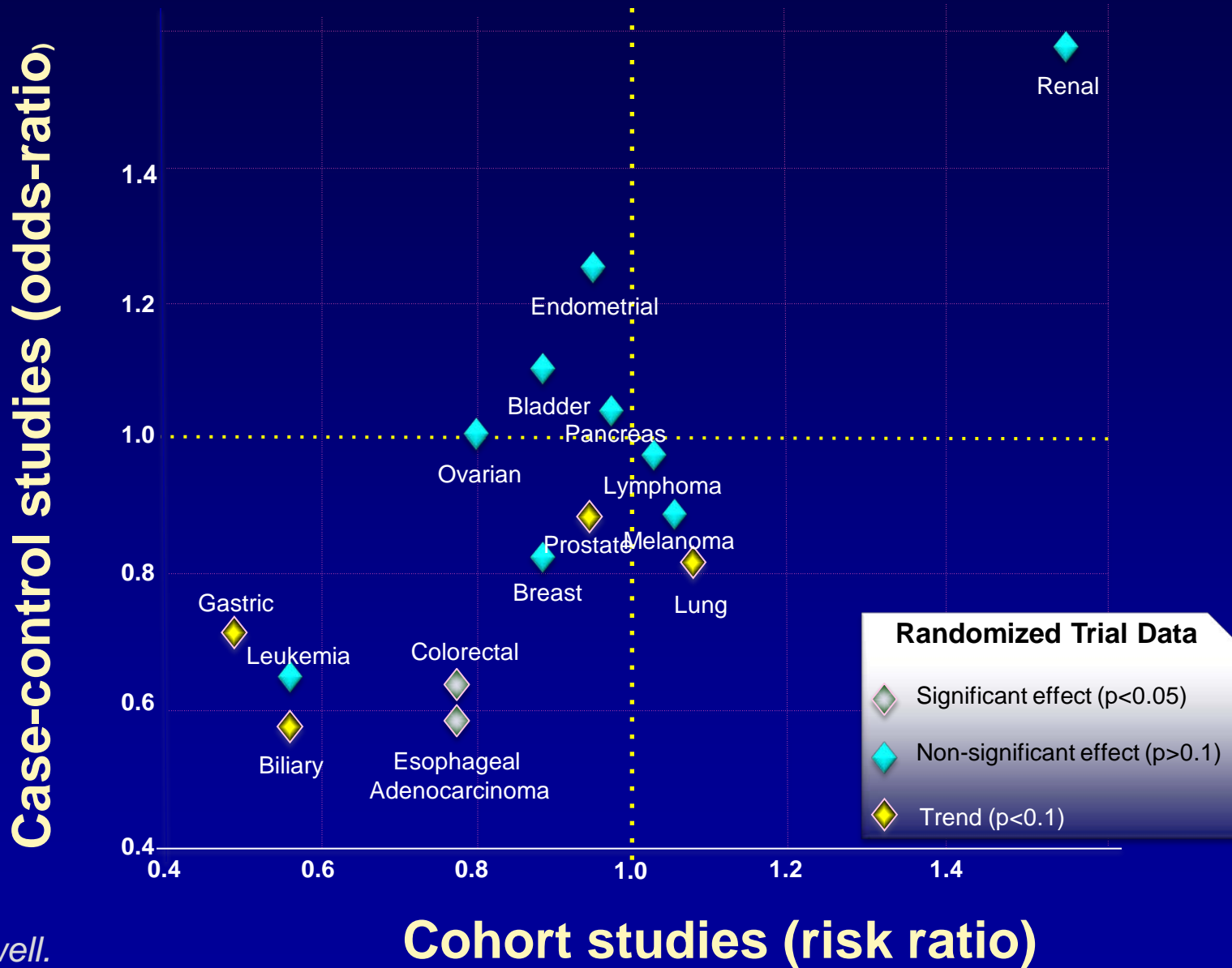
- Will only present the potential benefits
 - Not harms
- Most benefits are expressed as relative rates
 - Not in terms of absolute rate reduction
- The evidence presented is insufficient to make public policy or guidelines
- The U.S. Preventive Services Task Force is currently performing a systematic review of benefits and harms for cancer prevention

Daily Aspirin (≥ 5 yrs) Use and Colorectal Cancer Risk



Aspirin Use and Risk of Cancer

(maximum reported use of aspirin)



Algra & Rothwell.

Lancet Oncol 2012; 13: 518–27

Effect of Low-dose (75-300mg) Aspirin Vs Control on Colorectal Cancer Incidence & Mortality

All patients

Aspirin ≥ 2.5 years

Aspirin ≥ 5 years

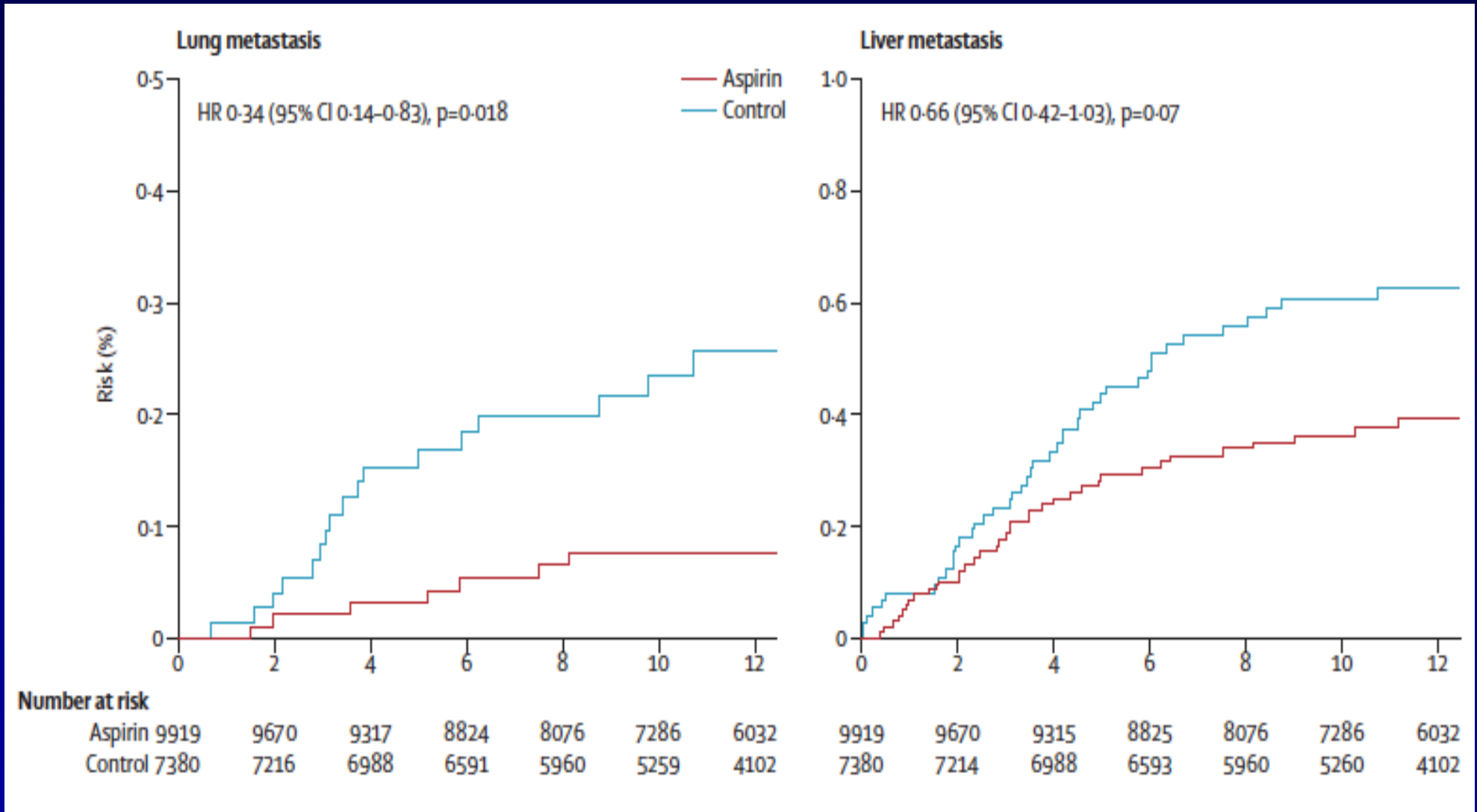
All patients

Aspirin ≥ 2.5 years

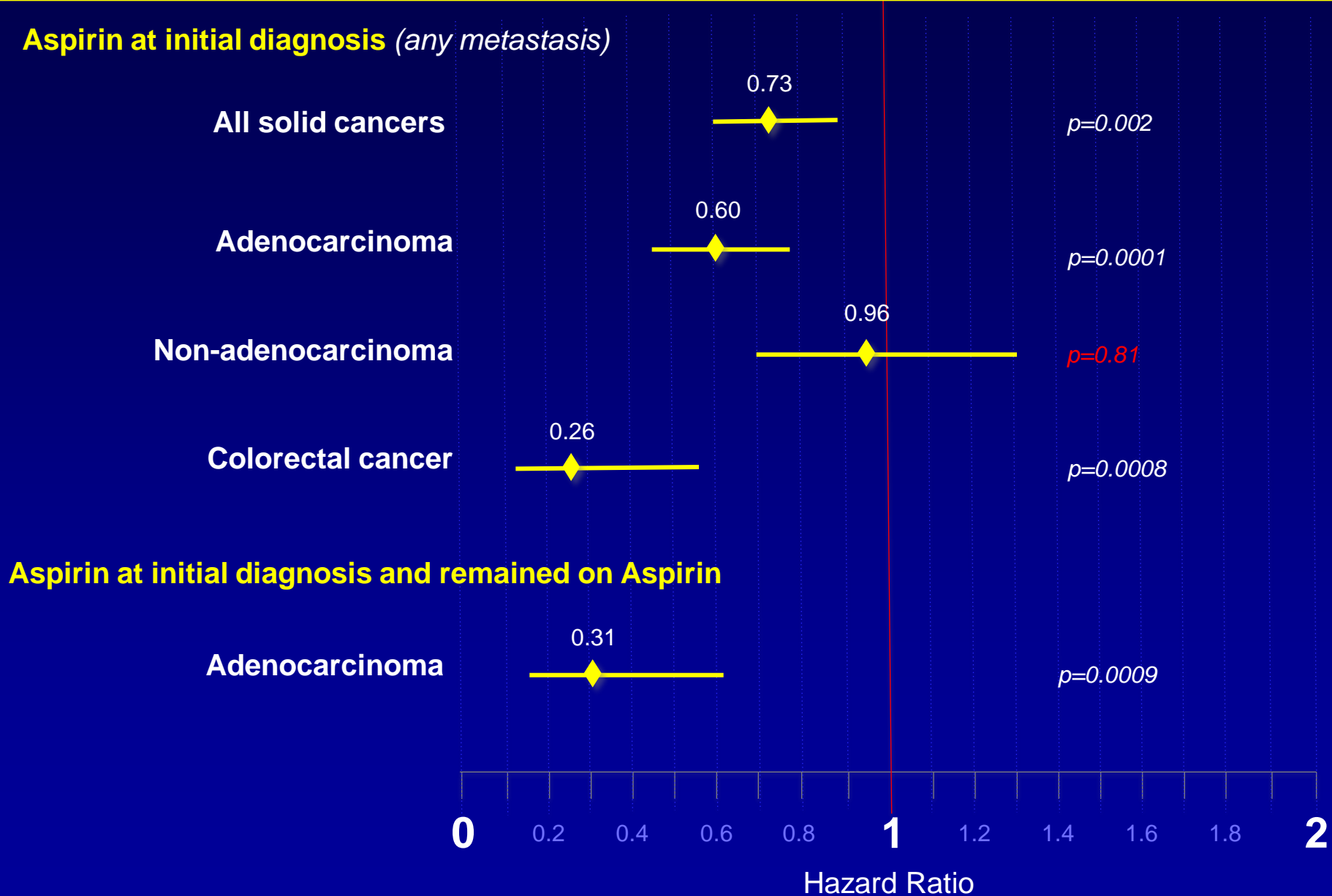
Aspirin ≥ 5 years



Aspirin Use and Cancer Metastasis

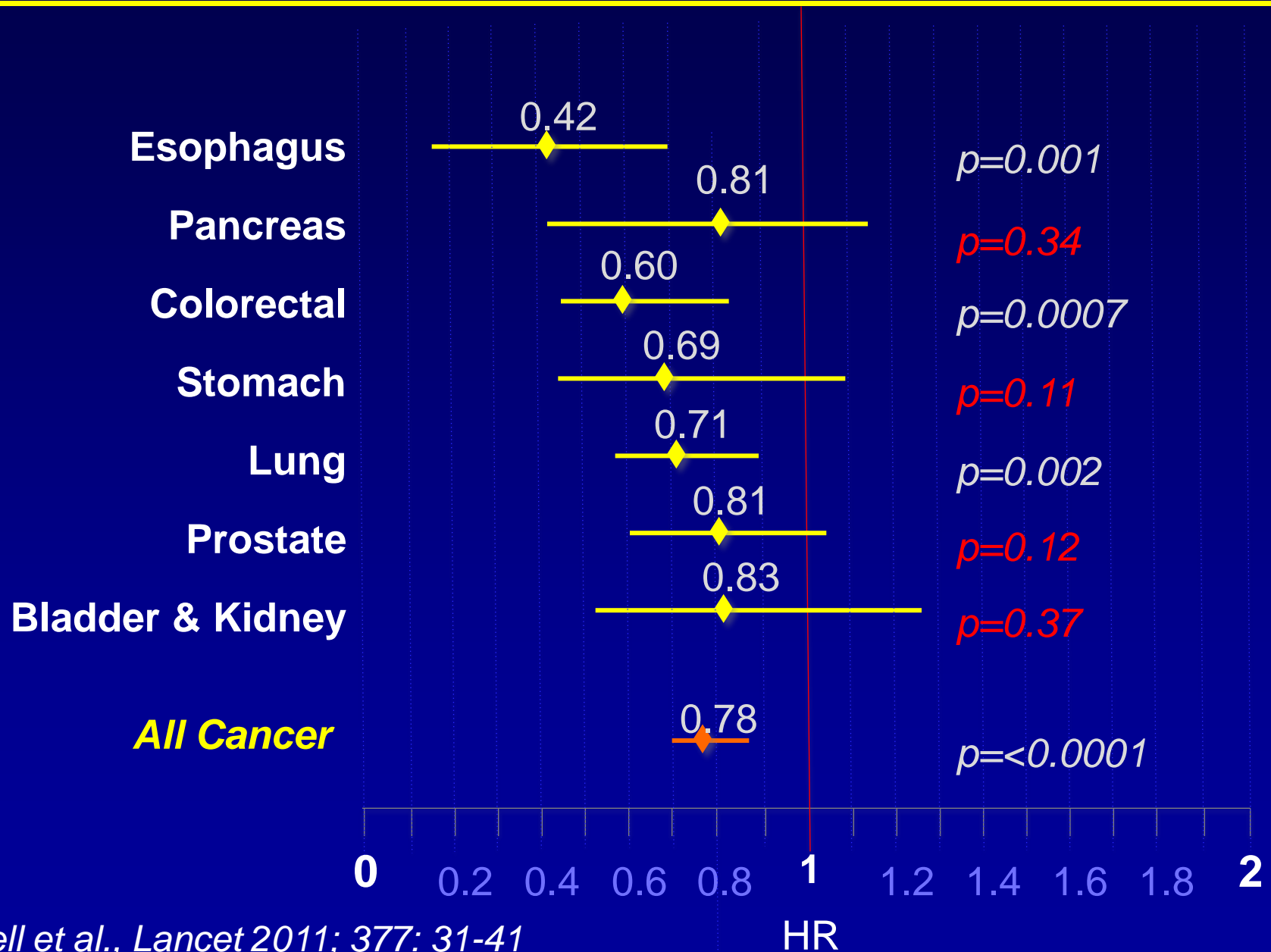


Daily Aspirin Use and Cancer Metastasis: (5 RCTs)



Aspirin (≥ 20 yrs) on Death Due to Cancer

(pooled 2° analysis from 3 RCT, n=10,502)



Key Points: Aspirin for Cancer Prevention

- Regular aspirin use is associated with reduction in the long-term risk of developing a variety of cancers [cohort, case-control & randomized clinical trials]
- Evidence strongest for GI cancers
- May reduce metastasis in patients taking aspirin prior to diagnosis of cancer [randomized trials]
- Need mechanistic studies of aspirin effects across the spectrum of pathogenesis, progression, and metastasis

Extra Slides

Maximum Opportunity to Interrupt Cancer Progression

