

This fact sheet explains the Task Force's draft recommendation statement on aspirin to prevent cardiovascular disease and cancer. It also tells you how you can send comments about the draft statement to the Task Force. Comments may be submitted from September 15 to October 12, 2015. The Task Force welcomes your feedback.

Aspirin to Prevent Cardiovascular Disease (CVD) and Cancer

The U.S. Preventive Services Task Force (Task Force) has issued a **draft recommendation statement** on *Aspirin to Prevent Cardiovascular Disease (CVD) and Cancer*. It focuses on CVD and colorectal cancer (CRC).

This draft recommendation statement applies to adults ages 40 and older who have not been diagnosed with CVD (including having a previous heart attack or stroke) and who do not have an increased risk of bleeding.

The Task Force reviewed research studies on the potential benefits and harms of using aspirin to prevent CVD and

CRC. The draft recommendation statement summarizes what the Task Force learned: (1) Most adults ages 50 to 59 who have increased risk of heart attacks or stroke should take a low-dose aspirin every day, (2) adults ages 60 to 69 who are at increased risk of CVD should talk with their doctor about whether to take a low-dose aspirin every day, (3) there is not enough available evidence on the benefits and harms of aspirin use in adults younger than age 50 and those 70 or older to recommend for or against its use in preventing CVD and CRC.

What are cardiovascular disease and colorectal cancer?

Cardiovascular disease (CVD) includes heart attacks and stroke. Colorectal cancer (CRC) is cancer that starts in the colon or rectum. The colon and rectum are parts of the large intestine, a part of the body's digestive system.

What is aspirin?

Aspirin is a medicine used to relieve pain, fever, inflammation, and helps prevent blood from clotting.

Facts about Cardiovascular Disease and Colorectal Cancer

Heart attacks, strokes, and cancer are the leading causes of death for adults in the United States. In fact, in 2013, more than half of all deaths in the United States were caused by heart disease, stroke, or cancer. CRC is the third most commonly diagnosed cancer in men and women and is a leading cause of cancer death.

A person's risk for CVD can be assessed based on a number of factors, including age, sex, race, total cholesterol, high-density lipoprotein (HDL) cholesterol level, blood pressure, and whether or not they have diabetes, smoke, or take blood pressure medication. Calculators are available to help assess this risk.

Everyone can reduce their risk of CVD and CRC by quitting smoking, eating a healthy diet, and being physically active. Keeping blood pressure and cholesterol under control also can help prevent CVD.

Benefits and Harms of Aspirin to Prevent Cardiovascular Disease and Colorectal Cancer

The Task Force reviewed studies on the benefits and harms of using aspirin to prevent CVD and cancer. They found that aspirin can prevent many heart attacks and strokes in adults ages 50 to 69 who are at increased risk of CVD but who do not have an increased risk of bleeding. A person's risk of bleeding can be determined by their clinician, based on age, sex, other health conditions, current medications, and any previous bleeding problems.

In addition, the Task Force found that people at increased risk of CVD who take aspirin for at least 10 years also can reduce the likelihood of developing CRC. However, they found no direct evidence that people who are at increased risk for CRC but not CVD would benefit overall from taking aspirin.

The Task Force found that aspirin use has potential harms. It can increase the likelihood of bleeding in the stomach and intestines and of strokes caused by bleeding in the brain. These harms are likely to be small in adults ages 50 to 59, but small to moderate in adults ages 60 to 69 because the likelihood of bleeding increases as people get older.

The Task Force also looked for studies on possible benefits and harms of aspirin in adults younger than 50 and older than 70 but did not find enough evidence to make a recommendation for these age groups.

The Draft Recommendations on Aspirin to Prevent Cardiovascular Disease and Cancer: What Do They Mean?

Here are the Task Force's draft recommendations on aspirin to prevent cardiovascular disease and cancer. Recommendation statements have letter grades. The grades are based on the quality and strength of the evidence about the potential benefits and harms of screening for this purpose. They also are based on the size of the potential benefits and harms. Task Force recommendation grades are explained in the box at the end of this fact sheet.

When the Task Force recommends the use of a preventive medicine (Grade B), it is because it has more potential benefits than potential harms. When the evidence shows that a preventive medicine may have at least a small benefit for some individuals, the Task Force gives it a Grade C. When there is not enough evidence to judge benefits and harms, the Task Force does not make a recommendation for or against—it issues an **I Statement**. The Notes explain key ideas.

Before you send comments to the Task Force, you may want to read the full [draft recommendation statement](#). The statement explains the evidence the Task Force reviewed and how it decided on the grade. [Evidence documents](#) provide more detail about the studies the Task Force reviewed.

- 1** The Task Force recommends **low-dose aspirin** use for the **primary prevention** of cardiovascular disease (CVD) and colorectal cancer in adults ages 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. **Grade B**
- 2** The decision to use low-dose aspirin to prevent CVD and colorectal cancer in adults ages 60 to 69 years who have a greater than 10% 10-year CVD risk should be an individual one. Persons who 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 are more likely to benefit. Persons who place a **higher value** on the potential benefits than the potential harms may choose to use low-dose aspirin. **Grade C**
- 3** The **current evidence is insufficient** to assess the balance of benefits and harms of aspirin use to prevent CVD and colorectal cancer in adults younger than age 50 years. **I Statement**
- 4** The current evidence is insufficient to assess the balance of benefits and harms of aspirin use to prevent CVD and colorectal cancer in adults age 70 years and older. **I Statement**

Notes

- 1 low-dose aspirin**
Aspirin in an 81-milligram dose. Also called baby aspirin.
primary prevention
Action to prevent a disease (for example, a first heart attack) from occurring in the first place.
10 or greater 10-year CVD risk
Having a 1 in 10 chance of developing CVD within the next 10 years.
life expectancy of at least 10 years
Being likely to live another 10 years.
- 2 higher value**
People who feel the potential benefits of daily aspirin use are more important to them than the potential harms.
- 3 current evidence is insufficient**
The Task Force did not find enough evidence in this age group to make a recommendation for or against using aspirin.





What is the U.S. Preventive Services Task Force?

The Task Force is an independent, volunteer panel of national experts in prevention and evidence-based medicine. The Task Force works to improve the health of all Americans by making evidence-based recommendations about clinical preventive services, such as screenings, counseling services, or preventive medicines. The recommendations apply to people with no signs or symptoms of the disease being discussed.

To develop a recommendation statement, Task Force members consider the best available science and research on a topic. For each topic, the Task Force posts draft documents for public comment, including a **draft recommendation statement**. All comments are reviewed and considered in developing the final recommendation statement. To learn more, visit the [Task Force Web site](#).

Task Force Recommendation Grades	
Grade	Definition
A	Recommended.
B	Recommended.
C	Recommendation depends on the patient's situation.
D	Not recommended.
I statement	There is not enough evidence to make a recommendation.

Click Here to Learn More About Cardiovascular Disease and Colorectal Cancer

-  **What is Coronary Heart Disease?**
(National Heart, Lung, and Blood Institute)
-  **What is a Stroke?**
(National Heart, Lung, and Blood Institute)
-  **Colorectal Cancer**
(National Cancer Institute)
-  **About Heart Disease & Stroke**
(Centers for Disease Control and Prevention)

[Click Here](#) to Comment on the Draft Recommendation



The Task Force welcomes comments on this draft recommendation.



Comments must be received between **September 15** and **October 12, 2015**.



All comments will be considered for use in writing final recommendations.