

Figure. Aspirin Use for the Primary Prevention of Cardiovascular Disease and Colorectal Cancer: Clinical Summary

Population	Adults aged 50 to 59 y with a $\geq 10\%$ 10-y CVD risk	Adults aged 60 to 69 y with a $\geq 10\%$ 10-y CVD risk	Adults younger than 50 y	Adults aged 70 y or older
Recommendation	Initiate low-dose aspirin use. Grade: B	The decision to initiate low-dose aspirin use is an individual one. Grade: C	No recommendation. Grade: I (insufficient evidence)	No recommendation. Grade: I (insufficient evidence)

Risk Assessment	<p>Primary risk factors for CVD are older age, male sex, race/ethnicity, abnormal lipid levels, high blood pressure, diabetes, and smoking. Risk factors for GI bleeding with aspirin use include higher aspirin dose and longer duration of use, history of GI ulcers or upper GI pain, bleeding disorders, renal failure, severe liver disease, and thrombocytopenia.</p> <p>The USPSTF used a calculator derived from the ACC/AHA pooled cohort equations to predict 10-y risk for first atherosclerotic CVD event.</p>			
Preventive Medication	<p>Aspirin's anticlotting effect is useful for primary and secondary CVD prevention because it potentially decreases the accumulation of blood clots that form as a result of reduced blood flow at atherosclerotic plaques, thereby reducing hypoxic damage to heart and brain tissue. The mechanisms for inhibition of adenoma or colorectal cancer development are not yet well-understood but may result from aspirin's anti-inflammatory properties.</p>			
Treatment and Dosage	<p>A reasonable approach consistent with the evidence is to prescribe 81 mg/d (the most commonly prescribed dose in the United States), and assess CVD and bleeding risk factors starting at age 50 y and periodically thereafter, as well as when CVD and bleeding risk factors are first detected or change.</p>			
Balance of Benefits and Harms	The benefits of aspirin use outweigh the increased risk of bleeding by a moderate amount.	The benefits of aspirin use outweigh the increased risk of bleeding by a small amount.	The evidence on aspirin use is insufficient and the balance of benefits and harms cannot be determined.	The evidence on aspirin use is insufficient and the balance of benefits and harms cannot be determined.
Other Relevant USPSTF Recommendations	<p>The USPSTF has made recommendations on smoking cessation and promoting a healthful diet and physical activity, as well as screening for carotid artery stenosis, coronary heart disease, high blood pressure, lipid disorders, obesity, diabetes, peripheral artery disease, and colorectal cancer. These recommendations are available on the USPSTF Web site (www.uspreventiveservicestaskforce.org).</p>			

For a summary of the evidence systematically reviewed in making this recommendation, the full recommendation statement, and supporting documents, please go to www.uspreventiveservicestaskforce.org.

Abbreviations: ACC/AHA=American College of Cardiology/American Heart Association; CVD=cardiovascular disease; GI=gastrointestinal.