

U.S. Preventive Services Task Force Publishes Final Recommendation Statement on Aspirin Use for the Primary Prevention of Cardiovascular Disease and Colorectal Cancer

Evidence shows that low-dose aspirin use is most beneficial for people ages 50 to 59; 60- to 69-year-olds should make the decision to take aspirin with their primary care clinician

WASHINGTON, D.C. – April 12, 2016 – The U.S. Preventive Services Task Force (Task Force) today published a final recommendation statement and evidence summaries on the use of aspirin for the primary prevention of cardiovascular disease and colorectal cancer. The final recommendation statement includes several recommendations for different age groups. All of the papers are published in [Annals of Internal Medicine](#).

To help people and their clinicians understand who can benefit the most overall from taking aspirin for primary prevention, the Task Force looked at the combined benefits and harms of taking aspirin to prevent both cardiovascular disease and colorectal cancer in this recommendation.

Cardiovascular disease and cancer are major causes of death for adults in the United States. Heart attacks and strokes are responsible for 30% of all deaths and colorectal cancer is the third most common cancer, causing an estimated 50,000 deaths in 2014.

“Fortunately, the Task Force found that for 50- to 69-year-olds at increased risk for cardiovascular disease, taking aspirin can help prevent heart attacks and strokes as well as colorectal cancer,” said Douglas K. Owens, M.D., M.S., a former member of the Task Force who led the review.

How much someone can benefit from taking aspirin depends on their age and risk of cardiovascular disease. Daily use of low-dose aspirin has the most overall benefit for people 50 to 59 years old who have increased risk of heart attack or stroke. The Task Force recommends aspirin initiation for this group. This is a **B recommendation**. People 60 to 69 years old with increased cardiovascular risk can also benefit from taking aspirin. However, the overall benefit for this group is smaller and therefore the decision to take aspirin should be made with a primary care clinician, based on patients’ risk of cardiovascular disease and bleeding, their overall health, and their personal values and preferences. This is a **C recommendation**.

The Task Force also concluded that the current evidence is insufficient to assess the balance of benefits and harms of aspirin use in adults younger than 50 or 70 and older, and issued **I statements** for these age groups.

This recommendation applies to people who are not at increased risk for gastrointestinal bleeding, who have at least a 10-year life expectancy, and who are willing to take low-dose aspirin daily for at least 10 years.

Grades in this recommendation:

B: Recommended.

C: The recommendation depends on the patient’s situation.

I: The balance of benefits and harms cannot be determined.

[Learn more here](#)

“Before starting to take aspirin for primary prevention, people aged 50 to 69 should talk to their primary care clinician to understand their risk of cardiovascular disease and risk for bleeding,” said Task Force chair Kirsten Bibbins-Domingo, Ph.D., M.D., M.A.S.

Taking aspirin is just one part of effective cardiovascular disease and cancer prevention. Everyone can reduce their risk of cardiovascular disease and colorectal cancer by quitting smoking, eating a healthy diet, and engaging in physical activity. Keeping blood pressure and cholesterol under control can also help to prevent heart attacks and strokes. In addition, regular screening is an important part of preventing colorectal cancer.

In addition to being published online in the *Annals of Internal Medicine*, the recommendation is posted on the Task Force Web site at <http://www.uspreventiveservicestaskforce.org>. A fact sheet that explains the recommendation statement in plain language is also available. A draft version of this recommendation was available for public comment in September 2015.

The Task Force is an independent, volunteer panel of national experts in prevention and evidence-based medicine that works to improve the health of all Americans by making evidence-based recommendations about clinical preventive services such as screenings, counseling services, and preventive medications.

Dr. Bibbins-Domingo is the Lee Goldman, MD, endowed chair in medicine and professor of medicine and of epidemiology and biostatistics at the University of California, San Francisco (UCSF). She is a general internist, attending physician, and the director of the UCSF Center for Vulnerable Populations at Zuckerberg San Francisco General Hospital.

Dr. Owens is a general internist at the Veterans Affairs Palo Alto Health Care System. He is the Henry J. Kaiser, Jr., professor at Stanford University, where he is also a professor of medicine, health research and policy (by courtesy), and management science and engineering (by courtesy), as well as senior fellow at the Freeman Spogli Institute for International Studies.

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