

U.S. Preventive Services Task Force Seeks Comments on Draft Recommendation Statement on Aspirin to Prevent Cardiovascular Disease and 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 with their doctor

WASHINGTON, D.C. – September 15, 2015 – The U.S. Preventive Services Task Force (Task Force) today posted a draft recommendation statement and draft evidence summaries on the use of aspirin to prevent cardiovascular disease and cancer. The draft recommendation statement includes several recommendations that address different age groups.

The Task Force found that taking aspirin can help 50- to 69-year-olds who are at increased risk of cardiovascular disease prevent heart attacks and stroke, as well as help prevent colorectal cancer, if taken for at least 10 years. This draft recommendation applies to people who are not at increased risk for bleeding, have at least a 10-year life expectancy, and are willing to take low-dose aspirin daily.

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 use in this age group. This is a **B recommendation**. People 60 to 69 years old with increased risk can also benefit from taking aspirin. However, the overall benefit for this group is smaller, so the decision to take aspirin should be an individual one based on patients' risk for 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.

The Task Force approached this draft recommendation in a new way. "Each person has only one decision to make—whether or not to take aspirin for prevention," says Task Force member Douglas K. Owens, M.D., M.S. "To help individuals and their clinicians make this decision, the Task Force integrated the evidence about the use of aspirin to prevent cardiovascular disease and colorectal cancer into one recommendation on the use of aspirin."

"Taking aspirin is easy, but deciding whether or not to take aspirin for prevention is complex," says Task Force vice chair Kirsten Bibbins-Domingo, Ph.D., M.D., M.A.S. "People aged 50 to 69 should talk with their doctor about their risk of cardiovascular disease and risk of bleeding, and discuss whether taking aspirin is right for them."

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

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](#)

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.

The Task Force's draft recommendation statement has posted for public comment on the Task Force Web site at www.uspreventiveservicestaskforce.org. Comments can be submitted from September 15 to October 12 at www.uspreventiveservicestaskforce.org/tfcomment.htm. A fact sheet that explains the draft recommendation statement in plain language is also available.

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.

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