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Low-Dose Aspirin for 50-to-59-Year-Olds with Cardiovascular Disease Risk Recommended for Prevention of Colorectal Cancer ***Gastroenterologists Can Help Assess Potential Benefits Against Increased Risks of GI Bleeding***

Bethesda, MD (April 12, 2016) – The U.S. Preventive Services Task Force (USPSTF) published a recommendation for initiating low-dose aspirin for the primary prevention of both cardiovascular-related events and colorectal cancer in select adults. The new recommendations for daily low-dose aspirin apply to men and women 50 to 59 years old who have a 10 percent or greater risk of developing cardiovascular disease over 10 years and are not at increased risk for bleeding. Patients need to have a 10-year life expectancy and be willing to take low-dose aspirin for at least 10 years.

The USPSTF, an independent panel of experts in prevention and evidence-based medicine, gave the recommendation a “B” grade, which means that there is moderate-to-high certainty that the benefits outweigh the harms, and that physicians should recommend this therapy to their patients.

“While aspirin use is ubiquitous, it is not innocuous. It increases the risk of abdominal discomfort, and peptic ulcer, as well as gastrointestinal bleeding and hemorrhagic stroke, which both can be fatal,” commented Carol A. Burke, MD, FACP, President-Elect of the American College of Gastroenterology. Dr. Burke is the Director of the Center for Colon Polyp and Cancer Prevention at the Cleveland Clinic, Cleveland, OH.

The risk of aspirin-related side effects increases with the dose, according to Dr. Burke. “The patients with the highest risk of gastrointestinal bleeding are men, the elderly (over age 70 years), patients with peptic ulcer, prior GI bleeding, individuals with *Helicobacter pylori* infection or uncontrolled hypertension, or those who use other antiplatelet agents, anticoagulants, steroids, or other nonsteroidal anti-inflammatory drugs (NSAIDs),” she added.

These new USPSTF recommendations underscore the importance of accurate patient assessment and well-informed, shared decision making.

“Gastroenterologists are in the best position to assess a patient’s risk of colorectal cancer and gastrointestinal hemorrhage,” commented Aasma Shaukat, MD, MPH, FACP of the University of Minnesota. Dr. Shaukat is the ACG Governor for Minnesota. She serves as the Section Chief, GI Section, Minneapolis Veterans’ Administration Health Care System.

“It is important for GI physicians to understand these recommendations and especially their nuances, to apply them to our patients, and to help our primary care colleagues balance the benefit of aspirin for colorectal cancer prevention with the risk of GI hemorrhage,” said Dr. Shaukat. [Full commentary by Dr. Shaukat on the new USPSTF aspirin recommendations](#), including the appropriate criteria for their application and key messages for patients, can be accessed via the American College of Gastroenterology blog.

American College of Gastroenterology

Founded in 1932, the American College of Gastroenterology (ACG) is an organization with an international membership of more than 13,000 individuals from 86 countries. The College's vision is to be the pre-eminent professional organization that champions the evolving needs of clinicians in the delivery of high quality, evidence-based, and compassionate health care to gastroenterology patients. The mission of the College is to advance world-class care for patients with gastrointestinal disorders through excellence, innovation and advocacy in the areas of scientific investigation, education, prevention and treatment. www.gi.org

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