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Impact of aspirin on pancreatic cancer

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In the previous issue of *Annals of Gastroenterology,* Suenghataiphorn *et al* concluded that long-term aspirin use was associated with lower inpatient mortality and improved clinical outcomes in elderly hospitalized pancreatic cancer patients [1]. However, some limitations need to be further addressed. First, the study focused solely on elderly hospitalized patients, which limits the generalizability of its findings. In contrast, previous studies [2] included more diverse populations, allowing for broader conclusions about aspirin's effects across different age groups and health statuses.

Another limitation of the study was the lack of reporting of the adverse effects of long-term aspirin use. As shown in previous studies, prolonged aspirin intake is known to increase the risk of gastrointestinal bleeding, cardiovascular issues and other complications, especially in elderly populations [2,3]. The authors could incorporate such an analysis and offer a more complete understanding of the risk-benefit ratio.

Additionally, the study did not investigate aspirin dosage and duration, important factors in determining its efficacy and safety. Previous studies have examined both low-dose (typically 75-100 mg) and standard-dose (300-325 mg) aspirin. Low-dose aspirin, often used for cardiovascular disease prevention, has been associated with some protective benefits against cancer, though findings are inconsistent [2]. On the other hand, some studies suggest that standard or higher doses might have stronger preventive effects, particularly for other cancers like colorectal cancer, but these higher doses increase the risk of gastrointestinal bleeding and other adverse effects [3].

In terms of duration, previous data suggest that the protective effect of aspirin on pancreatic cancer becomes evident only after more than 7.5 years of use. Other research supports the notion that shorter durations (<5 years) show no significant impact on cancer prevention [2,3]. The authors could provide some additional data to clarify these points.

References

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