ASPIRIN FOR PROSTATE CANCER PATIENTS? CAUTION, NOT A PANACEA

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DISCLAIMER: Please recognize that I am not a Medical Doctor. I have been an avid student researching and studying prostate cancer as a survivor and continuing patient since 1992. I have dedicated my retirement years to continued research and study in order to serve as an advocate for prostate cancer awareness, and, from a activist patient's viewpoint, to voluntarily help patients, caregivers, and others interested develop an understanding of prostate cancer, its treatment options, and the treatment of the side effects that often accompany treatment. There is absolutely no charge for my mentoring – I provide this free service as one who has been there and hoping to make your journey one with better understanding and knowledge than was available to me when I was diagnosed so many years ago. Readers of this paper must understand that the comments or recommendations I make are not intended to be the procedure to blindly follow; rather, they are to be reviewed as my opinion, then used for further personal research, study, and subsequent discussion with the medical professional/physician providing your prostate cancer care.

Aspirin may have some benefit if being in daily use *previous* to the diagnosis of prostate, colorectal, breast, or lung cancer, and appears to indicate it may serve to prevent metastasis, or at least slow metastasis progression – and even that consideration appears to apply more for colorectal and lung cancer and only "borderline" or no help for prostate or breast cancer. I see low-dose aspirin (81mg) likely more for preventing heart issues.

There have been several remarks that Aspirin is good for men diagnosed with prostate cancer (See http://www.ncbi.nlm.nih.gov/pubmed/23713888), however, this 2015 paper provides evidence indicating aspirin *does not* reduce mortality in prostate cancer: http://www.medscape.com/viewarticle/843111   If unable to open this reference you can subscribe to Medscape free thus enabling you to review this and any future Medscape papers you come upon.

Caution is certainly necessary when considering adding aspirin to your intake and if a prostate cancer (or any cancer) patient, you should discuss aspirin use with your treating physician. The following from this resource from Mayo Clinic explains aspirin use: http://www.mayoclinic.com/health/daily-aspirin-therapy/HB00073

"Should you take a daily aspirin?

You shouldn't start daily aspirin therapy on your own in an effort to prevent a heart attack. Your doctor may suggest daily aspirin therapy if:

You've already had a heart attack or stroke
You haven't had a heart attack, but you have had a stent placed in a coronary artery, have had coronary bypass surgery, or you have chest pain due to coronary artery disease (angina)
You've never had a heart attack, but you're at high risk of having one
You're a man with diabetes older than 50, or a woman with diabetes older than 60
Although aspirin has been recommended in the past for certain groups of people without a history of heart attack, there's some disagreement among doctors about this approach. Guidelines are changing and have varied between organizations. The bottom line is that before taking a daily aspirin you should have a discussion with your doctor.

This study reported in October 2015 from the Netherlands concluded that for those experiencing gastrointestinal cancers, aspirin improves survival in patients with tumors situated throughout the gastrointestinal (GI) tract:

http://tinyurl.com/ov86kuz

Should you avoid daily aspirin therapy if you have another health condition?

Before starting daily aspirin therapy under the advice of your doctor, you should let him or her know if you have a health condition that could increase your risk of bleeding or other complications. These conditions include:

A bleeding or clotting disorder (bleeding easily)
Aspirin allergy, which can include asthma caused by aspirin
Bleeding stomach ulcers"