

# Taking **aspirin** to lower my chance of bowel cancer: Information for people with **Lynch syndrome**



## WHO IS THE LEAFLET FOR?

- This leaflet is for people with Lynch syndrome.
- Our genes carry the information that is passed on (inherited) from our parents. Lynch syndrome is an inherited condition passed down from parent to child. It is caused by faults in certain genes.
- Some gene faults can increase the chance of cancer. People with Lynch syndrome have an increased chance of getting bowel cancer and some other types of cancer.
- Regular colonoscopies (a test to look inside the bowel) and aspirin can lower the chance of bowel cancer in people with Lynch syndrome.
- Some people will still get bowel cancer.

## WHAT IS THE LEAFLET ABOUT?

- This leaflet aims to help you decide whether to take aspirin. Taking aspirin may help lower your chance of bowel cancer.
- It tells you about the possible benefits and side-effects of taking aspirin.

## WHAT IS ASPIRIN?

Aspirin is often used to:

- treat pain, and reduce fever or inflammation
- treat or prevent heart attacks and strokes

## WILL ASPIRIN REDUCE MY CHANCE OF BOWEL CANCER?

- The chance of bowel cancer increases slowly with age in everyone. It is higher for people with Lynch syndrome.
- People with Lynch syndrome from many countries took part in the Cancer Prevention Project 2<sup>1</sup> research study. This study showed that people who took 600 mg of aspirin each day for 2 years more than halved their chance of bowel cancer. The people in the study also had regular colonoscopies. So, taking aspirin lowered their chance of bowel cancer even more.

The following diagrams show the chance of bowel cancer in a person with a Lynch syndrome gene fault. The chance of bowel cancer is highest for people who do not have colonoscopy. It is lower for people who have regular colonoscopy. It is lowest for people having regular colonoscopy and taking aspirin every day. The chance of bowel cancer is slightly higher in men than women, and how much you are going to be benefited from aspirin somewhat depends on at what age you start taking aspirin to lower your bowel cancer risk. For example, for 50-year-old men starting to take aspirin now, the chance of bowel cancer is:

- Without colonoscopy or aspirin (33% or in 100 chance over a lifetime)
  - 67 will not develop bowel cancer
  - 33 will develop bowel cancer
- With colonoscopy but without aspirin (14% or 14 in 100 chance over a lifetime)
  - 86 will not develop bowel cancer
  - 14 will develop bowel cancer
- With both colonoscopy and aspirin (9% or 9 in 100 chance over a lifetime)
  - 91 will not develop bowel cancer
  - 9 will develop bowel cancer

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## With both colonoscopy and aspirin

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## WHAT ARE THE POSSIBLE SIDE-EFFECTS OF TAKING ASPIRIN

• All medications have a chance of side-effects. It is important to balance these risks with the possible benefits of taking the medication.

• Many people take aspirin regularly for other health reasons. Its side-effects are well known. These are:

- Stomach ulcers, which may bleed
- Some people may bleed more easily

- Major bleeding happens to 1 person out of 1000 people every year who take aspirin every day. This person will need to go to hospital.

- Haemorrhagic stroke (a stroke caused by bleeding in the brain) is the most serious and potentially fatal side-effect. It is rare (about 1 in 1,000 patients). By contrast, aspirin decreases the chance of thrombotic stroke (a stroke caused by a blood clot in the brain), the benefits of which outweigh the risks of haemorrhagic stroke

- Kidney function may get worse, especially if the kidneys are already not working properly.

• The chance of a person having side-effects from taking aspirin increases when it is **taken regularly, at large doses** and the person is in an **older age group**.

## DO THE BENEFITS OF BOWEL CANCER PREVENTION OUTWEIGH THE RISKS OF SIDE-EFFECTS?

• Research shows taking aspirin and having a colonoscopy are very effective to lower the chance of getting bowel cancer caused by Lynch syndrome.

• Aspirin may not be suitable for people with other health problems (e.g. stomach ulcers, bleeding disorder, kidney problems or uncontrolled high blood pressure).

• Speak to your doctor before taking aspirin to lower the chance of bowel cancer. Your doctor will help you decide whether to take aspirin and which dose to take based on personal health factors.

## COMPARING ASPIRIN USE IN DIFFERENT CONDITIONS

Condition	Recommended aspirin daily dose
Preventing heart attack and stroke	100mg/day
Pain relief or fever	300-600 mg
Lynch syndrome	600mg*

\*Research is in progress to test if smaller doses of aspirin work to lower the chance of bowel cancer in people with Lynch syndrome.

## THINGS WE DON'T YET KNOW ABOUT USING ASPIRIN TO LOWER THE CHANCE OF GETTING BOWEL CANCER

We do not know for people with Lynch syndrome...

• What is the best dose of daily aspirin to lower the chance of bowel cancer while minimizing the chance of side-effects at the same time?

• How long do people need to take aspirin for to lower their chance of bowel cancer?

• At what age should people should start or stop taking aspirin?

• Should people take aspirin at different times during their lives?

• How does aspirin work to lower the chance of bowel cancer?

• Is aspirin more effective in people who are overweight?

## AN ONGOING STUDY—CANCER PREVENTION PROJECT 3

The Cancer Prevention Project 3 looks at the benefits and side-effects of three different doses of aspirin in people who have Lynch syndrome. The results from this study are not yet available. However most clinics now recommend that people who have Lynch syndrome consider taking 100 mg enteric\* coated aspirin each day, as long as there is no reason to avoid aspirin.

## GLOSSARY OF MEDICAL TERMS

**\*Enteric coated:** The coating around medication that allows it to move through the stomach to the small intestine before the medication is released into the body potentially reducing the risk of ulcers in the stomach.

Reference:

1. Burn J, Gerdes AM, Macrae F, et al. Long-term effect of aspirin on cancer risk in carriers of hereditary colorectal cancer: an analysis from the CAPP2 randomised controlled trial. *Lancet* 2011; **378**(9809): 2081-7.

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