



Prevention by daily soluble aspirin of colorectal adenoma recurrence: 4-year results of the APACC randomised trial

Submitted by Emmanuel Lemoine on Thu, 03/26/2015 - 14:23

Titre	Prevention by daily soluble aspirin of colorectal adenoma recurrence: 4-year results of the APACC randomised trial
Type de publication	Article de revue
Auteur	Benamouzig, Robert [1], Uzzan, Bernard [2], Deyra, Jacques [3], Martin, Antoine [4], Girard, Bernard [5], Little, Julian [6], Chaussade, Stanislas [7], Association pour la Prévention par l'Aspirine du Cancer Colorectal Study Group, [8]
Editeur	BMJ Publishing Group
Type	Article scientifique dans une revue à comité de lecture
Année	2012
Langue	Anglais
Date	2012/01/02
Numéro	2
Pagination	255 - 261
Volume	61
Titre de la revue	Gut
ISSN	1468-3288
Mots-clés	acetylsalicylic acid [9], cancer prevention [10], chemoprevention [11], Colorectal adenoma [12], Cyclooxygenase-2 [13], Nutrition [14], Obesity [15], randomised controlled trial [16]
Résumé en anglais	<p>Background Aspirin inhibits colorectal carcinogenesis. In a randomised double-blind placebo-controlled trial, daily soluble aspirin significantly reduced recurrence of colorectal adenomas at 1-year follow-up. In this study the results of daily intake of low-dose aspirin on polyp recurrence at 4-year follow-up are presented. Methods 272 patients (naive for chronic aspirin use) with colorectal adenomas were randomly assigned to treatment with lysine acetylsalicylate 160 mg/day (n=73) or 300 mg/day (n=67) or placebo (n=132) for 4 years. The primary endpoints were adenoma recurrence and adenomatous polyp burden at year 4, comparing aspirin at either dose with placebo. The same endpoints were also assessed at year 1 or 4 (last colonoscopy performed for each patient). Results At the final year 4 colonoscopy the analysis included 185 patients (55 receiving aspirin 160 mg/day, 47 aspirin 300 mg/day and 83 placebo). There was no difference in the proportion of patients with at least one recurrent adenoma between patients receiving aspirin at either dose and those treated with placebo (42/102 (41%) vs 33/83 (40%); NS) or in the adenomatous polyp burden (3.1±5.8 mm vs 3.4±6.2 mm; NS). Also, the proportion of patients with at least one advanced recurrent adenoma did not differ (10/182 (10%) in the aspirin group vs 7/83 (7%) in the placebo group; NS). Conclusion Daily low-dose aspirin decreased adenoma recurrence significantly at 1 year but not at year 4. This discrepancy might be explained by a differential effect of aspirin according to the natural history of the polyp. Trial Registration Number NCT 00224679.</p>

URL de la notice	http://okina.univ-angers.fr/publications/ua9180 [17]
DOI	10.1136/gutjnl-2011-300113 [18]
Lien vers le document	http://dx.doi.org/10.1136/gutjnl-2011-300113 [18]

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- [18] <http://dx.doi.org/10.1136/gutjnl-2011-300113>

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