

Cohort study of aspirin use among African Americans



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Aspirin Use and Prostate Cancer among African-American Men in the Southern Community Cohort Study

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Background:

The association of aspirin use with prostate cancer has been investigated, but few studies included African-American men. Here, we analyzed the relationship of aspirin intake with prostate cancer risk and mortality among African-American men in the Southern Community Cohort Study (SCCS).

Methods:

SCCS recruited 22,426 African-American men between 2002 and 2009. Aspirin use was assessed at enrollment. Our exposures of interest were any aspirin use (regular strength, low-dose or baby aspirin, or half tablets of aspirin) and regular strength aspirin. Each exposure variable was compared with nonusers.

Associations between aspirin use and prostate cancer risk and mortality were examined with Cox proportional hazards models.

Results:

At enrollment, 5,486 men (25.1%) reported taking any aspirin and 2,634 men (12.1%) reported regular strength aspirin use. During follow-up (median, 13

years), 1,058 men developed prostate cancer, including 103 prostate cancer-specific deaths. Aspirin use was not associated with prostate cancer development [adjusted HR, 1.07; 95% confidence interval (CI), 0.92–1.25 for any aspirin use and HR, 0.97; 95% CI, 0.78–1.19 for regular strength aspirin], but was suggestively associated with reduced prostate cancer mortality (HR, 0.66; 95% CI, 0.39–1.14 for any aspirin use and HR, 0.41; 95% CI, 0.17–1.00 for regular strength aspirin).

Conclusions:

Aspirin use at enrollment was tentatively associated with reduced prostate cancer mortality, but not risk, among African-American men in SCCS.

Impact:

Prospective SCCS data suggest that aspirin use may help prevent lethal prostate cancer among this high-risk group of men