ROLE OF ASPIRIN AS PROPHYLAXIS AGAINST COLORECTAL CANCER

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ABSTRACT

Introduction: Colorectal cancer (Bowel Cancer) is cancer of colon and rectum that are the parts of large intestine. [1] Symptoms are pain on defecation, blood and mucus in feces. [2] Risk factors of colon cancer are certain diet that is red meat, alcohol, and meat that is processed, obesity, smoking, and lack of physical activity. [3, 4] Others factors are old age, type three personalities and usage of spicy foods. People with inflammatory bowel disease (ulcerative colitis and Crohn's disease), familial adenomatous polyposis are at high threat of cancer of colon and rectum. This can be prevented by using aspirin usage in long term. [5, 6, 7] In high danger families, cancer of colon can be prevented by using aspirin and colonoscopies are recommended in these families. [8, 9] Colorectal cancer can be diagnosed by sigmoidoscopy or colonoscopy. [10, 11, 12] Most of people (50 %) do not report any signs and symptoms of colon cancer. [13, 14] Streptococcus gallolyticus is associated with colorectal cancer. [15, 16]

Objective: To find out the role of aspirin as prophylaxis against colorectal cancer.

Methodology: This descriptive retrospective study was conducted in the Ibnae –Sienna Hospital Multan from January 2016 to August 2017. 100 patients of each group between 50-65 years of age were included in the study; all were male whose were taken aspirin for pain killer and for fever as routine since long term and 100 male patients of same age not used aspirin. Date analysis was carried out using SPSS version 19 Software.

Results: All were male patients 100 (100 %) 50-65 years of age. Most of the patients (98) 98 % who used aspirin in the past have no colorectal cancer as compared to patients (18) 18 % who not taken aspirin in the past have colorectal cancer.

Conclusion: Patients used aspirin since long have very least possibilities of colorectal cancer.

Keywords: Colorectal Cancer, Aspirin, NSAIDS

INTRODUCTION

Bowel cancer (Colorectal cancer) is cancer of colon and rectum that are the parts of large intestine. [1] Symptoms are pain on defecation, blood and mucus in feces. [2] Risk factors of colon cancer are certain diet that is red meat, alcohol, and meat that is processed, obesity, smoking, and lack of physical activity. [3, 4] Others factors are old age, type three personalities and usage of spicy foods. People with inflammatory bowel disease (ulcerative colitis and Crohn's disease), familial adenomatous polyposis are at high threat of cancer of colon and rectum. This can be prevented by using aspirin usage in long term. [5, 6, 7] In high danger families, cancer of colon can be prevented by using aspirin and colonoscopies are recommended in these families. [8, 9] Colorectal cancer can be diagnosed by sigmoidoscopy or colonoscopy. [10, 11, 12] Most of people (50 %) do not report any signs and symptoms of colon cancer. [13, 14] Streptococcus gallolyticus is associated with colorectal cancer. [15, 16] Aspirin is a non-steroidal anti-inflammatory drug (NSAID). It is analgesic: Relieves pain without anesthesia or loss of consciousness, Antipyretic: Reduces a fever, Anti-inflammatory: Lowers inflammation when used in higher doses. Non-steroidal means they are not steroids.

OBJECTIVE

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METHODOLOGY
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Data analysis was carried out using SPSS version 19 Software.

RESULTS
All were Male patties 100 (100 %) 50-65 years of age. Most of the patients (98) 98 % who used aspirin in the past have no colorectal cancer as compared to patients (18) 18 % who not taken aspirin in the past have colorectal cancer.

A. Sex Information
A total of 100 patients from each group who used aspirin and other who not used aspirin in the past, among them male were 100 (100 %) and female were nil (Nil %) as in the Table 1

<table>
<thead>
<tr>
<th>Sex</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>100</td>
<td>100 %</td>
</tr>
<tr>
<td>Female</td>
<td>_</td>
<td>_ %</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>100 %</td>
</tr>
</tbody>
</table>

B. Age Information
A total of 100 patients from each group who used aspirin and other who not used aspirin in the past with range of 50 65 years of age in the Table 2

<table>
<thead>
<tr>
<th>Age</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>50-65</td>
<td>100</td>
<td>100 %</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>100 %</td>
</tr>
</tbody>
</table>
C. Frequency distribution of patients used aspirin and not used aspirin in the past
While taking history of aspirin used in the past, it was found that only 2 out of 100 (2%) who used aspirin in the past have colorectal cancer and 18 out of 100 (18%) have colorectal cancer those not used aspirin in the past have (Table 3).

<table>
<thead>
<tr>
<th>Past History of usage of aspirin</th>
<th>No. of patients</th>
<th>Frequency of colorectal cancer</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>100</td>
<td>2</td>
<td>2%</td>
</tr>
<tr>
<td>No</td>
<td>100</td>
<td>18</td>
<td>18%</td>
</tr>
</tbody>
</table>

Test of significance
X² = 10.9
df = 1
P = < 0.0001 (significant)

DISCUSSION
People with inflammatory bowel disease (ulcerative colitis and Crohn's disease) are at high threat of cancer of colon and rectum. This can be prevented by using aspirin usage in long term. In high danger families, cancer of colon can be prevented by using aspirin and colonoscopies are recommended in these families.[17] Aspirin is also useful to prevent death in heart attack, ischemic heart diseases, arthritis and other diseases. Peoples of high risk groups can prevent colorectal cancer by using aspirin as prophylaxis.

Aspirin is thought to reduce the overall risk of both getting cancer and dying from cancer.[18] This effect is particularly beneficial for colorectal cancer (CRC) but must be taken for at least 10–20 years to see this benefit. It may also slightly reduce the risk of endometrial cancer, breast cancer, and prostate cancer.[18,19] In our study, those patients who were used aspirin for some sickness had found least chances of colorectal cancer as compared to those who not used aspirin.

CONCLUSION
Patients used aspirin since long have very least possibilities of colorectal cancer

RECOMMENDATIONS
In the light of above study, it is recommended that high risk groups (family history) of colorectal cancer should use aspirin as prophylaxis to avoid/minimize the risk of colorectal cancer in addition to nutrition measures and avoid the consumption of alcohol.

REFERENCES
8. GBD 2015 Disease and Injury Incidence and Prevalence, Collaborators. (October 8, 2016)


