

# Aspirin use not found to benefit prostate cancer mortality

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but not pre-diagnostic aspirin use (HR, 0.98; 95 percent CI, 0.87 to 1.18).

"The post-diagnostic use of aspirin is not associated with a decreased risk of [prostate cancer](#) outcomes," the authors write. "Increased risks were restricted to patients initiating these drugs after their [diagnosis](#), suggesting a non-causal association."

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(HealthDay)—Aspirin use does not appear to reduce the risk of mortality associated with prostate cancer, according to research published in the April issue of *The Journal of Urology*.

Jonathan Assayag, M.D., of the Jewish General Hospital in Montreal, and colleagues followed a cohort of 11,779 men, diagnosed with nonmetastatic prostate cancer between 1998 and 2009, until 2012. The associations of [aspirin](#) use with [prostate cancer mortality](#) and all-cause mortality were assessed.

The researchers found that, at a mean follow-up of 5.4 years, post-diagnostic use of aspirin was associated with increased risks of prostate cancer mortality (hazard ratio [HR], 1.46; 95 percent confidence interval [CI], 1.29 to 1.65) and all-cause mortality (HR, 1.37; 95 percent CI, 1.26 to 1.50). Further analysis showed that the risk of [prostate cancer mortality](#) was increased in patients initiating aspirin use after the diagnosis of prostate cancer (HR, 1.84; 95 percent CI, 1.59 to 2.12), but not in those who already were using aspirin before the diagnosis (HR, 0.97; 95 percent CI, 0.81 to 1.16). A similar pattern was observed for increased risk of all-cause mortality associated with post-diagnostic aspirin use (HR, 1.70; 95 percent CI, 1.53 to 1.88),

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