CORRESPONDENCE

Barrett's Adenocarcinoma of the Esophagus: Better Outcomes Through New Methods of Diagnosis and Treatment

by Dr. med. Angelika Behrens, PD Dr. med. Oliver Pech,
Dr. med. Florian Graupe, PD Dr. med. Andrea May, Prof. Dr. med. Dietmar Lorenz,
Prof. Dr. med. Christian Ell in volume 18/2011

Prophylactic Role of Aspirin

Regrettably, the review article did not include a discussion of the meta-analysis by Rothwell et al., published in December 2010 (1), which found a pronounced reduction in cancer mortality in aspirin users not only for colon cancers but practically to the same extent (hazard ratio 0.66, 95% confidence interval 0.56 to 0.77, $P=0.0001$) in adenocarcinoma of the lung and esophagus. I doubt that the conclusion drawn by Behrens et al. concerning prophylactic administration of acetylsalicylic acid ("consumption of these substances cannot be recommended") remains valid against this background.

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REFERENCES

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2. Behrens A, Pech O, Graupe F, May A, Lorenz D, Ell C: Barrett's adenocarcinoma of the esophagus—better outcomes through new methods of diagnosis and treatment. *Dtsch Arztebl Int* 2011; 108(18): 313–9.

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In Reply:

We thank our correspondent for his constructive comment, mentioning the meta-analysis by Rothwell et al., "Effects of daily aspirin on long-term risk of death due to cancer: analysis of individual patient data from randomised trials." Since this undoubtedly remarkable original research study was published in January 2011, we were not able to include it in our article, whose final version was accepted by the editors in May 2010.

However, even on the background of the cited study, we still do not recommend prophylactic administration of acetylsalicylic acid with the aim to reduce cancer. In spite of the surprisingly large potential for cancer reduction, especially for gastrointestinal cancers, it should be borne in mind that the data came from studies with a different objective (prevention of vascular events). Especially in view of the side effect profile, in particular the risk of gastrointestinal bleeding, further validation by study data is required. Not least the authors themselves do not unequivocally recommend prophylactic administration unless a concomitant relevant vascular indication exists.

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1. Behrens A, Pech O, Graupe F, May A, Lorenz D, Ell C: Barrett's adenocarcinoma of the esophagus—better outcomes through new methods of diagnosis and treatment. *Dtsch Arztebl Int* 2011; 108(18): 313–9.

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Conflict of interest statement

All authors declare that no conflict of interest exists.