Aspirin and Lynch Syndrome – Frequently Asked Questions (FAQ) for People with Lynch Syndrome

This is general guidance for people with Lynch syndrome and has been developed with people who have Lynch syndrome, the charity Lynch Syndrome UK, and clinicians from the UK National Lynch Syndrome Network.

If you are thinking of taking aspirin, you should always discuss with your doctor.

1. Why might I be advised to take aspirin?
Research has shown that regular aspirin use **reduces the risk of bowel cancer** and **possibly other cancers** in people with Lynch syndrome.

The largest study so far, called the **Cancer Prevention Project (CAPP2)**, found that people with Lynch syndrome who took aspirin daily were **less likely to develop cancer** in the long term. People should remember to take aspirin every day to gain this benefit.

The use of aspirin by people with Lynch syndrome has been recommended in UK national guidelines by both the British Society of Gastroenterology and NICE (see further information below)

2. How does aspirin help prevent cancer?
Aspirin reduces inflammation and may help stop abnormal cells in the bowel from growing. It might also influence certain pathways in the body that are linked to cancer development.

3. Should I always discuss with my doctor if I am thinking of starting aspirin?
Yes. You can discuss with your GP or Hospital Specialist

4. Should I have Helicobacter (H) pylori testing before starting aspirin?
Yes. This test can be offered by your GP (normally using a stool test). H. pylori is a type of bacteria commonly found in the general population, and it is associated with stomach ulcers in some people.

However, if H. pylori is detected, it can and should be eradicated by antibiotics before you start aspirin, reducing the chance of side effects (e.g. stomach irritation).

Eradication of the bacteria may also reduce your risk of stomach cancer.

5. When should I start taking aspirin, and for how long?

Aspirin may be started in adulthood. In general, we suggest you start taking aspirin 5 years prior to the recommended age of colonoscopy commencement. This varies depending on your affected Lynch gene (for MLH1, MSH2 or EPCAM, start taking aspirin from around age 20, for MSH6 and PMS2 from age 30 years or before.)

The protective effect seems to appear **at least two years after starting to take aspirin regularly,** so current guidance advises to **take for a minimum of two years and ideally at least 5 years** (in line with the CAPP2 study). Your specialist should review your long-term use, based on your health and tolerance.

6. What dose of aspirin should I take?
The best dose for cancer prevention has been recently studied in a clinical trial, and the results of this trial have recently been reported in 2025 (the CAPP3 study).
The new advice is based on a person's Body mass index (BMI), which is calculated from your weight and height:
https://www.nhs.uk/health-assessment-tools/calculate-your-body-mass-index/calculate-bmi-for-adults

- For people with a BMI of under 30, 75mg daily is the recommended dose.
- For people with a BMI of 30 or more, a higher dose of 150mg can be taken.

If you have been taking a higher dose, it is reasonable to reduce this dose now.

If you are unsure about the dose, or think you are currently on the wrong dose, please get in touch with you GP or Lynch syndrome specialist to discuss.

7. What age should I stop taking aspirin?
General advice would be to stop taking aspirin by the age of 70 and to not start after age 65 years, unless there is another reason you are taking aspirin (i.e. a reason other than prevention of cancer due to Lynch syndrome).

8. What are the possible side effects?
Aspirin is generally safe and most people tolerate it well, but side effects can include:
- Stomach pain or irritation
- Heartburn or indigestion
- Easy bruising or bleeding
- (Rarely) stomach ulcers or internal bleeding
- (Rarely) allergic reactions or asthma flare-ups

Your GP may recommend taking aspirin with food or using a coated (enteric) tablet to reduce stomach irritation.

If you have had problems with side effects whilst taking aspirin previously, there may be a solution which still allows you to take it, for example taking it at a lower dose or with gastric protective medications. We would advise you discuss this with your doctor.

9. Who should *not* take aspirin?
Aspirin may not be suitable if you:

- Have a **history of stomach ulcers or bleeding**
- Have **asthma triggered by aspirin or Non-Steroidal Anti-inflammatory Drugs (NSAIDs - e.g. diclofenac/ibuprofen/naproxen)**
- Take **blood-thinning medicines** (like warfarin, apixaban, or clopidogrel)
- Have a **bleeding disorder**
- Are **under 18** (unless specifically advised by a specialist)

Always check with your GP or Lynch syndrome specialist before starting.

For individuals with aspirin/NSAID allergies, there is no current alternative but standard Lynch syndrome approaches are still recommended e.g. ensuring your colonoscopies are on time.

10. What if I forget to take my aspirin?
If you miss a dose, just take it the next day as usual. Don't double up to make up for a missed dose.

11. Should I take enteric-coated or regular aspirin?
Standard aspirin is tolerated well in either tablet form or soluble (dissolved in water for those who struggle swallowing tablets). If individuals experience stomach irritation when taking aspirin, enteric-coated tablets have a coating which can help reduce irritation. Proton pump inhibitor medication (such as Omeprazole), which blocks production of acid in the stomach, can also be prescribed alongside aspirin if needed. Your GP or Lynch syndrome specialist can advise what is best for you if you are experiencing indigestion or abdominal pain.

12. Can I take aspirin with my other medicines?
Some medicines can interact with aspirin, including:

- Blood thinners (warfarin, apixaban, rivaroxaban)
- Anti-inflammatory painkillers (ibuprofen, naproxen)
- Certain antidepressants (Selective Serotonin Reuptake Inhibitors [SSRIs] such as citalopram, sertraline or fluoxetine)
- Steroid tablets

Always review your medication list with your GP or pharmacist before starting aspirin.

13. Do I still need regular cancer screening if I take aspirin?
Yes! Aspirin is **not a substitute** for regular colonoscopy or other recommended cancer screenings. It should be used **in addition to** standard surveillance programmes for Lynch syndrome. You should still follow your NHS screening plan for:

- **Bowel cancer:** regular colonoscopy (usually every 2 years)
- **Endometrial (womb) or ovarian cancer:** symptom awareness or discussion about risk-reducing options

14. Can I continue my aspirin when having a colonoscopy?
Aspirin does not need to be stopped routinely before colonoscopy, or most endoscopic procedures. Please discuss with your endoscopy team if you have further questions.

15. Can I still take aspirin when having surgery (bowel or non-related)?

In most cases aspirin may be stopped temporarily before an operation. Please discuss with your surgeon or pre-assessment team.

16. What impact will aspirin have if I've had previous bowel surgery?
The benefit of aspirin may be limited in people who have had a total colectomy but would still be recommended in those with a hemi-colectomy or other partial (segmental) removal of their colon or rectum. There is evidence that other cancers, such as endometrial cancer, are less likely to develop.

17. Should I start aspirin if I'm currently receiving cancer treatment?
You should discuss all current or potential medications with your oncologist/surgeon before starting.

18. Is it safe to take aspirin if I have diverticulosis?
Yes, diverticulosis is a normal age-related change in the bowel. However, if you have diverticulitis (inflamed diverticulosis), please discuss with your GP or gastroenterology specialist.

19. Is aspirin safe to take if I have a diagnosis of inflammatory bowel disease (IBD)?
You should discuss this with the clinician responsible for your IBD care.

20. Can I take aspirin if I am pregnant?
There is no evidence that aspirin causes harm when taken at lower doses early in pregnancy, or higher doses in the short term. Patients should discuss with their GP and/or obstetric teams before taking aspirin and especially after 30 weeks of pregnancy. Aspirin is **not** recommended while **breastfeeding,** as aspirin may pass into breast milk in small amounts, and is not recommended for young children.

Additional Practical Tips

When should I seek medical help?

Although aspirin is generally safe, you should contact your GP or seek urgent medical advice if you experience any of the following:

- **Black or tarry stools**
- **Vomiting blood** or material that looks like coffee grounds
- **Severe or persistent stomach pain** or indigestion
- **Unexplained bruising**, or any unusual bleeding

If you have symptoms of a possible allergic reaction (such as wheezing, swelling of the lips or face, or difficulty breathing), seek emergency medical care immediately.

How should I take aspirin?

- **Take your aspirin once a day**, ideally at the same time each morning or evening.
- **Take with food** if you experience indigestion or stomach irritation to prevent indigestion.

- If you do have indigestion/irritation, your GP may recommend a **proton pump inhibitor (PPI)** such as omeprazole to protect your stomach.
- If you occasionally take ibuprofen, try to take it **at least 2 hours after** your aspirin dose.
- If you are taking any anti-inflammatory drug regularly, please make sure you GP is aware.

If you have any questions about how to take aspirin safely, speak to your GP, pharmacist, or Lynch syndrome specialist.

Where can I find more information?

- **NICE Guidance (UK):** NICE NG151 – Colorectal cancer: prevention and diagnosis
- **CAPP3 Trial:** www.capp3.org
- **BSG Guidelines:** https://gut.bmj.com/content/69/3/411
- **Lynch Syndrome UK:** www.lynchsyndromeuk.org
- **Cancer Research UK:** Aspirin and cancer prevention
- **NHS Lynch Syndrome Information:** www.nhs.uk/conditions/lynch-syndrome
- **BNF/NICE advice:** https://bnf.nice.org.uk/drugs/aspirin/#cautions

Important reminder
Taking aspirin for cancer prevention should **only be started after discussion with your GP, Lynch syndrome specialist, or hospital clinician**. They'll consider your age, weight, family history, and any medical conditions or medications you take. Your medical team will help you balance the potential benefits against any risks based on your individual circumstances.

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