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Authors' reply

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We appreciate the thoughtful comments from Christos Zavos [1] regarding our recent study on the impact of aspirin use in elderly patients with pancreatic cancer. We welcome the opportunity to address the points raised and provide further clarification of our findings. Firstly, we acknowledge the limitation of focusing solely on elderly hospitalized patients [2]. While this does indeed limit generalizability to some degree, we believe our focus on this specific population is valuable, given the high and rising burden of pancreatic cancer, particularly in older adults [3].

Nevertheless, we agree that future studies examining aspirin's effects across broader age groups would be beneficial. Regarding the adverse effects of long-term aspirin use, we concur that this is an important consideration. Our study primarily focused on inpatient outcomes, which may not fully capture long-term complications. However, it is worth noting that we found no cases of gastrointestinal bleeding in our cohort, which is a known risk of aspirin use. We agree that future studies should incorporate a more comprehensive analysis of both short- and long-term adverse effects to provide a complete risk–benefit assessment. We appreciate the point about aspirin dosage and duration. Our study used the ICD-10 code Z79.82 to identify long-term aspirin use, which is consistent with previous research [4]. However, we acknowledge that this code does not provide information on specific dosages or the exact duration of use. We agree that

these factors are important in determining efficacy and safety. Data concerning the duration of aspirin usage in pancreatic cancer are currently scarce, with the only available paper explicitly noting the 7.5-year cut-point of significance [5]. Our study design did not allow us to examine such long-term effects, but given the elderly population that made up our study group, patients were likely to have received aspirin for a longer duration; thus, our findings correlate with prior studies. We believe further investigation in this direction would be beneficial in the future.

In conclusion, we thank Christos Zavos for highlighting these important points. We agree that further research addressing these aspects would be valuable in advancing our understanding of aspirin's role in pancreatic cancer. Nevertheless, our study highlights the potential benefits of aspirin for elderly patients in the inpatient setting, and we encourage further research to explore the optimal dosage, duration, and long-term effects across diverse populations to build on these promising findings.

References

1. Zavos C. Impact of aspirin on pancreatic cancer. *Ann Gastroenterol* 2025;**38**:105.
2. Suenghataiphorn T, Lohawatcharagul T, Kulthamrongsri N, et al. Impact of aspirin on pancreatic cancer in the elderly: analysis of socioeconomic status and outcomes of national matched cohorts. *Ann Gastroenterol* 2024;**37**:750-757.
3. Danpanichkul P, Suparan K, Tothanarungroj P, et al. Epidemiology of gastrointestinal cancers: a systematic analysis from the Global Burden of Disease Study 2021. *Gut* 2024;**74**:26-34.
4. Chaudhry H, Sohal A, Dukovic D, et al. Does use of long-term aspirin impact outcomes in patients with acute pancreatitis? *Eur J Gastroenterol Hepatol* 2023;**35**:721-727.
5. Momayez Sanat Z, Masoudi S, Tabaeian SP, et al. Aspirin use and risk of pancreatic ductal adenocarcinoma: a large case-control study. *Arch Iran Med* 2023;**26**:181-185.

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