Cancer Death and Antihypertensive Drug Treatment—Response

Joel N. Swerdel1,2 and John B. Kostis2

We wish to thank Drs. Goldstein and Mascitelli (1) for their careful reading of our article (2). In our introduction, we identified prior reports of the association of antihypertensive treatment with cancer and found the results from previous work to be equivocal.

We are aware of the findings of PROSPER in which new cancer diagnoses were more frequent on pravastatin than on placebo (1.25, 1.04–1.51, P = 0.020). In the discussion of the PROSPER article, Shepherd and colleagues discuss the potential of carcinogenicity with cholesterol-lowering drugs (3). In the Cholesterol Treatment Trialists’ Collaborators 2005 meta-analysis of 90,056 participants, the rate of cancer was the same in the statin and control groups (1.00; 95% confidence interval, 0.95–1.06; P = 0.9) (4). However, in a later meta-analysis that examined the interaction between statin use and aging (n = 42,902), Bonovas and colleagues found that age significantly modified the effect of statins on cancer risk (5). It is possible that age is an effect modifier in the association between statin use and cancer as well as in the association between the rapid decrease of blood pressure following antihypertensive treatment and cancer-related mortality. Nevertheless, as Drs. Goldstein and Mascitelli state, this issue can be settled only by a prospective study of the effect of statins on cancer incidence and mortality.

Disclosure of Potential Conflicts of Interest

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