Photosensitive DNA: The hidden risk of thiopurine therapy

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Thiopurine therapy in IBD is associated with significantly increased risk of non-melanoma skin cancer, with the speaker reporting standardized incidence ratios of 5.2 to 7.1 times higher than the general population and risk increasing with treatment duration.

KEY POINTS

- The speaker stated that in the CESAME study of nearly 20,000 French IBD patients, ongoing thiopurine treatment carried a standardized incidence ratio of 7.1 for non-melanoma skin cancer versus the general population, and 5.9 versus IBD patients not on thiopurines.
- Risk appears to increase with treatment duration, with the speaker citing incidence rate ratios rising from 1.6 in the first year to 3.6 in the fifth year of thiopurine therapy.
- After thiopurine discontinuation, studies disagree on whether risk persists; the speaker noted that some data suggest elevated risk continues while other studies indicate return to baseline, concluding that risk may persist and screening should continue.
- Anti-TNF monotherapy shows no increased non-melanoma skin cancer risk, and combination therapy with thiopurines shows no additional risk beyond that attributable to thiopurines alone, according to ECCO guidelines cited by the speaker.
- The speaker recommended daily sunscreen with SPF greater than 30, baseline dermatology review for risk stratification, and ongoing skin surveillance, noting American guidelines recommend yearly dermatology follow-up.
- Key risk factors include fair skin, age over 50, male sex, prior non-melanoma skin cancer, and UV exposure; basal cell carcinoma is the most common type in the general population while squamous cell carcinoma predominates under immunosuppression.

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