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Summary

The immunomodulator’s shadow: Understanding lymphoma risk

Antonios Germanopoulos

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Immunology | Mechanisms & Personalised Medicine | IBD

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This presentation reviews the evidence on lymphoma risk associated with thiopurine therapy in inflammatory bowel disease, emphasizing that risk varies by patient characteristics, treatment duration, and combination therapy use.

KEY POINTS

- The speaker reported that thiopurine exposure is associated with increased lymphoma risk in IBD patients, with hazard ratios ranging from 4.2 to 5.3 compared to unexposed individuals in large cohort studies.
- Combination therapy with thiopurines and TNF-alpha inhibitors was stated to carry the highest lymphoma risk across multiple studies, while monotherapy with thiopurines also showed elevated risk compared to naive patients.
- Risk appears to increase with continuous thiopurine therapy duration, with one study reporting a 16-fold increase during the fourth year of continuous exposure.
- The speaker stated that lymphoma risk falls back to baseline or lower levels upon thiopurine discontinuation.
- According to the speaker, recent ECCO guidelines recommend testing all patients for Epstein-Barr virus serology before initiating thiopurines, with particular caution in EBV-seronegative patients due to lymphoma risk.
- The speaker suggested that disease activity and inflammatory burden may play an independent role in lymphoma development, and that risk can be mitigated through careful patient selection based on age and EBV status.

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