A SINGLE CENTER COHORT STUDY ON THE USE OF BIOLOGIC THERAPY IN PATIENTS WITH INFLAMMATORY BOWEL DISEASE AND CANCER

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In a cohort of 30 IBD patients with prior or active cancer treated with biologics over a median 5.5 years, cancer recurrence was low with only 2 of 30 patients showing recurrence, both classified as high-risk, while most patients maintained steroid-free IBD remission.

KEY POINTS

- 30 IBD patients (60% Crohn's disease, median age 60 years) with prior or active cancer received biologic therapy including anti-TNF (n=19), anti-integrin (n=8), or anti-IL 12/23 (n=4) at a referral oncology hospital.
- Cancer types included 20% hematologic malignancies, 13% virus-related cancers, and 66% had undergone curative surgery; patients were retrospectively classified as 63% low risk, 13% intermediate risk, and 10% high risk for cancer recurrence.
- Over median 5.5-year follow-up, only 2 patients showed cancer recurrence (1 breast cancer with bone metastases, 1 colon cancer with bladder cancer), both high-risk patients who died; interruption of biologic therapy in both led to high-dose steroids, IBD-related hospitalizations, and infections.
- All but 3 patients remained in steroid-free clinical remission; 3 required IBD-related surgery.
- Four patients with active cancer (2 lung cancer, 2 myeloproliferative disorders) continued biologic and oncological therapy concurrently without signs of progression from either disease.

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