Summary: Thiopurines in IBD: Should I stay or should I go

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Immunology | Mechanisms & Personalised Medicine | IBD

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Thiopurines remain valuable as steroid-sparing agents for maintaining remission in IBD, particularly in ulcerative colitis and resource-limited settings, despite tolerability challenges and long-term safety concerns including lymphoma risk.

KEY POINTS

- The speaker stated that thiopurines have decades of clinical experience, noting it took 30 years for a landmark paper to describe lymphoma risk, whereas many newer drugs lack long-term follow-up data.
- Thiopurines are affordable and accessible, an important advantage as the global burden of IBD expands, particularly in resource-limited settings.
- Based on randomized controlled trials, the speaker reported that rates of clinical remission and especially endoscopic healing are lower with thiopurines compared to biologics.
- Thiopurines remain a valuable add-on in combination therapy for reducing immunogenicity to intravenous infliximab, though whether they can be stopped from the start with subcutaneous infliximab requires more data.
- Gastrointestinal intolerance can affect up to 15 to 20% of patients, and there are increased risks of lymphoma and non-melanoma skin cancer, though these are rare events.
- The speaker recommends considering discontinuation in selected patients in sustained remission, balancing the risk of relapse, newer therapies, and long-term safety concerns.

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