

RISK FACTORS FOR INTESTINAL AND EXTRA-INTESTINAL CANCERS IN INFLAMMATORY BOWEL DISEASE: A RETROSPECTIVE MONOCENTRIC COHORT STUDY

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Poster

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A 10-year follow-up study of 560 IBD patients found a nearly two-fold increased overall cancer risk, with specific elevated risks in female patients for colorectal cancer and melanoma, in male patients for lymphoma, and in patients treated with immunosuppressive therapies.

KEY POINTS

- During median 10-year follow-up, 6.6% of IBD patients developed cancer with a standardized incidence ratio of 1.94 (95%CI 1.4-2.6) compared to the general population
- Female IBD patients showed significantly elevated risk for all cancers (SIR 3.11), colorectal cancer (SIR 7.59), and melanoma (SIR 5.6), while male patients had markedly increased lymphoma risk (SIR 26.15)
- Immunosuppressive monotherapy (OR 5.5) and combination therapy with anti-TNF α (OR 9.9) were associated with increased cancer risk, as was younger age at Crohn's disease diagnosis (OR 37.9)
- The most common cancers observed were colorectal (12.3%), skin (8.2%), and breast cancer (7.2%)
- The authors suggest these findings identify IBD subgroups who may benefit from screening programs, though validation in independent cohorts is needed

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