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Summary

Malignancy in IBD with Hannah Gordon

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Podcast Episode

Digestive Oncology | IBD

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This episode discusses malignancy risk in IBD patients, drug-associated cancer risks, and practical guidance for using IBD therapies in patients with past or active malignancy.

KEY POINTS

- Thiopurines are associated with increased risk of haematological malignancy and non-melanomatous skin cancer, with higher risk in combination with anti-TNF, in EBV-naive young men, and after cumulative exposure above seven to eight years.
- Vedolizumab, ustekinumab, and IL-23 inhibitors appear safe with no known increased malignancy risk, while anti-TNF shows small signals for melanoma and haematological malignancy.
- JAK inhibitors showed no malignancy signal in IBD populations, but tofacitinib carried increased cancer risk in older rheumatoid arthritis patients, prompting regulatory caution in high-risk groups.
- The guest argues that most IBD therapies can be used in patients with previous malignancy based on retrospective data showing no adverse signals, though MDT discussion is recommended for complex cases.
- Using IBD drugs in active malignancy is not an absolute contraindication; decisions depend on cancer type, IBD severity, and oncology treatment plans, discussed case-by-case in multidisciplinary settings.

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