Panel discussion: Thiopurines in IBD: Should I stay or should I go

Postgraduate Teaching Programme Barcelona 2026 | Presentation

Immunology | Mechanisms & Personalised Medicine | IBD

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Panel discussion addresses thiopurine duration, age considerations, and cancer surveillance strategies in inflammatory bowel disease, with speakers suggesting withdrawal after 4-8 years in sustained remission and heightened caution in patients over 60.

KEY POINTS

- The speaker stated that autoimmune hepatitis patients show higher lymphoma incidence even with corticosteroid exposure alone, suggesting autoimmunity itself may contribute to lymphoma risk beyond thiopurine effects
- Most panelists favor stopping thiopurine monotherapy after 1-4 years of complete remission, with one stating roughly seven years as a general trigger for withdrawal in well-controlled patients
- Speakers expressed particular concern about continuing thiopurines in patients over age 60-65 and after cumulative exposures exceeding 7-8 years, now that alternative therapies are available
- For combination therapy, one panelist schedules endoscopy at one year and considers stopping the thiopurine if complete clinical and endoscopic remission is achieved
- The speaker noted that monitoring regimens for thiopurines are based on local traditions and empirical experience rather than evidence, with practices varying widely (some monitor lipase routinely, others do not)
- Current ECCO guidelines recommend EBV screening for both males and females before starting thiopurines, though most thiopurine-related adverse events including lymphoma and skin cancer occur more commonly in males

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