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Summary

Q&A: Thiopurines in IBD: Should I stay or should I go

Postgraduate Teaching Programme Barcelona 2026 | Presentation

Immunology | Mechanisms & Personalised Medicine | IBD

October 18, 2026

Panel discussion addressed lymphoma risk drivers in IBD, distinguishing disease activity-related risk from thiopurine-associated risk, and noted insufficient evidence yet exists regarding JAK inhibitor lymphoma risk.

KEY POINTS

- The speaker stated there appear to be two different drivers of lymphoma risk in IBD: a stronger signal in Crohn's disease related to patient selection and continuous active inflammation, plus the additional risk associated with thiopurine exposure itself.
- Evidence regarding JAK inhibitor-associated lymphoma risk remains insufficient, with the speaker noting the numbers are not yet adequate to scientifically address the question.
- Current guidelines suggest vigilance when using thiopurines in EBV seronegative individuals, as the speaker noted that infection with EBV during thiopurine therapy is associated with higher lymphoma risk compared to patients who were EBV-positive before treatment.
- The speaker indicated that in 2026 multiple alternative therapies exist, and suggested caution with thiopurines in homozygous low-TPMT-activity patients unless clinicians are experienced with very low dosing and close metabolite monitoring.

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