

Some RA treatments up second nonmelanoma skin cancer risk

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(HealthDay)—For patients with rheumatoid arthritis (RA) and inflammatory bowel disease (IBD) with prior nonmelanoma skin cancer (NMSC), the risk of second NMSC varies with different treatments, according to a study published online Oct. 28 in *JAMA Dermatology*.

Frank I. Scott, M.D., from the University of Pennsylvania in Philadelphia, and colleagues examined the relative hazard of a second NMSC in [patients](#) with RA or IBD who use methotrexate, anti-tumor necrosis factor (TNF) therapy, or thiopurines. Data were included for 6,841 patients with RA and 2,788 with IBD in a [retrospective cohort study](#).

The researchers found that the incidence rates of a second NMSC were 58.2 and 58.9 per 1,000 person-years in patients with RA and IBD,

respectively. Methotrexate used in conjunction with other medications correlated with increased risk of a second NMSC among patients with RA (hazard ratio, 1.60). The risk of a second NMSC increased with one year or more of methotrexate use, after adjustment for other medications (hazard ratio, 1.24). The addition of anti-TNF drugs versus [methotrexate](#) alone correlated with increased risk of NMSC (hazard ratio, 1.49). There was no correlation for abatacept and rituximab with increased NMSC risk. For IBD, the hazard ratios for one year or more of thiopurine and anti-TNF were nonsignificant.

"These data can be used to guide therapeutic decisions in patients with prior NMSC," the authors write.

Several authors disclosed financial ties to the pharmaceutical industry.

More information: [Abstract](#)
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