

# Immunosuppressive therapy for inflammatory bowel disease does not increase women's risk of vulvar or vaginal cancer

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In a new retrospective study, researchers found that the use of immunosuppressive therapy does not increase the occurrence or recurrence of vulvar or vaginal cancer in women with inflammatory bowel disease (IBD). However, earlier onset of cancer was reported, and lymphomas were found in some patients, which is very rare in the genital tract. Their results appear in *Digestive and Liver Disease*.

Immunosuppressive drugs are the cornerstone for treatment of IBD, but they have been associated with an [increased risk](#) of certain cancers including lymphoma and urinary tract cancer. A team of researchers in The Netherlands and the Dutch Workgroup on IBD and Vulvovaginal Neoplasia investigated whether the use of these drugs also increases the risk of vulvar and vaginal cancer.

The researchers retrieved histopathological data of all IBD patients with vulvovaginal malignancies from the nationwide network and registry of histopathology and cytopathology reports in the Netherlands (PALGA) over a 24-year period, from 1991 to 2015. Medical histories for these patients were obtained from their treating physicians, including demographics, medication history, HPV status, smoking, and use of immunosuppressive drugs.

The rate of vaginal and vulvar carcinoma or pre-stage neoplasia in IBD patients did not differ significantly from that of the general population,

the researchers found. In addition, in patients with IBD the use of [immunosuppressive drugs](#) did not increase the rate of these diseases. However, IBD patients who were treated with immunosuppressive therapy were, on average, 11 years younger than other IBD patients when their vaginal or vulvar cancer was diagnosed. Sixty-seven percent of the women with vulvovaginal cancers had Crohn's disease versus 33 percent with [ulcerative colitis](#).

"A high percentage of HPV-related tumors might explain the younger age at diagnosis. HPV is strongly associated with higher rates of vaginal cancer in the [general population](#), and other research suggests that IBD patients are at an increased risk for other cancers including cervical cancer," explained investigator Maxine D. Rouvroye, MD, Ph.D. Candidate, Amsterdam UMC, Vrije Universiteit Amsterdam, Gastroenterology and Hepatology, Amsterdam Gastroenterology & Metabolism, Amsterdam, The Netherlands. "Unfortunately, our data on HPV status are incomplete, as HPV status was analyzed in very few cases."

In a [commentary](#) accompanying the article, Vito Annese, MD, Valiant Clinic & American Hospital, Dubai, United Arab Emirates, noted, "These malignancies are clearly more frequent in Crohn's disease patients, were frequently very advanced at the time of diagnosis, and sometimes atypical. Although the authors did not find evidence for more advanced screening yet, it is cautious to recommend yearly gynecological surveillance starting at 40, especially in patients with Crohn's disease who are under immunosuppressive therapy."

**More information:** Maxine D. Rouvroye et al, Vulvar and vaginal neoplasia in women with inflammatory bowel disease, *Digestive and Liver Disease* (2019). [DOI: 10.1016/j.dld.2019.10.002](https://doi.org/10.1016/j.dld.2019.10.002)

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