

# Study finds no link between exposure to immunosuppressive therapy, cancer in IBD patients

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There is no significant association between exposure to immunosuppressive therapies and development of incident cancers among patients with inflammatory bowel disease (IBD) and a history of cancer, according to a study [published](#) online May 18 in *Clinical Gastroenterology and Hepatology*.

Steven H. Itzkowitz, M.D., from the Icahn School of Medicine at Mount Sinai in New York City, and colleagues followed 305 patients with IBD and confirmed index [cancer](#) prior to enrollment. Index cancers were solid organ, dermatologic, gastrointestinal, and hematologic (46, 32, 13, and 9%, respectively).

The researchers found that 69% of patients were exposed to immunosuppressive therapy during a median follow-up of 4.8 years; 46 patients (15%) developed incident cancers (25 new; 21 recurrent). The crude rate of incident cancer was 2.58 and 4.78 out of 100 person-years in unexposed and immunosuppression-exposed patients, respectively (relative risk, 1.85; 95% confidence interval, 0.92 to 3.73).

No significant association was seen between receipt of immunosuppression and incident cancer or with any major drug class after adjustment for sex, smoking history, age and stage at index malignancy, and nonmelanoma skin cancer.

"We did not find significant associations between subsequent exposure to immunosuppressive IBD therapies and development of incident cancer after adjusting for various demographic and clinical characteristics," the authors write.

Several authors disclosed ties to the pharmaceutical and diagnostics industries.

**More information:** Steven H. Itzkowitz et al, Safety of

Immunosuppression in A Prospective Cohort of Inflammatory Bowel Disease Patients with a HIstoRy of CancEr: SAPPHIRE Registry, *Clinical Gastroenterology and Hepatology* (2024). [DOI: 10.1016/j.cgh.2024.05.006](https://doi.org/10.1016/j.cgh.2024.05.006)

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