

Is Anti-TNF Therapy Safe for Inflammatory Bowel Disease Patients with Prior Cancer?

February 29, 2016 - A previous history of cancer doesn't necessarily preclude treatment with antibodies against tumor necrosis factor (anti-TNF) for patients with inflammatory bowel diseases (IBD), suggests a study in [*Inflammatory Bowel Diseases*](#), official journal of the [Crohn's & Colitis Foundation of America](#) (CCFA). The journal is published by [Wolters Kluwer Health](#).

In patients with prior cancers whose IBD isn't controlled with other treatments, "Anti-TNF could be used taking into account a mild risk of incident cancer," according to the report by Dr. David Laharie of Centre Hospitalier Universitaire de Bordeaux, France, and colleagues.

The researchers analyzed a large IBD database to identify patients treated with anti-TNF agents who had a history of cancer within the past five years. Biological medicines directed against TNF can induce and maintain remission in patients with IBD: Crohn's disease or ulcerative colitis.

Patients with IBD and prior cancers often do not receive anti-TNF therapy, for fear that it will increase the risk of new or recurrent cancers. (There is no evidence that this treatment affects cancer risk in patients without a previous history of cancer.)

The study identified 79 adult patients with prior cancers who received anti-TNF therapy at 20 treatment centers. All patients had extensive prior treatment for their IBD, including anti-TNF therapy in one-half and major abdominal surgery in one-third. The most common types of cancer were breast and skin cancer. Anti-TNF treatment was started a median of 17 months after cancer diagnosis.

During a median follow-up of 21 months, 19 percent of the patients developed cancer. Eight had recurrence of their prior cancer while seven developed new cancers. Five of the new cancers were less-serious skin cancers called basal cell carcinomas. Five patients died, four of them as a result of recurrent cancer.

Ninety-six percent of patients were alive and cancer-free one year's follow-up, 86 percent at two years, and 66 percent at five years. The overall incidence of recurrent or new cancers was about 85 per 1,000 patient-years. (In other words, if 1,000 patients were followed up for one year, 85 would develop cancer.)

Another type of IBD medication (thiopurines) has been linked to an increased risk of basal cell carcinoma and other non-melanoma skin cancers. On analysis excluding patients with these less-serious skin cancers, the incidence of cancer decreased to about 67 per 1,000 patient-years.

The study is one of the first to assess cancer risk associated with anti-TNF therapy in IBD patients with prior cancer. Dr. Laharie and coauthors note that their study included a "highly selected" group of patients—all of whom had uncontrolled IBD that prompted their physicians to start anti-TNF therapy, despite their history of cancer. With advances in treatment over the past two decades, doctors are seeing more IBD patients with previous or current cancer, with earlier and longer use of anti-TNF and other "immunomodulatory" treatments.

In deciding whether to use anti-TNF in this group of patients, physicians must balance the potential increased cancer risk against the need to get the patient's IBD under control, Dr. Laharie and



colleagues believe. "Pending additional data," they write, "it should be a case-by-case decision taken with the oncologist and the patient, taking into account natural history of cancer according to location, histological type, time since cancer diagnosis and IBD prognosis."

Note to editors: For further information, contact Erin Stoeber, Vice President of Marketing & Communications for the CCFA: phone 347-899-5479 or e-mail estoeber@ccfa.org. Click here to read "[Risk of Incident Cancer in Inflammatory Bowel Disease Patients Starting Anti-TNF Therapy While Having Recent Malignancy.](#)"

About Inflammatory Bowel Diseases

[Inflammatory Bowel Diseases](#) brings the most current information in clinical and basic sciences to physicians caring for patients with inflammatory bowel diseases, and investigators performing research in IBD and related fields. Each issue contains cutting-edge original basic science and clinical articles on diagnosis, treatment, and management of IBD from clinicians and researchers around the world. Coverage includes articles highlighting the unique and important issues in pediatric IBD, as well as articles pertaining to adult patients.

About CCFA

The [Crohn's & Colitis Foundation of America](#) (CCFA) is the largest voluntary non-profit health organization dedicated to finding cures for Inflammatory Bowel Diseases (IBD). CCFA's mission is to cure Crohn's disease and ulcerative colitis, and to improve the quality of life of children and adults who suffer from these diseases. The Foundation works to fulfill its mission by funding research, providing educational resources for patients and their families, medical professionals, and the public, and furnishing supportive services for those afflicted with IBD. For more information, visit www.ccfa.org, call 888-694-8872, like us on Facebook, or follow us on Twitter.

About Wolters Kluwer

Wolters Kluwer is a global leader in professional information services. Professionals in the areas of legal, business, tax, accounting, finance, audit, risk, compliance and healthcare rely on Wolters Kluwer's market leading information-enabled tools and software solutions to manage their business efficiently, deliver results to their clients, and succeed in an ever more dynamic world.

Wolters Kluwer reported 2014 annual revenues of €3.7 billion. The group serves customers in over 170 countries, and employs over 19,000 people worldwide. The company is headquartered in Alphen aan den Rijn, the Netherlands. Wolters Kluwer shares are listed on Euronext Amsterdam (WKL) and are included in the AEX and Euronext 100 indices. Wolters Kluwer has a sponsored Level 1 American Depository Receipt program. The ADRs are traded on the over-the-counter market in the U.S. (WTKWY).

Wolters Kluwer Health is a leading global provider of information and point of care solutions for the healthcare industry. For more information about our products and organization, visit www.wolterskluwer.com, follow [@WKHealth](#) or [@Wolters_Kluwer](#) on Twitter, like us on [Facebook](#), follow us on [LinkedIn](#), or follow WoltersKluwerComms on [YouTube](#).

Media Contact:

Connie Hughes
Director, Corporate Communications
Health Learning, Research & Practice
+1 (646) 674-6348
Connie.Hughes@wolterskluwer.com

Ellen Robinson
Public Relations Assistant
Health Learning, Research, & Practice
+1 (646) 674-6636
Ellen.Robinson@wolterskluwer.com