



PIBD Cancer & Mortality

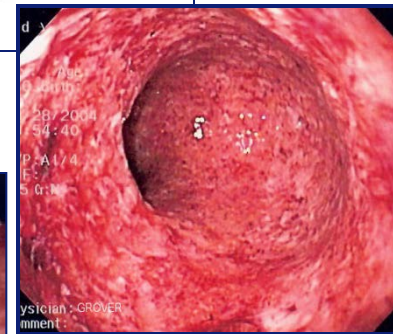
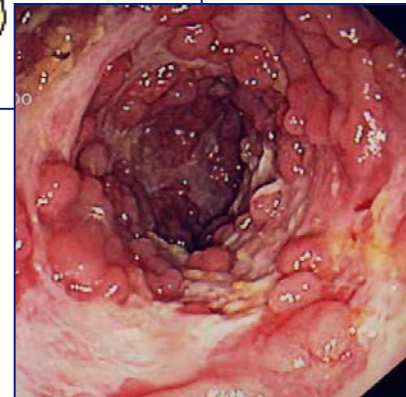
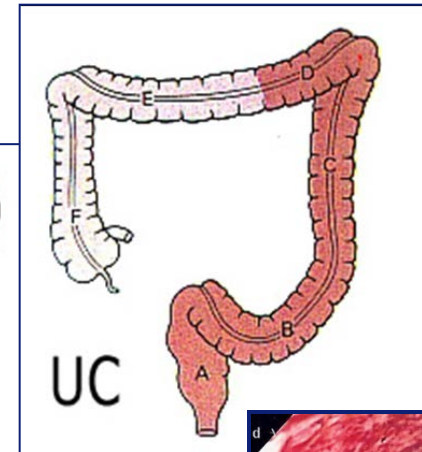
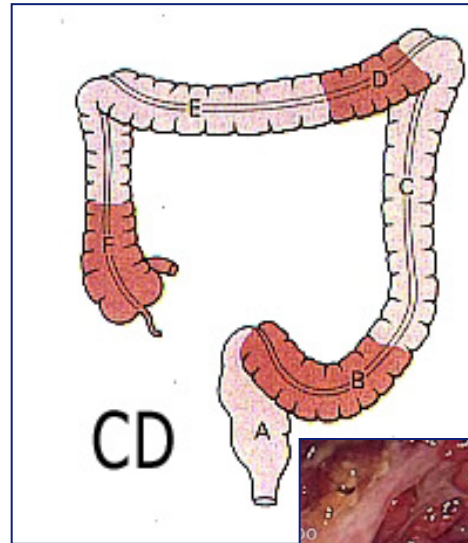
An ECCO and ESPGHAN supported survey

Steering committee

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- Arie Levine, Dan Turner - Israel
- David Wilson - UK
- Anne Griffiths - Canada
- Rotem Sigall Boneh, Chen Sarbagili - Israel
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Inflammatory Bowel Disease

Incurable, lifelong and life changing disease



Treatment Challenges



Persisting disease activity



Treatment

Complications
Colon cancer

Cancer (lymphoma)
Death (infection)

- Aiming at mucosal healing
- Prevent exacerbations
- Maximal efficacy and minimal toxicity
- Limit steroid use
- Optimal growth, normal pubertal development
- Prevent surgery

The Question

- Adults promote combination therapy even for a low risk group requiring biologics
- Pediatricians treat a higher risk group but are reducing exposure since cancer and death are unacceptable in children and young adults

Where is the logic? Where are the facts?

Aim of this survey

- To quantify the exact risk of malignancy and mortality within PIBD and to better define the risk/benefit ratio of our new therapeutic strategies

Methods:

- Prospective population based study for 3 years (Jan 2014-Jan 2017) in 24 countries total

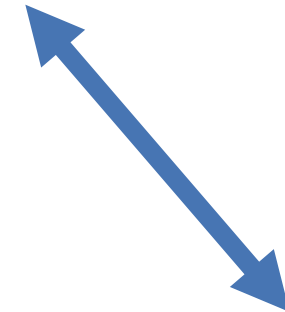
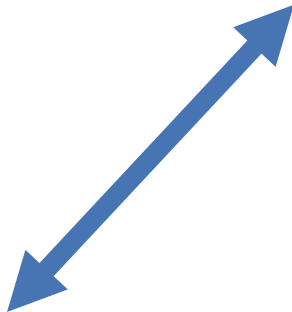
Methods

ESPGHAN

***Coordinating
Centers
Rotterdam &
Israel***

ECCO

***Each Country
Ped GI Delegate
Adult GI Delegate
Ped Oncologist***



National GI's

***Data Collection
Center
Rotterdam***

Overview of cases gathered internationally

General characteristics:

- 33 cases (13 males)
- 21 CD; 9 UC; 3 IBD-U
- Median age at IBD diagnosis = 12.9 (IQR 10.65-14.45)

Cancer & mortality:

- 23 cancers vs 13 deaths
- 3 deaths due to cancer
- PSC was present in 8 cases (24%), of which 3 died (2 due to cancer)

Rare complications of PIBD

- Challenge to collect the data, many doctors involved
- Use of Redcap?
- Support industry?