



**HAL**  
open science

## Perianal fistulizing Crohn's disease and overall risk of cancer: No red flag

Paul Mclellan, Julien Kirchgerner

► **To cite this version:**

Paul Mclellan, Julien Kirchgerner. Perianal fistulizing Crohn's disease and overall risk of cancer: No red flag. United European Gastroenterology Journal, 2023, 10.1002/ueg2.12401 . hal-04090772

**HAL Id: hal-04090772**

**<https://hal.sorbonne-universite.fr/hal-04090772>**

Submitted on 6 May 2023

**HAL** is a multi-disciplinary open access archive for the deposit and dissemination of scientific research documents, whether they are published or not. The documents may come from teaching and research institutions in France or abroad, or from public or private research centers.

L'archive ouverte pluridisciplinaire **HAL**, est destinée au dépôt et à la diffusion de documents scientifiques de niveau recherche, publiés ou non, émanant des établissements d'enseignement et de recherche français ou étrangers, des laboratoires publics ou privés.

## **Perianal fistulizing Crohn's disease and overall risk of cancer: no red flag**

Paul McLellan, MD, MSc, <sup>1</sup> Julien Kirchgesner, MD, PhD <sup>2</sup>

(1) AP-HP, Hôpital Saint-Antoine, Department of gastroenterology, Paris, France

(2) Sorbonne Université, INSERM, Institut Pierre Louis d'Epidémiologie et de Santé Publique, AP-HP, Hôpital Saint-Antoine, Department of Gastroenterology, Paris, France

Corresponding author:

Julien Kirchgesner, Department of Gastroenterology, Hopital Saint-Antoine,

184 rue du faubourg

Saint-Antoine, 75571 Paris CEDEX 12, France.

Email: [julien.kirchgesner@gmx.com](mailto:julien.kirchgesner@gmx.com)

Word count : 498

Inflammatory bowel disease (IBD) is not only associated with an increased risk of colorectal cancer, with the greatest risk in patients with extensive and chronically active disease, but also with an increased risk of skin cancer, haematological malignancies, and urinary tract cancer. (1) Perianal fistulizing disease affects 20-30% of patients with Crohn's disease (CD), (2) and has been associated with an increased risk of anal cancer. (3) Despite advances in the therapeutic management, the risk of poor disease course remains substantial. (4) Chronic perianal inflammation plays a key role in carcinogenesis and due to their location, cancers in this setting are rarely diagnosed at an early stage.(5) While immunosuppressive treatments contribute to the increased risk of cancer in patients with IBD, (6) patients with perianal fistulizing CD are more exposed to immunosuppressive treatments and for a longer period of time compared to the overall population of patients with IBD. (7) Finally, the overall risk of cancer in patients with perianal fistulizing CD remained to be elucidated.

In the current issue of the *United European Gastroenterology Journal*, Podmore et al. assessed the risk of cancer in patients with perianal fistulizing CD based on German administrative healthcare databases including 4.8 millions of persons.

The authors identified 824 patients with perianal fistulizing CD among 10 208 patients with CD. Patients were followed from January 2015 to December 2020, accounting for 4222 person-years of follow-up in patients with perianal fistulizing CD. The authors observed that the incidence of any type of cancer was higher in patients with non perianal fistulizing CD compared to patients with perianal fistulizing CD (2365 [95% CI 2219–2519] and 1184 [95% CI 879–1561] cancers per 100 000 person years, respectively). Compared to the general population, the standardized incidence ratio of any type of cancer in patients with perianal fistulizing CD was more than 1.5-times higher, which is in line with findings observed in the overall population of patients with CD. Of note, the prevalence of anal and perianal cancer was higher in patients with perianal fistulizing CD (1.3%) compared to non perianal fistulizing CD(0.6%).

Some limitations need to be acknowledged. Treatment exposure was only assessed at cohort entry, which could lead to treatment misclassification. Smoking status was not collected and residual confounding could not be excluded. The study was also underpowered to specifically assess risk of incident anal cancer in patients with perianal fistulizing CD. Nevertheless, this study is of great value compared to the available literature, notably by being the first study reporting the overall risk of cancer in patients with perianal fistulizing CD.

Overall, these reassuring data suggest no overall increased risk of cancer in patients with perianal fistulizing CD compared to patients with non perianal fistulizing CD. The risk of perianal cancer remains to be tackled in patients with perianal fistulizing CD. While waiting for the development of dedicated surveillance programs, long lasting anal fistulas especially in case of persistent pain should raise attention and discuss clinical examination with histological samples under general anesthesia.

## Bibliography

1. Beaugerie L, Rahier JF, Kirchgesner J. Predicting, Preventing, and Managing Treatment-Related Complications in Patients With Inflammatory Bowel Diseases. *Clin Gastroenterol Hepatol Off Clin Pract J Am Gastroenterol Assoc.* mai 2020;18(6):1324-1335.e2.
2. Panés J, Rimola J. Perianal fistulizing Crohn's disease: pathogenesis, diagnosis and therapy. *Nat Rev Gastroenterol Hepatol.* nov 2017;14(11):652-64.
3. Beaugerie L, Carrat F, Nahon S, Zeitoun JD, Sabaté JM, Peyrin-Biroulet L, et al. High Risk of Anal and Rectal Cancer in Patients With Anal and/or Perianal Crohn's Disease. *Clin Gastroenterol Hepatol Off Clin Pract J Am Gastroenterol Assoc.* juin 2018;16(6):892-899.e2.
4. Garcia NM, Cohen NA, Rubin DT. Treat-to-target and sequencing therapies in Crohn's disease. *United Eur Gastroenterol J.* déc 2022;10(10):1121-8.
5. Wisniewski A, Fléjou JF, Siproudhis L, Abramowitz L, Svrcek M, Beaugerie L. Anal Neoplasia in Inflammatory Bowel Disease: Classification Proposal, Epidemiology, Carcinogenesis, and Risk Management Perspectives. *J Crohns Colitis.* 1 août 2017;11(8):1011-8.
6. Beaugerie L, Kirchgesner J. Balancing Benefit vs Risk of Immunosuppressive Therapy for Individual Patients With Inflammatory Bowel Diseases. *Clin Gastroenterol Hepatol Off Clin Pract J Am Gastroenterol Assoc.* févr 2019;17(3):370-9.
7. Singh S, Proctor D, Scott FI, Falck-Ytter Y, Feuerstein JD. AGA Technical Review on the Medical Management of Moderate to Severe Luminal and Perianal Fistulizing Crohn's Disease. *Gastroenterology.* juin 2021;160(7):2512-2556.e9.