

Risk Factors Associated with Small Bowel Adenocarcinoma in Crohn'S Disease : a Case-Control Study
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Background & Aims: Crohn's Disease (CD) is associated with an increased risk of small bowel adenocarcinoma (SBA). SBA accounts for 30 to 50% of gastrointestinal cancer during CD [1]. It affects young patients (median age 46 years), and carries a poor prognosis (median survival 24 months) [2]. Several risk factors have been suggested in small series but the subgroup of patients exposed to the highest increase of SBA remains ill-defined. The aim of this study was to define risk factors of SBA during CD. **Methods:** In 11 French centres affiliated to the GETAID, we identified 29 patients with CD and SBA. 87 controls with CD without SBA, recruited in a single center were matched to the cases for sex, age, duration and site of CD. Variables studied in cases and controls were professional status; tobacco; cholecystectomy; appendectomy; familial history of IBD; Montreal Classification 5 years after the diagnosis of CD, 3 years before the date of SBA, and at the time of SBA; extraintestinal manifestations; granuloma. Variables of treatment (salicylates, steroids, immunosuppressive ; intestinal resection for CD before the diagnosis of SBA) were studied in the subgroup of 21 patients whose CD duration at diagnosis of SBA was longer than one year, and in their 63 matched controls. Quantitative variables were dichotomised at the median of cases and controls and were compared by chi square and Fisher's exact test. Conditional logistic regression, taking into account matching between cases and controls was performed. **Results:** In univariate analysis, cases had had significantly less intestinal resection and had received less salicylates (median duration 2 years) [respectively OR (IC 95%) 0.07 (0.02-0.33) and 0.32 (0.11-0.88)] than controls. In addition, median duration (min-max) of CD without intestinal resection was significantly longer in cases [15,9 years (1,4-37,1)] than controls [8,2 years (0,1-35,8), p=0,02]. All other variables studied did not reach statistical significance. In multivariate analysis, two risk factors were associated with a lower risk of SBA : intestinal resection and salicylates during more than 2 years [respectively OR=0.04 (0.01-0.31) and OR=0.12 (0.02-0.69)]. These factors remained significant in the subgroup of cases (n=14) and controls (n=42) who came from the center in which controls were recruited. **Conclusions:** This study suggests that intestinal resection and salicylates therapy of more than 2 years reduce the risk of SBA in patients with CD. [1] Jess T et al. *Alim Pharmacol Ther* 2004;19:287-93. [2] Palascak-Juif V et al. *Inflamm Bowel Dis* 2005; 11(9):828-32