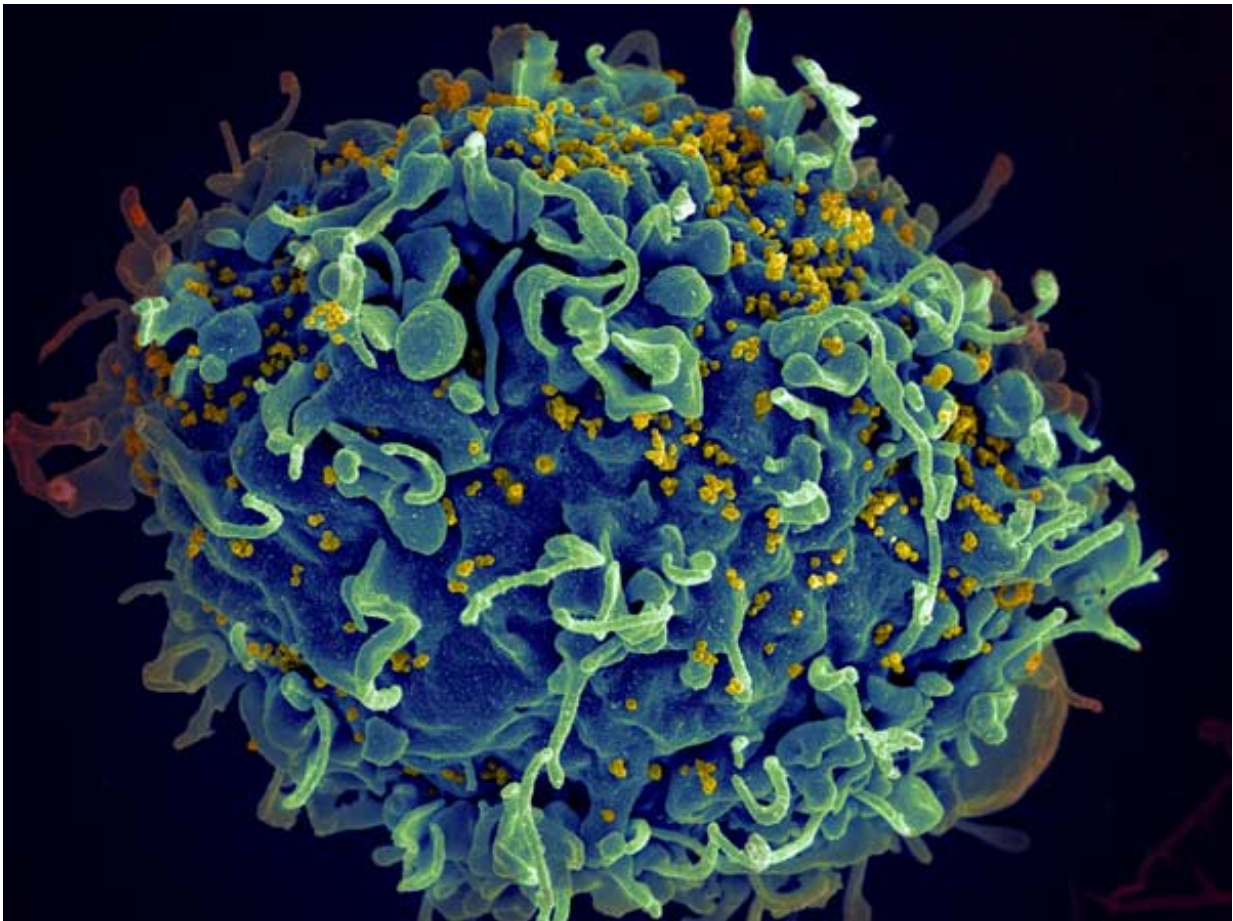


Having HIV and chronic HBV/HCV coinfection may increase cancer risk

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HIV infecting a human cell. Credit: NIH

In HIV-infected patients receiving antiretroviral therapy (ART), chronic

hepatitis B virus (HBV) and hepatitis C virus (HCV) coinfection is associated with an increased risk for non-Hodgkin's lymphoma. The findings are published in *Annals of Internal Medicine*.

The incidence rate of non-Hodgkin's [lymphoma](#) in HIV-infected persons is about 10 times higher than in the HIV-negative population, and is an important cause of AIDS and death, even for patients receiving ART. Growing evidence indicates that some infections increase the risk for non-Hodgkin's lymphoma through chronic immune stimulation that occurs in immunocompromised patients. It is unclear whether chronic HBV an HCV infection promote non-Hodgkin's lymphoma in HIV-infected patients.

Researchers studied 18 of 33 cohorts from the Collaboration of Observational HIV Epidemiological Research Europe (COHERE) to investigate whether chronic HBV and HCV infection are associated with increased incidence of non-Hodgkin's lymphoma. The authors included 52,479 ART-naïve patients, 40,219 of whom later started ART. Some patients had HBV, HCV, or dual infection at the time of inclusion into cohorts, and some others acquired infection during the follow up phase.

The researchers found that the ART-treated patients with chronic HBV or HCV infection were at increased risk for non-Hodgkin's lymphoma compared with uninfected persons.

The authors conclude that early diagnosis and treatment of HIV infection in conjunction with routine screening for chronic HBV an HCV infection is essential to further decrease non-Hodgkin's lymphoma morbidity and mortality in HIV-infected persons.

More information: *Annals of Internal Medicine*,
<http://www.annals.org/article.aspx?doi=10.7326/M16-0240>

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