

By 2030, prostate and lung cancers expected to be most common cancers among HIV population

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Despite declines in cancer incidence rates among HIV-infected people, cancer will remain a significant concern as this patient population ages. By 2030, prostate and lung cancers are projected to be the most common cancers among individuals aging with HIV. The findings are published in *Annals of Internal Medicine*.

Due to their <u>weakened immune systems</u>, people living with HIV have a higher risk of some cancers than the general population. The development of modern antiretroviral therapy (ART) has allowed people with HIV to live to older ages and has reduced the risk of certain cancers, such as non-Hodgkin lymphoma and cervical cancer, which were previously prevalent in this population. This trend, along with the aging population, has resulted in a shift in the types of cancers diagnosed in patients with HIV. As such, projecting cancer rates and the expected number of cancers in this high-risk population is necessary to inform public health efforts like cancer screening and prevention.

Researchers from the National Cancer Institute used data from linked HIV and cancer registries to project cancer incidence rates in HIV-infected adults in the U.S. through 2030. They applied those rates to projections of the number of HIV-infected people from the Centers for Disease Control and Prevention (CDC) to estimate the future cancer burden. By 2030, they expect substantial aging of the U.S. HIV population, with the proportion of HIV-infected people who are 65+



years old projected to be 21.4 percent (up from 8.5 percent in 2010). While the number of cancer cases diagnosed among adults with HIV is projected to decline, incidence of non-AIDS-defining cancers will remain a concern. Prostate cancer cases are expected to increase over this timeframe, and prostate and lung cancers will each be more common in 2030 than AIDS-defining cancers combined.

According to the researchers, these findings underscore the continuing importance of <u>cancer</u> as a co-morbidity as people with HIV live longer and age. The findings should help to inform the priorities of targeted screening, treatment, and prevention programs.

More information: *Annals of Internal Medicine* (2018). http://annals.org/aim/article/doi/10.7326/M17-2499

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