

Patients' HIV status should not impact their cancer care

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New articles published in *Cancer*, a peer-reviewed journal of the American Cancer Society, note that there is no medical justification to deny optimal cancer therapy to individuals with HIV.

People who are living with HIV and who develop cancer have traditionally been excluded from most cancer clinical trials. In addition, many of these patients do not receive potentially curative therapy for their cancer because their physicians may believe that HIV infection is a contraindication for intensive cancer treatment. With modern HIV therapy, however, most people with HIV have undetectable viral loads and healthy immune systems. The issue is an especially important one because some cancers, such as [cervical cancer](#), occur more frequently in individuals with HIV infection.

HIV prevalence exceeds 34 percent in [young women](#) in Botswana. In a recent observational study of women with locally advanced cervical cancer in this African country, women living with well-managed HIV infection had the same level of access to curative cancer treatment as women without HIV. The investigators' earlier work also showed that HIV has no impact on two-year [overall survival](#) in patients initiating curative cancer therapy.

In an accompanying editorial, Richard Little, MD, of the National Cancer Institute, noted that the findings may have implications relevant not only to HIV-associated cervical cancer in Botswana, but also more generally to HIV-associated cancer prevention and therapeutics

worldwide.

"The simple message of this paper is that if people with HIV infection are immediately given access to modern HIV therapy, and if they have cancer and are treated with the community standards for the best cancer therapy, the outcome differences between those with and without HIV infection can be minimized," said Dr. Little. "I believe the research serves as an important example on how treatment disparities can be reduced and hope that the approach to HIV and cancer around the world can become more like it is in Botswana: treat the HIV and give the best cancer therapy available, and also open up cancer [clinical trials](#) to people living with treated HIV."

Dr. Little added that if all communities adopted a test-and-treat strategy for HIV infection, the number of people getting new HIV infections would drop significantly, as would the incidence of cancer among those with HIV. Furthermore, if state-of-the-art cancer therapy were widely and routinely provided to those with HIV and cancer, deaths due to [cancer](#) would markedly fall among those with HIV.

More information: "HIV infection is not associated with initiation of curative treatment in women with cervical cancer in Botswana." Surbhi Grover, Emily MacDuffie, Qiao Wang, Memory Bvochora-Nsingo, Rohini Bhatia, Dawn Balang, Sebathu Chiyapo, Rebecca Lockett, Doreen Ramogola-Masire, Scott Dryden-Peterson, Lilie L. Lin, Sanghyuk S. Shin, and Nicola M. Zetola. *CANCER*; Published Online: February 25, 2019, [DOI: 10.1002/cncr.31972](https://doi.org/10.1002/cncr.31972)

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