

# Researchers demonstrate high prevalence of cancer among men living with HIV

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Researchers with Case Western Reserve University have found that

there are nearly twice as many men with cancer among men living with HIV (MLWH) compared to men who do not have the human immunodeficiency virus. The rates of cancer are even higher in men with symptomatic HIV.

The researchers based their findings on national Medicaid data, which included more than 82,000 MLWH and more than 7 million men without HIV. The highest rates of cancer were for anal cancer in both symptomatic and asymptomatic MLWH. And the highest rates of cancer in MLWH were detected in Hispanic MLWH.

The study, *Excess Cancer Prevalence in Men with HIV: A Nationwide Analysis of Medicaid Data*, funded by the Case Comprehensive Cancer Center, was published earlier this week, in the online early view edition of *Cancer*, an American Cancer Society journal. The study was published with an accompanying editorial, *An ounce of prevention: Medicaid's role in reducing the burden of cancer in men with HIV*.

"Medicaid plays a key role in insuring people with HIV," said Siran Koroukian, a professor in the Department of Population and Quantitative Health Sciences at the Case Western Reserve School of Medicine and director of the Case Comprehensive Cancer Center's Population Cancer Analytics Shared Resource. "Our findings highlight the importance of the Medicaid program's efforts to promote healthy behaviors and to promote vaccine against human papillomavirus in children and adolescents, as well as individualized cancer screening."

Koroukian was joined as co-lead author in this study by Guangjin Zhou, Ph.D., doctoral candidate in the CWRU Clinical Translational Science program, Center for Clinical Investigation, and also joined by co-authors Johnie Rose, MD, Ph.D., co-director of the Case Comprehensive Cancer Center's Population Cancer Analytics Shared Resource, and Gregory S. Cooper, MD, MA, professor in CWRU's Department of Medicine and

co-leader, Case Comprehensive Cancer Center's Cancer and Prevention Program.

The authors observed excess cancer prevalence for several cancer types in addition to anal cancer, including lymphoma and rectal cancers. They noted excess cancer prevalence is due in part to premature aging from HIV, as well as the prevalence of other (non-HIV) cancer risk factors, such as smoking and exposure to oncogenic viruses—including human papillomavirus (HPV)—known to cause certain cancers.

The accompanying editorial, written by Cathy J. Bradley, with the Colorado School of Public Health, and Lindsay M. Sabik, with the University of Pittsburgh School of Public Health, highlights the importance of addressing known risk factors, the need for continued use of antiretroviral therapies, as well as promoting HPV vaccination, even later in life. It also emphasizes the importance of using these findings to inform policy initiatives, including programs to ensure continuous enrollment in Medicaid, physician reimbursement policies to improve cancer screening, as well as controlling the cost of expensive medications to treat both conditions.

"Koroukian et al's study is especially important because it reports on a [growing population](#) who experience the convergence of two previously fatal health conditions that are now becoming chronic conditions," the editorial's authors note.

As the authors further note, excess cancer prevalence in MLWH should be interpreted with the understanding that many people enroll in Medicaid once they are diagnosed with a catastrophic illness such as cancer. They highlight the importance of augmenting Medicaid data by linking with cancer registry data to learn more about when cancer is diagnosed relative to Medicaid enrollment and HIV diagnosis. Such a rich data infrastructure would facilitate the study of [cancer](#) stage at

diagnosis and related survival outcomes, they conclude.

**More information:** Siran M. Koroukian et al, Excess cancer prevalence in men with HIV: A nationwide analysis of Medicaid data, *Cancer* (2022). [DOI: 10.1002/cncr.34166](https://doi.org/10.1002/cncr.34166)

Provided by Case Western Reserve University

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