Cancer and HIV—closing the screening gap

5 September 2017, by Pam Auchmutey

While collaborating with clinical colleagues in rural southwest Georgia, Emory cancer researcher Theresa Gillespie learned a surprising fact. The region has one of the state's largest HIV/AIDS populations outside of metropolitan Atlanta. And very few of them were screened for cancer.

As of 2015, a clinic in Albany, Georgia, had treated 1,080 patients—men and women, white and black—for HIV/AIDS. Of those, the number screened for cancer was in the single digits. Essentially, she recognized another health disparity.

"The problem is that all of the evidence related to health promotion and cancer screenings have been collected outside of HIV-positive populations," says Gillespie, professor of surgery at Winship Cancer Institute. "We don't know why clinicians don't refer HIV patients for cancer and other health screenings. And we don't know why patients don't take up that activity."

Gillespie and Jessica Wells, assistant professor in the Nell Hodgson Woodruff School of Nursing, plan to find out as co-leaders of a pilot study on cancer screening and early detection among people living with HIV/AIDs. They are talking to patients and providers at Grady Health System's Ponce Center in Atlanta and the Ryan White Primary Care Clinic in Albany to determine what they know about cancer screening and HIV.

The project, funded by a Synergy Award from the Woodruff Health Sciences Center, stems from Wells' and Gillespie's longtime interest in cancer and health disparities.

When Wells was a PhD student at the School of Nursing, she studied treatment adherence among African American women with breast cancer. The good news: her findings showed that patients completed their chemotherapy. The bad news: she realized the field of breast cancer research was saturated.

Wells switched gears. She began to read about other cancers and learned that anal cancer rates were skyrocketing among patients with HIV.

"The majority of anal cancer cases are caused by HPV (human papillomavirus), and screening is similar to the Pap test for cervical cancer, but it's done in the anal canal," she says. "But for some reason, the screening is not being done. And just like cervical cancer, anal cancer presents with precancerous lesions before progressing to cancer."

There is an important difference. "Unlike cervical cancer, there are no national screening guidelines for anal cancer that clinicians can refer to," Wells says. "Screening is very physician-dependent."

Among her current projects is a study characterizing the anal microbiome of HIV-infected and noninfected women to determine cancer risk. Gillespie is mentoring Wells on her study, funded through Winship by the American Cancer Society.

"Does the microbiome play a role in HPV resistance? Does it play a role in precancerous lesions? We don't know," says Wells.

Health experts do know that treatment advances have extended the lives of people with HIV/AIDS. Because they are living longer, they are at risk of cancer and other diseases. Why then are HIV patients less likely to be screened for them?

"For so long, patients have had to focus on taking their medication, adhering to treatment, and avoiding infections," says Gillespie. "So they typically aren't screened for noncommunicable diseases like cancer, diabetes, or cardiovascular disease."

The Synergy Award study is intended to help change that. "Eventually," says Wells, "we'd like to use the information we gather to formulate national guidelines for clinicians to make cancer screenings routine for patients living with HIV."

Provided by Emory University

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