

# Despite treatment, elderly cancer patients have worse outcomes if HIV-positive

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Elderly cancer patients who are HIV-positive, particularly those with prostate and breast cancers, have worse outcomes compared to cancer patients in the same age range who do not have HIV. A Moffitt Cancer

Center researcher, in collaboration with investigators at the National Cancer Institute, Duke University, and Johns Hopkins Bloomberg School of Public Health, took a closer look at the disparity, factoring in whether or not cancer treatment had an impact on outcomes among this patient population. Their findings were published today in *JAMA Oncology*.

"Previous studies have shown that HIV-infected [cancer patients](#) are more likely to die from their cancer than HIV-uninfected cancer patients. However, those studies have not been able to take into account detailed information on the treatments patients may have received, including the exact type or timing of treatment," said Anna E. Coghill, Ph.D, M.P.H., assistant member of the Cancer Epidemiology Department at Moffitt.

Using the Surveillance, Epidemiology, and End Results Medicare-linked data, the researchers evaluated 288 HIV-infected and 307,980 HIV-uninfected patients, ages 65 years or older, who were diagnosed with non-advanced colorectal, lung, prostate or [breast cancer](#) and received stage-appropriate [cancer treatment](#) during the year after their cancer diagnosis.

Results showed that cancer-specific mortality was higher in HIV-infected cancer patients compared with their HIV-uninfected counterparts in breast and prostate cancers. Furthermore, they found that HIV-infected women were nearly twice as likely to experience disease relapse or death after successfully completing initial cancer therapy.

"As the HIV population continues to age, the association of HIV infection with poor breast and prostate cancer outcomes will become more important, especially because prostate cancer is projected to become the most common malignancy in the HIV population by 2020," said Coghill. "It is why we are stressing the need for more research on clinical strategies to improve outcomes for HIV-infected [cancer patients](#)."

**More information:** *JAMA Oncology* (2019). [DOI: 10.1001/jamaoncol.2019.1742](https://doi.org/10.1001/jamaoncol.2019.1742)

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