Introduction to HIV and cancer

Simon Collins
HIV i-Base
Introduction

• Area of expert care – referrals and networks
• BHIVA guidelines
• Personal aims for the day?
• HIV and cancer – general points
• HIV and cancer – scientific concepts
• Activist agenda?
• Personal comments
HIV and cancer

• We are lucky to be ageing…
• But cancer is often an age-related disease - highest risk comes with age
• >75% of people have a lifetime cancer risk - is this a natural ageing process?
• Over 200 cancers – each very specific
• Many are treatable, with high (>90%) remission rates if detected early (screening / surveillance / self monitoring etc)
• Some are not - make the most of life.
HIV and cancer

- Expert care essential
- Cancer treatment is very different to ART - less data for modified combinations, best guess approach.
- Extended timelines for progression, treatment and treatment outcomes.
- Risks are multi-factorial and often related to modifiable lifestyle factors.
- Personal perspective - prioritise your health.
HIV and cancer: scientific issues

• Difficulty of knowing any independent risk from HIV – impact of ART/non-ART and viral suppression.
• Difficultly of not having an appropriate matched control group.
• Higher rates reported for some and at earlier age – but adjusting for cohort ages of reduced the differences in both incidence and age at diagnosis.
HIV and cancer: scientific issues

- Relative vs absolute risks
- Issues of screen and risk/benefit balance with screening.
- Common sense approach for broad screening programmes is not always supported by evidence.
- Difficulty of separating earlier diagnosis and mortality.
- Activist role/agenda
Thanks

Further info

- Macmillan
  http://www.macmillan.org.uk

- BHIVA malignancy guidelines
  http://www.bhiva.org/Guidelines.aspx

UK-CAB reading for April 2013 meeting, including:
- Do cancer patients with HIV die sooner? – Mark Bower.
  http://www.bhiva.org/121004MarkBower.aspx