

Introduction to HIV and cancer

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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.
- Difficulty 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>