How People With HIV Can Combat Their Raised Risk of Cancer

HIV-positive people have a higher risk of certain cancers than other people. Here are ways to help improve your chances of avoiding cancer.

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Antiretrovirals have allowed many HIV-positive individuals to live long and healthy lives, in part by preventing AIDS-defining cancers such as Kaposi's sarcoma, which helped defined the horror of the early years of the epidemic. However, in the modern era of combination HIV treatment, the threat of such cancers has been supplanted by non-AIDS-defining cancers (NADCs), which today occur at a rate three times that of the HIV-negative population, and tend to develop earlier in life, too.

Scientists are still in the early in the process of picking apart the contributing factors to these increased rates of potentially fatal diseases. But fortunately there is still plenty that the average person living with HIV can do to better their odds of enjoying a long and healthy life.

Among all NADCs, lung cancer is the biggest threat to people living with HIV, in no small part because of that population's high rate of smoking. One in 10 overall deaths and one in three cancer-related deaths among people with HIV are a result of lung cancer, and on average HIV-positive people are diagnosed with the cancer 25 to 30 years earlier than the general population. Other notable NADCs occurring disproportionately among people with HIV include anal and rectal, head and neck, prostate, breast, and liver cancers, as well as Hodgkin's lymphoma.

Two of the major contributing factors to the increased rates of NADCs among people living with HIV are actually a result of ARVs benefits: a longer life, and getting older. These two factors are not necessarily the same thing. Simply spending more time alive ups the chance that a disease might strike. And then the aging process itself raises the risk of cancer. What's more, the older HIV-positive individuals get, the more disproportionately cancer tends to strike them than those without HIV. While people with HIV who are in their 30s are at twice the risk of developing NADCs compared with the general population, this disparity increases to seven-fold for those in their 40s, 14-fold in their 50s, and 28-fold when they pass 60.

Some of the other potential contributing factors to the increased NADC risk may not be possible to escape. According to Gita Suneja, MD, an assistant professor in the department of radiation

oncology at the University of Utah School of Medicine. “Antiretrovirals correct CD4 counts and suppress viral loads, but they may not completely correct immune disregulation that occurs.” Damage that the virus causes even in the face of ARV treatment—for example, the immediate, irreversible hit the virus takes on the immune cell-rich gut—may contribute to the development of cancer.

Additionally, even when someone is on HIV treatment, low-level replication of the virus may lead to a state of harmful chronic inflammation that some scientists believe could contribute to a higher cancer risk. HIV may also cause changes to the DNA of cells that protect against cancers, as well as those that predispose individuals to such diseases.

All this considered, here are some ways to help safeguard your own health:

Get covered. Obtaining health insurance is a key step toward accessing proper health care, including preventative care. Open enrollment for 2016 private plans through the Affordable Care Act (ACA, or Obamacare) or Medicaid coverage (in those states that have expanded Medicaid under the ACA) runs from November 1, 2015 to January 31, 2016. (The earliest a plan can start is January 1.) Check out POZ’s guide to gaining coverage, which will soon be updated for Obamacare’s third year.

Treat the virus. Research has suggested that having a higher CD4 counts as a result of HIV treatment may lower your risk of NADCs. And thanks to the long-awaited results from the START trial, the jury is in: It’s best to treat HIV as soon as possible after diagnosis. This means the many health benefits of treatment aren’t outweighed by the toxicities of the medications.

“We don’t think the medications act in any direct way to damage the body and increase the risk of cancer,” says Eric A. Engels, MD, MPH, a senior investigator at the National Cancer Institute, which is part of the National Institutes of Health. “It hasn’t been looked at in a lot of detail, but the evidence that does exist does not strongly support that.”

Lifestyle changes. With an estimated 60 to 80 percent of the HIV population hooked on nicotine, quitting smoking is one of the best things people living with the virus can do for their health. A recent study found that HIV-positive people who smoke have a five-fold greater risk of non-AIDS related death than those who don’t, thanks in large part to smoking’s contribution to the development of cancer as well as cardiovascular disease. The average life expectancy of a 35 year-old HIV-positive individual is 63 if he or she smokes and 78 without the nicotine habit. Ask your physician about help with smoking cessation.

Staying away from illegal street drugs and curbing alcohol use is also advisable, for overall health and well-being at the very least. Alcohol abuse can contribute to liver cancer, which is a particularly significant worry for those who are coinfected with hepatitis B or C viruses (HBV, HCV). Clinicians generally advise those with either HBV or HCV not to drink at all, considering how much alcohol can accelerate the damage these viruses cause to the liver.

Also, being overweight or obese can raise your risk of certain cancers. Changing diet and exercise or investigating other options to promote a healthy weight is an important way to address overall health.

Get tested for and treat viral hepatitis. If you're coinfected with hep B or C, seeking treatment for either virus is an important way to reduce your risk of liver cancer. If you don't know if you're coinfected, it's important to get tested for both hepatitis viruses. Recent U.S. Food and Drug Administration (FDA) approvals of new hep C medications have made that virus quite easily curable, in as little as eight to 12 weeks. Keep in mind that coinfected people with HIV tend to have faster liver disease progression than those without, so there is extra urgency to get proper treatment.

Cover up. To counteract a raised risk of skin cancer, consider limiting your sun exposure. When you are outside, wear sunscreen (don't forget to reapply) and help block the sun by wearing a hat and other protective clothing.

Ask about cancer screening. Suneja says that people with HIV "in some way rely on the doctor to suggest cancer-screening services. But patients should also be proactive about that and ask their primary care doctor which screening services are appropriate. Because we know that people with HIV are less likely to be screened for things like mammography, colonoscopies and pap smears."

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http://beta.docker.poz.com/article/NADC-cancer-prevention-27736-6392