# Head-and-Neck Cancer Treatment Works Just as Well in People With HIV

January 21, 2011

Standard radiation treatment for head-and-neck cancer is just as effective and safe in people with HIV as in their HIV-negative counterparts, according to a small study published in the January issue of the *International Journal of Radiation Oncology Biology Physics*. These data answer concerns that treatment for head-and-neck cancers could potentially be riskier for HIV-positive people.

Though the rates of many types of cancer have diminished significantly in people with HIV since the introduction of potent antiretroviral (ARV) therapy in the late 1990s, several types of cancer are on the rise, including those affecting the head and neck. To date, cancer specialists have been concerned about using the standard treatment for these types of cancer—which include tumors in the oral cavity and throat, such as those caused by human papillomavirus (HPV) and tobacco use—often involving high doses of radiation treatment in people with HIV.

The concern is that people with HIV face a greater risk of immediate and long-term side effects from such treatment and that a person's survival and health could be compromised. Such concerns are especially prominent for people who receive both radiation and chemotherapy, and have been born out by a few very small studies.

To explore this issue, Allen Chen, MD, and his colleagues at the University of California at Davis studied the medical records of 12 HIV-positive people who underwent radiation therapy for head and neck cancer.

Contrary to previous concerns, people with HIV faired just as well in this study as HIV-negative people did in other studies. The three-year survival rate was 78 percent, and local control of the cancer was 92 percent. While 58 percent of the people did experience a serious side effect, including swelling and tissue damage where the radiation was focused, this rate was no higher than the risk found in HIV-negative people.

People receiving both radiation and chemotherapy did see their CD4 cells drop—from an average of about 600 to 200—however, none required additional treatment to increase their white blood cells, and all saw their CD4 counts rebound after treatment was completed.

The authors note that nine of the 12 patients in this study were taking ARV therapy while being treated for cancer. Previous studies have shown that concomitant use of ARVs while undergoing

cancer treatment is associated with improved immunologic and clinical outcomes.

All of the participants also received antibiotics and had feeding tubes inserted as preventive measures against oral infections—common occurrences in people undergoing radiation therapy for head-and-neck cancers. These measures, the authors note, could have contributed to the positive outcomes noted in the study, and they differ from the standard of care implemented in previous studies.

“Our data provide important assurances that appropriately selected patients with HIV should be offered aggressive treatment for newly diagnosed head-and-neck cancer,” the authors write. “This is particularly important because it is unlikely that a prospective trial will ever be performed in this patient population.”

Given the positive contribution of preventive antibiotics and feeding tubes, they conclude: “Gastrostomy tube placement and dental prophylaxis are recommended to minimize treatment complications.”

---

© 2026 Smart + Strong All Rights Reserved.
http://beta.docker.poz.com/article/hiv-cancer-head-19781-9071