Smoking Associated With Higher Cancer Rates in VA HIV Cohort

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People with HIV in a Veterans Administration (VA) cohort who quit smoking or who never smoked were at a lower risk for developing non-AIDS-related malignancies (NAM) or anal cancer than people who were active smokers. These data were reported Sunday, September 12 at the 50th Annual Interscience Conference on Antimicrobial Agents and Chemotherapy (ICAAC) in Boston.

Smoking is a known risk factor for a number of cancers including lung cancer, colorectal cancer, cervical cancer and anal cancer. Though not many studies have yet explored the relationship between smoking and cancer in people with HIV, we do know that HIV-positive people are far more likely to smoke than HIV-negative people. This is a serious concern, given that anal cancer rates, in particular, are on the rise in people with HIV.

To explore the link between smoking and cancer, Angelike Liappis, MD, and her colleagues from George Washington University in Washington, D.C., surveyed 200 HIV-positive men from the VA medical center in Washington, D.C., about their smoking habits. The survey results were matched with electronic medical records. Specifically, Liappis and her colleagues were looking for connections between smoking and anal cancer, anal dysplasia (a precursor to anal cancer) and NAM.

Smoking was extremely common within the cohort: 82 percent reported a history of tobacco use, and 63 percent were current smokers. Interestingly, the medical records of 23 percent of the active smokers failed to mention their tobacco use.

Liappis's team found that tobacco use was strongly tied to all three of the conditions they analyzed. Active smokers were nearly five times as likely to have a non-AIDS malignancy than those who never smoked or who had quit smoking. The same was true of anal cancer. Active smokers were 11 times more likely to have anal dysplasia than those who'd never smoked and about twice as likely to have the condition as those who'd quit smoking.

Records about smoking history were largely accurate for those who developed a NAM or anal cancer, however a significant proportion of those with anal dysplasia had medical records that failed to mention their smoking habit. This indicates that providers are not working as actively as they should with their clients to assess their tobacco use and potentially assist them in quitting smoking.

“HIV providers should strive to document smoking history and factor in the risk due to tobacco, particularly active use, in addition to sexual risk and presence of [human papilloma virus (HPV)] related pathology when screening for anal dysplasia,” the authors concluded.

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