Prostate Cancer Treatment Works Well in HIV-Positive Men

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Radiation treatment for prostate cancer appears to work well in HIV-positive men, according to study results published in the November issue of *Urology*. The latest findings echo those of another study published earlier this year.

Due to the success of antiretroviral (ARV) therapy, many people with HIV are living long enough to develop diseases typically associated with older age. In HIV-positive men, one of these diseases is prostate cancer. Radiation therapy is one of the most common treatments for prostate cancer, yet little is known about its safety and effectiveness in HIV-positive people.

To better understand radiation therapy in people living with HIV, Tracy Ng, MD, from St. Vincent's Comprehensive Cancer Center in New York City, and her colleagues examined the medical records of 14 HIV-positive men who had received radiation treatment for prostate cancer. The men were treated with either one or both of the most common radiation therapy techniques: external beam radiotherapy—a beam of radiation similar to an X-ray is targeted at the cancer—and brachytherapy—the insertion of tiny radioactive metal rods or pellets into the cancer. Prostate-specific antigen (PSA) levels, CD4 counts and viral load were measured before and after radiation treatment.

Dr. Ng's team found that the radiation treatment was quite successful, with all but one of the men having a PSA level drop into the normal range following treatment. There also appeared to be no serious HIV-related complications. The men's CD4 counts remained stable, actually increasing slightly from an average of 523 to 577 cells. Viral loads did increase in two of the men during radiation therapy, but the authors don't state what influence radiation, HIV treatment or the lack of it may have had on viral loads.

The results of Ng's study echo those of another medical record review published earlier this year in *BJU International*. In that study, Liron Pantanowitz, MD, from Baystate Medical Center in Springfield, Massachusetts, and his colleagues evaluated the treatment outcomes of 17 HIV-positive men with prostate cancer. According to Pantanowitz's team, provided that a person was on a stable ARV regimen, his prostate cancer treatment outcome should be no different from that of an HIV-negative prostate cancer patient.

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