



What's the Leading Cause of Death Among People With HIV?

The annual American Cancer Society report on U.S. cancer statistics notes that the leading cause of death for people with HIV is cancer.

January 19, 2024 By [Trent Straube](#)

Cancer is the leading cause of death among people living with [HIV](#), according to data in the annual [American Cancer Society](#) report [Cancer Statistics, 2024](#), which was released January 17 and is also available in a consumer-friendly companion, [Cancer Facts & Figures, 2024](#).

The top-line findings show that for the U.S. population as a whole—those with and without HIV—cancer deaths continue to decline, resulting in over 4 million fewer deaths since 1991. Despite this encouraging trend, the number of [cancer](#) cases is increasing; slightly over 2 million new cancer diagnoses are expected in 2024, [according to an American Cancer Society press release about the report](#). What's more, 611,720 cancer deaths are expected this year, making cancer the second most common cause of death, after heart disease.

The American Cancer Society Cancer Facts & Figures 2024 report is here with data detailing the current cancer burden in the US, progress that's been made, and what preventive steps you can take to help reduce your cancer risk. Deep dive into this report to equip yourself, health professionals, educators, and policy makers with discussion points to effectively advocate for people facing cancer. With breast, prostate,

colorectal (ages 0-54), and cervical (ages 30-44) cancers on the rise, it's important to get screened. Hear more from our CEO Dr. Karen Knudsen. Full report:

<https://amercancer.co/cff24>

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"We're encouraged by the steady drop in cancer mortality as a result of less smoking, earlier detection for some cancers and improved treatment," said [Rebecca Siegel](#), senior scientific director, surveillance research at the American Cancer Society and lead author of the report. "But as a nation, we've dropped the ball on cancer prevention as incidence continues to increase for many common cancers—like breast, prostate and endometrial as well as colorectal and cervical cancers in some young adults."

In addition to data on incidence, deaths and trends, [Cancer Facts & Figures, 2024](#) looks at specific cancers, disparities, nutrition and other topics. This year's report also includes a special section on cancer among the LGBTQ community.

Cancer Facts & Figures also includes details about cancer risk factors, such as alcohol, smoking, excessive body weight and "infectious agents," including HIV.

Less than 5% of cancers are attributed to infectious agents such as HIV, according to Cancer Facts & Figures. However, when compared with the general U.S. population, people living with HIV have a 10-fold higher burden of infection-related cancers.

The report continues:

"At least 10 cancers are associated with HIV infection, three of which (non-Hodgkin lymphoma, Kaposi sarcoma and cervical cancer) signal clinically relevant immunosuppression and progression to acquired immunodeficiency syndrome (AIDS), referred to as AIDS-defining cancers. Additional HIV-associated cancers include liver, anal, lung, and Hodgkin lymphoma. Cancer is the leading cause of death among HIV-infected individuals.

"Estimated annual incidence of HIV infection has declined from a peak of [greater than] 130,000 in the mid-1980s to about 35,000 in 2019, with Black and Hispanic people representing 41% and 29%, respectively, of recent infections. Effective HIV prevention

strategies, such as pre-exposure prophylaxis with antiretroviral drugs, condom usage, prompt and sustained treatment, and other harm-reduction strategies, have contributed to recent declines in new infections and could accelerate progress with expanded and equitable access. Highly active antiretroviral therapy (HAART) is a treatment that can prevent or delay progression from HIV to AIDS. The widespread uptake of HAART in the U.S. in 1996 is associated with a 70% drop in the incidence of Kaposi sarcoma and a 50% drop in non-Hodgkin lymphoma among HIV-infected individuals. In contrast, the risk increased by 40% for cervical cancer and by two-fold for non-AIDS-defining cancers, likely in large part due to an increase in life expectancy.”

According to the press release about the annual report, which did not spotlight the HIV data, top-line highlights regarding cancer and the general population include:

- Cervical cancer incidence rates are decreasing steeply in women in their 20s, who were first to receive the HPV vaccine, but increased in women 30 to 44 years old by 1.7% per year from 2012 through 2019, highlighting the need for more emphasis on screening in young women as well as broader uptake of the vaccine. In 2021, HPV vaccination coverage in adolescents 13 to 17 years ranged from 33% in Mississippi to 79% in the District of Columbia.
- After decades of increase, cancer incidence in children has finally leveled off, although rates continue to increase among adolescents (ages 15 to 19 years), including a greater than 4% per year rise in thyroid cancer, much of which is likely overdiagnosis; the 15-year survival rate for thyroid cancer in adolescents is 99%.
- Mortality rates continue to increase by 2% per year for uterine corpus (endometrial) cancer, one of the few cancers with increasing mortality. Steeper increases in women of color are widening racial disparities, with the death rate now two times higher in Black women (9.1 per 100,000) than in white women (4.6 per 100,000).
- Cancer patients are getting younger: The proportion of diagnoses in people who are middle-aged (50 to 64 years) increased from 25% in 1995 to 30% in 2019 to 2020, whereas the proportion 65 years and older decreased from 61% to 58%, despite both age groups growing in the general population (from 13% to 19% for ages 50 to 64 years and from 13% to 17% for ages

65 and older). In addition to changes in the population age distribution, this shift reflects steep decreases in incidence of prostate cancer and smoking-related cancers in older adults as well as increased cancer incidence in people born after the 1950s because of higher obesity rates and other yet unknown factors.