ARVs Reduce Risk of Death After Lymphoma Diagnosis

July 9, 2013

The risk of death from HIV-related lymphoma is associated with a higher cumulative viral load during the first six months after diagnosis with the cancer, supporting the argument for early antiretroviral (ARV) intervention, aidsmap reports. Publishing their findings in the online edition of the journal AIDS, investigators culled the records of more than 25,000 people receiving care for HIV between 1996 and 2011 and identified 224 who were diagnosed with lymphoma. All members of the group were still living six months after their lymphoma diagnosis and had received at least two viral load screens during that period.

The median overall viral load at the time of the lymphoma diagnosis was about 10,000, with a third of the study group undetectable.

At the outset of the study, 47 percent were taking ARVs. Three months following the lymphoma diagnosis, 58 percent were taking HIV therapy, a figure that increased to 71 percent six months after the diagnosis.

About two-thirds of the group survived until the end of the five-year study period. At this time, 54 percent of those who had a cumulative six-month viral load greater than the median of the study group (above 10,000) were still living. Seventy percent of those who had a cumulative viral load below the median (less than 10,000) during the six months following their lymphoma diagnosis survived five years.

For each power of 10 increase in cumulative viral load (for example: from 10 to 100, or 10,000 to 100,000) during the first six months following the lymphoma diagnosis, there was a 35 percent increase in risk of death in the period spanning the six-month mark and the end of the fifth year.

The viral load at the time participants received their lymphoma diagnosis was not associated with the risk of death.

To read the aidsmap story, click here.

To read the abstract, click here.

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http://beta.docker.poz.com/article/lymphoma-mortality-24211-7577