Non-AIDS-Defining Cancers Are a Rising Cause of Death Among People With HIV

A recent study found that from 1995 to 2009, 10 percent of all deaths among a large cohort of people on HIV treatment were cancer-related.

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As the overall death rate among people on HIV treatment dropped during the first 15 years of the modern era of antiretrovirals (ARVs), deaths attributable to non-AIDS-defining cancers (NADCs) rose, eventually reaching 10 percent of all deaths.

Publishing their findings in Clinical Infectious Diseases, researchers from the North American AIDS Cohort Collaboration on Research and Design (NA-ACCORD) analyzed data on 46,956 people with HIV receiving antiretroviral (ARV) treatment in 13 North American cohorts between 1995 and 2009. None of the participants had been diagnosed with cancer at the study's outset.

Eighty-three percent of the study cohort were male. The median age of cohort members upon entering the study was 42.5 years. At that time, 30.3 percent of the participants had a CD4 count below 200 and 40.8 percent had a viral load below 500. Among those whose smoking status was known, 75.5 percent reported ever smoking. A respective 7 percent and 23.7 percent of the cohort had hepatitis B virus (HBV) and hepatitis C virus (HCV).

The participants were followed for a cumulative 267,145 years, or an average of 5.7 years. During follow-up, 8,956 of them died, for an overall death rate of 3.35 percent per year. A total of 1,997 of the participants were diagnosed with cancer for the first time during follow-up; 1,069 (53.5 percent) of them died.

Deaths among those diagnosed with cancer made up 11.9 percent of all deaths among the overall participant population.

The researchers estimate that throughout the study period, 9.8 percent of all deaths were a result of cancer, including 7.1 percent attributable to NADCs and 2.6 percent to AIDS-defining cancers (ADCs). The majority of cancer-driven deaths were the result of non–Hodgkin lymphoma, lung cancer and liver cancer.

The death rate related to NADCs was much higher in males than in females and increased considerably with age. Death rates attributable to ADCs and NADCs were highest when individuals had low CD4 counts.

During the study period, overall mortality dropped among the participant population while NADC-related deaths rose. Consequently, a growing proportion of deaths among the participants were attributed to NADCs, reaching 10.1 percent of all deaths during the 2006 to 2009 period.

To read the study abstract, click here.

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