For Seniors, HIV Is Tied to Higher Death Rates After Cancer Treatment

This held particularly true for prostate and breast cancers in a recent analysis.

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As people with HIV age into their senior years in increasingly substantial numbers, they are likely to face poorer outcomes than HIV-negative individuals of the same age when it comes to battling cancer. In a recent analysis, this finding held particularly true for those with prostate or breast cancers.

Publishing their findings in JAMA Oncology, researchers at the Moffit Cancer Center in Tampa, along with investigators from the National Cancer Institute, Duke University and Johns Hopkins Bloomberg School of Public Health, looked to Surveillance, Epidemiology and End Results (SEER) Medicare–linked data to establish a study cohort of people 65 years old or older who had nonadvanced cancers of the colon or rectum, lung, prostate or breast that were diagnosed between 1996 and 2012. To qualify for the analysis, individuals needed to have received standard, stage-appropriate cancer treatment during the year following their cancer diagnosis.

The study ultimately included data on 308,268 HIV-negative seniors and 288 seniors living with HIV.

Those with HIV tended to be younger than those in the HIV-negative cohort and were more likely to be Black. A respective 78% and 55% of the two groups were men; as a result, there was a much higher proportion of people with prostate cancer in the HIV-positive group (59%) than in the HIV-negative group (43%).

The types of cancer treatments did not differ significantly based on HIV status.

“Previous studies have shown that HIV-infected cancer patients are more likely to die from their cancer than HIV-uninfected cancer patients,” study author Anna E. Coghill, PhD, MPH, of the cancer epidemiology departmentat Moffitt, said in a press release. “However, those studies have not been able to take into account detailed information on the treatments patients may have received, including the exact type or timing of treatment.”

Looking at overall mortality rates during the period that began one year following the cohort members’ cancer diagnosis, the investigators found that, compared with those who did not have

the virus, those with HIV had a 1.73-fold higher mortality rate from colorectal cancer, a 1.58-fold higher mortality rate from prostate cancer and a 1.50-fold higher rate of death from breast cancer. Of note, these are not among the cancer types that occur more often in people with HIV.

Dividing the analysis by individual cancer, the study authors found that having HIV was associated with a 1.85-fold increased risk of breast cancer mortality and a 1.65-fold increased risk of prostate cancer mortality.

Compared with those without the virus, those with HIV were 1.32-fold more likely to experience cancer relapse or death and 1.23-fold more likely to undergo retreatment for their cancer.

The worse cancer-related health outcomes associated with HIV held true even after the study authors adjusted the data to account for differences in the first-course cancer treatments.

“As the HIV population continues to age,” the study authors concluded, “the association of HIV infection with poor breast and prostate cancer outcomes will become increasingly relevant, especially because prostate cancer is projected to become the most common malignant neoplasm in the HIV population in the United States by 2030. Research on clinical strategies to improve outcomes in HIV-infected patients with cancer is warranted.”

To read a POZ feature on cancer among people with HIV as they age, click here.

To read a POZ feature article on aging with HIV, click here.

To read the study, click here.

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