Starting HIV Treatment Early Lowers the Risk of Cancers Related to Infections

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People who start antiretrovirals with more than 500 CD4 cells have a lower risk of developing infection-related cancers compared with those who started ARVs with 350 or fewer CD4s, aidsmap reports. Researchers in the START trial randomized 4,685 treatment-naive men and women with CD4s above 500 to start ARVs immediately or to wait to start treatment until after their CD4s dropped to 350 or below. Findings of this new substudy were presented at the 2016 Conference on Retroviruses and Opportunistic Infections (CROI) in Boston.

The initial analysis of the START trial published in 2015 showed that starting HIV treatment early reduced the risk of cancer. This new report differentiates based on whether the cancers were related to infections. Such cancers include cervical and anal cancers, cancers of the head and throat, Kaposi's sarcoma, and Hodgkin and non-Hodgkin lymphoma.

Fourteen of the participants who started treatment immediately developed cancer, including six cases that were related to infections and eight not related to infections. Thirty-nine members of the delayed treatment group developed cancer, including 23 cases that were related to infections and 16 that were not. This meant that starting treatment early reduced the risk of infection-related cancers by 74 percent and non-infection-related cancers by 51 percent.

Factors independently associated with a raised risk of infection-related cancers included: being older, which reduced risk by 42 percent for every decade of life; BMI, which reduced risk by 8 percent for every extra point; living in a low-income region, which increased risk by 32 percent compared with living in a high-income region; and HIV viral load, which increased risk 2.32-fold for every 1 log higher.

Being older was the only factor independently associated with cancers unrelated to infections: Every decade raised risk 2.58 fold.

To read the aidsmap article, click here.

To read the conference abstract, click here.

To watch a webcast of the conference presentation, click here.

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