HIV-Positive Patients More Likely to Lack Cancer Treatment

Study is first to find association independent of insurance status and other health conditions

May 17, 2016 –A new study finds HIV-infected patients with cancer in the United States appear to be less likely to receive cancer treatment, regardless of insurance and other existing health conditions. The study, by researchers at the University of Utah, National Cancer Institute and the American Cancer Society, appears early online in *Cancer*.

Cancer is an increasingly common cause of morbidity and mortality among individuals infected with the human immunodeficiency virus (HIV). In the United States, cancer incidence rates in this population have increased since the introduction of highly active antiretroviral therapy (HAART). Cancer is now the second most common cause of death among HIV-infected individuals, after AIDS-related deaths.

While previous studies have shown that cancer patients who are infected with HIV are less likely to receive cancer treatment compared with HIV-uninfected individuals, whether that was due to insurance status and other conditions was largely unstudied. For the new study, researchers led by Gita Suneja, MD, MSHP, from the Department of Radiation Oncology at the University of Utah used the National Cancer Data Base to study non-elderly adults diagnosed with ten common cancers from 2003 to 2011. They examined associations between HIV status and lack of cancer treatment, taking into account insurance status and comorbidities.

After adjusting for those two known predictors of lack of treatment, the disparity remained for all cancers studied, except anal cancer. HIV-infected patients were more likely to lack cancer treatment for cancers of the head and neck (relative risk [RR] = 1.48); upper gastrointestinal tract (RR = 2.62); colorectum (RR = 1.70); lung (RR = 2.46); breast (RR = 2.14); cervix (RR = 2.81); prostate (RR = 2.16); Hodgkin lymphoma (RR = 1.92); and diffuse large B-cell lymphoma (RR = 1.82).

The authors say factors that predicted a lack of cancer treatment among HIV-infected individuals varied by tumor type (solid tumor vs lymphoma), but black race and a lack of private insurance (e.g.: having Medicaid, Medicare or no insurance) were found to be predictors for both groups. However, even among privately insured cancer patients, HIV-infected cancer patients are less likely to receive cancer directed treatment compared to HIV-uninfected patients.

The study says several factors may contribute to the finding. HIV-infected patients have historically been excluded from cancer clinical trials, thereby limiting the applicability of clinical trial results for this population. Cancer treatment guidelines specific to HIV-infected patients are not available for most cancer types. Clinicians may lack experience treating HIV infected patients with cancer. Furthermore, the psychosocial and economic challenges associated with the dual management of cancer and HIV treatment may make adherence to treatment a challenge.

"…cancer care providers and policy makers need to devote special attention to the HIV-infected patient population to understand and address the factors driving differential cancer treatment," write the authors. "Cancer treatment not only extends survival from cancer, but also can improve quality of life, even for patients with advanced stage disease. The observed disparity is of particular importance given the extended survival of HIV infected patients treated with antiretroviral therapy and the rising number of cancer cases."

The study was a collaboration between the University of Utah School of Medicine Department of Radiation Oncology, American Cancer Society Intramural Research, Emory University Epidemiology, and the National Cancer Institute Division of Cancer Epidemiology and Genetics.

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