Background

Non-AIDS Defining Cancers (NADCs) have been recognized as an increasing cause of morbidity and mortality in HIV patients, related mainly to co-infections and/or lifestyle risks. There is no data of NADCs prevalence in Mexico. We describe type of NADCs, clinical characteristics and outcomes of HIV-infected individuals with NADCs.

Methods

We conducted a retrospective study of all patients attending the HIV/AIDS Clinic at The National Cancer Institute in Mexico City (a tertiary care center for adult patients with cancer), since 1996 to December 2016, who had confirmed NADCs after HIV diagnosis. Demographic and clinical data were collected for all patients with NADCs.

Results

Over 1126 HIV positive individuals seen at the INCan, 139 (12.3%) patients were diagnosed with NADC, five patients developed two NADCs during their follow-up, 114 (82%) were male. At diagnosis of NADCs, the median age was 42.4 ± 10.9 years, the median of CD4 was 354.4 cell/mm³, 81 patients (56.3%) had a CD4 count>200 cell/mm³, and 81 had undetectable HIV viral load. In 115 males the distribution of NADCs was 36% (25%) Hodgkin’s lymphoma (HL), 16 (11.1%) anal cancer, 13 (9%) germinal tumors, and two lung cancer. In 29 females: 11 (7.7%) vulvo-vaginal neoplasia associated to human papillomavirus, seven (4.9%) breast cancer, four (2.8%) thyroid cancer and one case of Hodgkin’s lymphoma.

The median of follow-up of NADCs was 2.5 (IQR 0.4-3.6) years. Fourty-two patients died attributable to NADCs and thirty-four were in complete remission.

Conclusions

- HL was the most frequent NADC on men as it has been described in other reports, followed by anal cancer.
- In women vulvo-vaginal cancers associated to HPV were the most frequent neoplasia.
- The three previous neoplasms are associated with viral etiology.
- Lung cancer was uncommon, different from that described in the US population, probably because smoking is less frequent in the HIV Mexican population.
- NADCs can occur at any stage of HIV infection, regardless of immune status.

References

4. Herfst S, Passier E, Brouwer A, Fiers W, Hilleman M. SARS-CoV-2...