

HIV and cancer



The British HIV Association (BHIVA) produces medical guidelines about HIV treatment. Each guideline reviews the evidence for the best care.

This leaflet lists the main points from the 2014 guidelines about HIV and cancer. These guidelines focus on cancers that are more common in HIV positive people.

Please see the full guidelines for details of each individual cancer.

Key for this leaflet

-  Strongly recommended. This advice should always be followed.
 -  A recommendation based on less evidence. It might apply in some situations.
 -  A recommendation based on expert opinion. Even with limited evidence, this is something most doctors should follow. GPP stands for “good practice point”.
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What to expect after being diagnosed with cancer

Finding out you have cancer is difficult. If you already knew you were HIV positive, then the strength that helped you deal with HIV is also likely to help you now.

- As with HIV negative people, the risk of cancer increases as we get older.
- Early diagnosis and treatment are the most important factors for recovery.
- Good information can help you feel more in control of your choices.

Which cancers are included in the BHIVA guidelines?

HIV only increases the risk of some types of cancer. The BHIVA guidelines cover how to treat the following HIV-related cancers.

- Kaposi sarcoma (KS).
- High grade B-cell non-Hodgkin lymphoma (NHL).
- Invasive cervical cancer.
- Primary central nervous system lymphoma.
- Primary effusion lymphoma (PEL).
- Plasmablastic lymphoma.
- Anal cancer.
- Hodgkin lymphoma.
- Multicentric Castleman’s disease.
- Some other cancers including liver, skin, lung and testicular cancer.

If you are diagnosed with one of these cancers you will need specialist care. This is for both the cancer treatment and your HIV treatment.

General recommendations



1. Specialist referral

- ! All HIV positive people diagnosed with cancer need to be treated in a specialist centre. This centre should have experience of both HIV and cancer.

2. Connected care

- ! Your cancer doctor and your HIV doctor must work closely together OR you should be referred to the National Centre for HIV Malignancy. This is at the Chelsea and Westminster Hospital, 369 Fulham Road, London SW10 9NH. Telephone: 020 3315 5054.

3. Potential drug interactions with HIV treatment

- ! Before cancer treatment, your doctor needs to double-check for drug interactions between your HIV meds and your chemotherapy.

4. Preventative treatment to reduce the risk of OIs

- GPP** Cancer treatment can suppress your immune system. Chemotherapy and radiotherapy both reduce how well the body fights infections. This can increase the risk of some HIV-related infections.

This risk is more serious if your CD4 count is low, or if it drops during cancer treatment.

Your doctor should talk to you about these risks. Other meds are sometimes used to protect against these OIs.

5. Further information and support

- GPP** Information about cancer and treatment can help you feel more in control. Macmillan Cancer Support (macmillan.org.uk) produce very clear booklets and leaflets on all types of cancer. These are recommended for all patients.
- GPP** Some HIV community organisations in the UK produce treatment information and resources including HIV i-Base (i-Base.org.uk) and NAM (aidsmap.com).

About BHIVA

BHIVA is an organisation for health professionals in the UK. Members include doctors, nurses, researchers, pharmacists and community advocates. Since 1995, BHIVA has been committed to providing excellent care for people living with and affected by HIV.

BHIVA is a national advisory body on all aspects of HIV care and provides a national platform for HIV care issues. To help promote and monitor high standards of care, BHIVA publishes a range of clinical guidelines: www.bhiva.org/guidelines.aspx

Information about how BHIVA guidelines are developed: www.bhiva.org/ClinicalGuidelines.aspx