# Kanser ve HIV

*EKMUD-2018*
*HIV/AIDS kursu*

**DoÇ. Dr. UlUhan sili**

Marmara üniversitesi tıp fakültesi

Enfeksiyon hastalıkları ve klinik mikrobiyoloji AD

9 mayıs 2018

14:00 – 14:30

# Kanser ve HIV

- Daha sık görülür
- Daha erken yaşta ortaya çıkar
- Yüksek derecelidir
- Tanı anında ileri evrededir
- Nüksler sıktır
- Prognoz daha kötüdür

- Takip edilen HIV'li hasta sayısının >500 olması
- Tecrübeli, ilgili branşları içeren ekip
  - hematoloji
  - onkoloji
  - cerrahi

British HIV Association guidelines for HIV-associated malignancies 2014

*HIV Medicine* (2014), **15** (Suppl. 2), 1–92

# Kanser ve HIV

| | Malignite | RR (relatif risk) |
|---|---|---|
| **AIDS-tanımlayıcı** | Kaposi sarkomu | 73,000 |
| | *Non*-Hodgkin lenfoma | 165 |
| | Skuamoz hücreli servikal karsinom | 32 |
| **AIDS-tanımlayıcı olmayan** | Skuamoz hücreli ano-genital karsinom | 30 – 40 |
| | Prostat kanseri | 12 – 20 |
| | Hodgkin lenfoma | 8 – 18 |
| | Skuamoz hücreli baş/boyun karsinomu | 5 – 13 |
| | Multipıl miyelom | 5 – 7 |
| | Lösemi (AML, ALL) | 5 – 7 |
| | Akciğer kanseri | 4 – 5 |
| | Beyin maligniteleri (lenfoma dışı) | 4 – 5 |
| | Testiküler kanser (seminom dışı) | 4 – 5 |
| | Hepatoselüler karsinom | 3 – 4 |

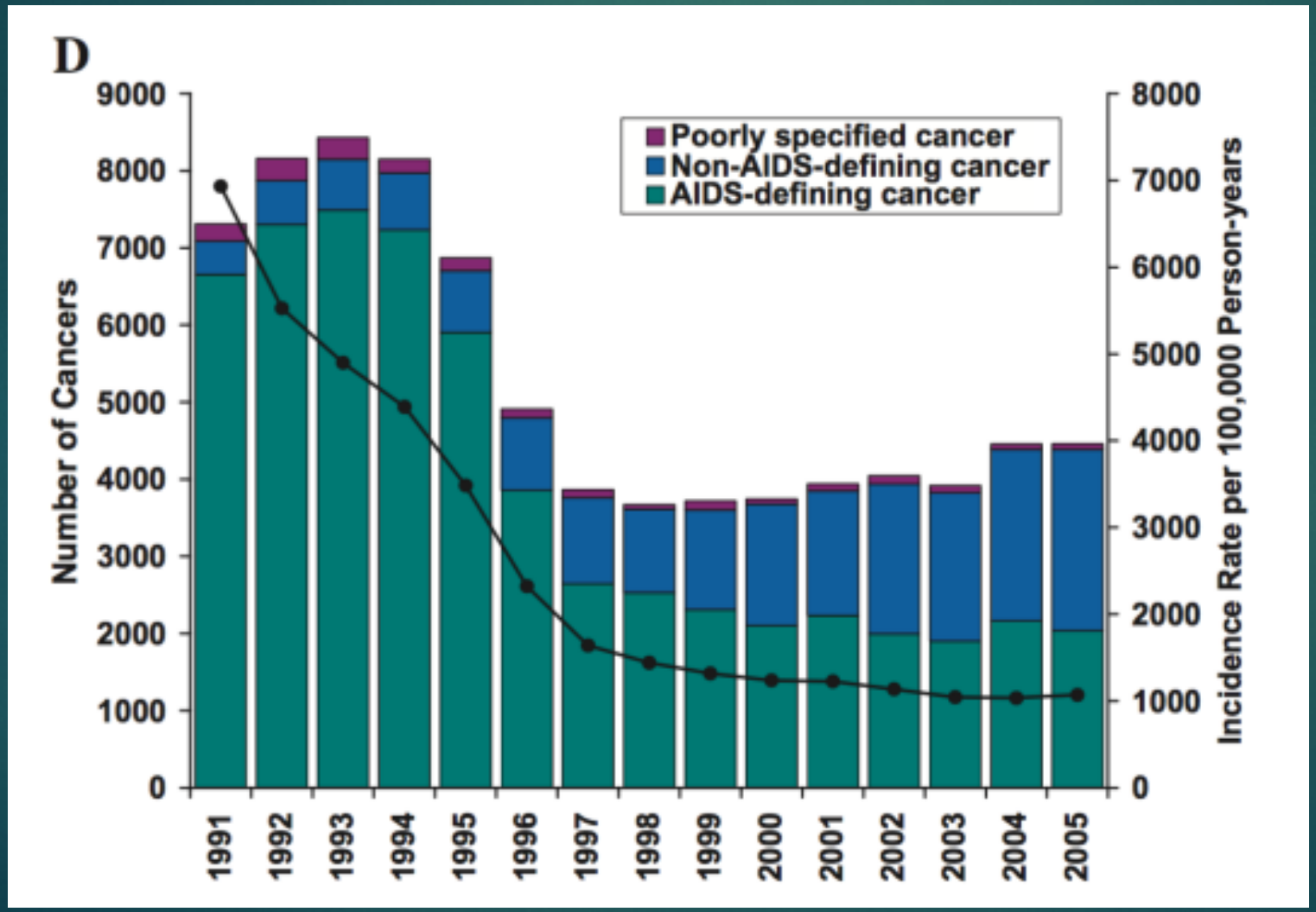
Albany Medical College
DIVISION OF HIV MEDICINE

**Caring for the HIV-Infected Inmate:** *Malignancies and HIV Infection*

http://www.cumc.columbia.edu/dept/aetc/pdf/Resource_Prescribing_Physicians4.pdf

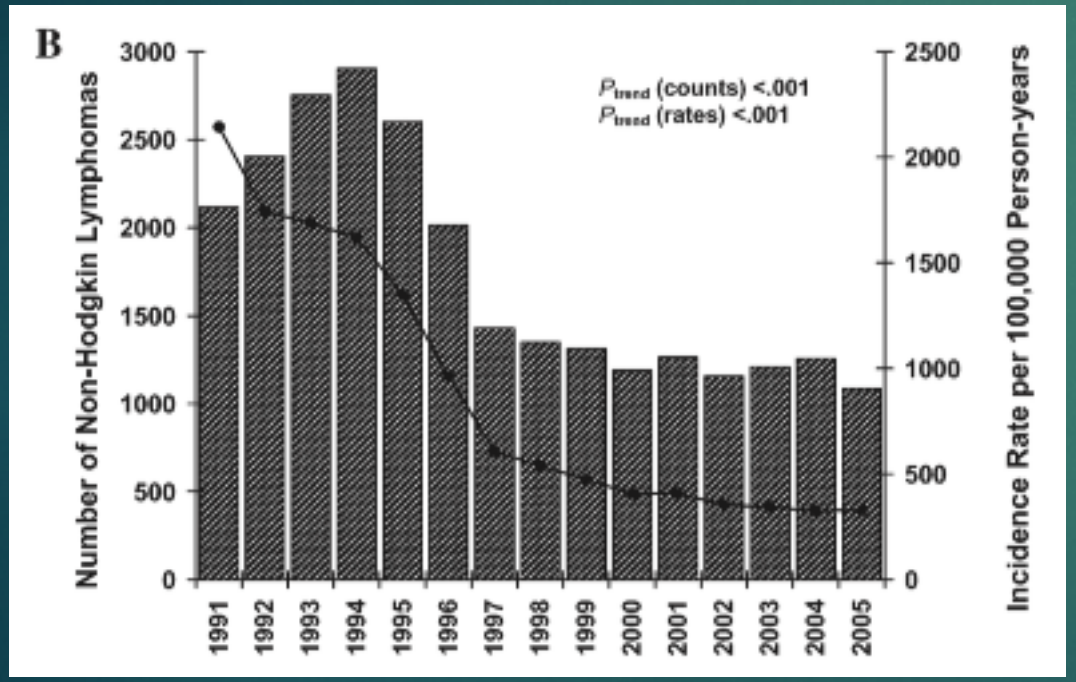
# Cancer Burden in the HIV-Infected Population in the United States

Meredith S. Shiels, Ruth M. Pfeiffer, Mitchell H. Gail, H. Irene Hall, Jianmin Li, Anil K. Chaturvedi, Kishor Bhatia, Thomas S. Uldrick, Robert Yarchoan, James J. Goedert, Eric A. Engels

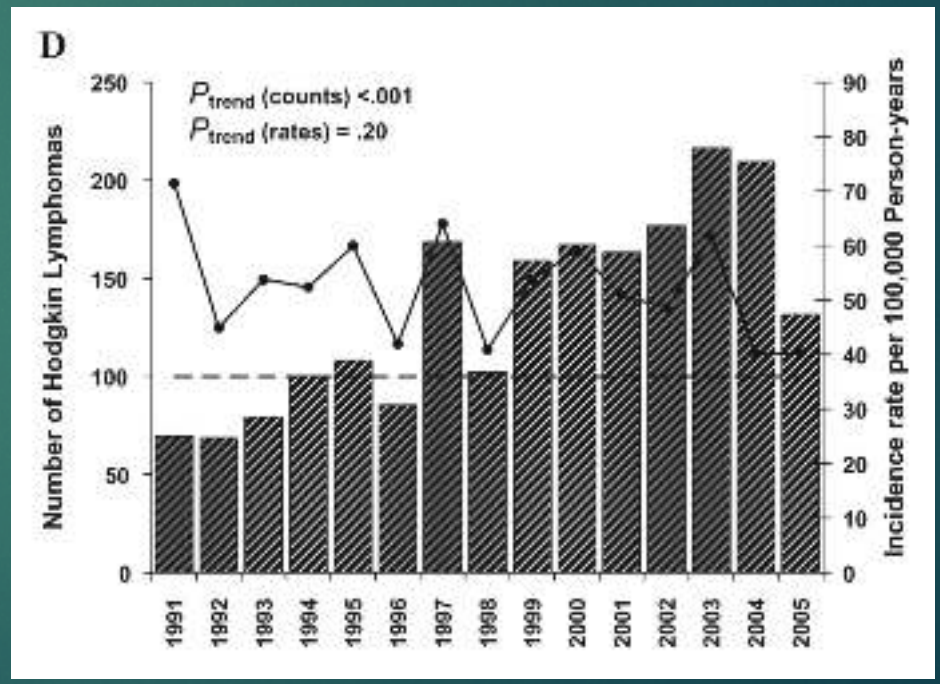



J Natl Cancer Inst 2011;103:753–762

## Non-Hodgkin lenfoma




## Hodgkin lenfoma




Shiels MS et al. 2011

Annals of Internal Medicine

ORIGINAL RESEARCH

# Cumulative Incidence of Cancer Among Persons With HIV in North America

## A Cohort Study

**Michael J. Silverberg, PhD, MPH*; Bryan Lau, PhD, MHS*; Chad J. Achenbach, MD, MPH; Yuezhou Jing, MS; Keri N. Althoff, PhD, MPH; Gypsyamber D'Souza, PhD; Eric A. Engels, MD, MPH; Nancy A. Hessol, MSPH; John T. Brooks, MD; Ann N. Burchell, PhD, MSc; M. John Gill, MB ChB, MSc; James J. Goedert, MD; Robert Hogg, PhD; Michael A. Horberg, MD, MAS; Gregory D. Kirk, MD, PhD, MPH; Mari M. Kitahata, MD, MPH; Philip T. Korthuis, MD, MPH; William C. Mathews, MD, MSPH; Angel Mayor, MD, MSc; Sharada P. Modur, PhD; Sonia Napravnik, PhD; Richard M. Novak, MD; Pragna Patel, MD, MPH; Anita R. Rachlis, MD, MEd; Timothy R. Sterling, MD; James H. Willig, MD, MSPH; Amy C. Justice, MD, PhD; Richard D. Moore, MD, MHS; and Robert Dubrow, MD, PhD, for the North American AIDS Cohort Collaboration on Research and Design of the International Epidemiologic Databases to Evaluate AIDS†**

*Table 2.* Crude Cancer Type–Specific Incidence Rates and All-Cause Death Rates, by HIV Infection Status, NA-ACCORD, 1996–2009

| Event | Persons With HIV | | Uninfected Persons | |
|---|---|---|---|---|
| | Persons, *n* | Incidence Rate per 100 000 Person-Years | Persons, *n* | Incidence Rate per 100 000 Person-Years |
| Kaposi sarcoma | 612 | 130.4 | 3 | 0.2 |
| Non-Hodgkin lymphoma | 725 | 153.5 | 233 | 12.6 |
| Lung cancer | 614 | 129.3 | 839 | 45.4 |
| Anal cancer | 285 | 60.1 | 22 | 1.2 |
| Colorectal cancer | 173 | 36.4 | 510 | 27.7 |
| Liver cancer | 220 | 46.3 | 201 | 10.9 |
| Hodgkin lymphoma | 159 | 33.5 | 36 | 1.9 |
| Melanoma | 78 | 16.4 | 268 | 14.5 |
| Oral cavity/pharyngeal cancer | 163 | 34.3 | 340 | 18.4 |
| Death | 17 534 | 3686.0 | 15 400 | 833.0 |

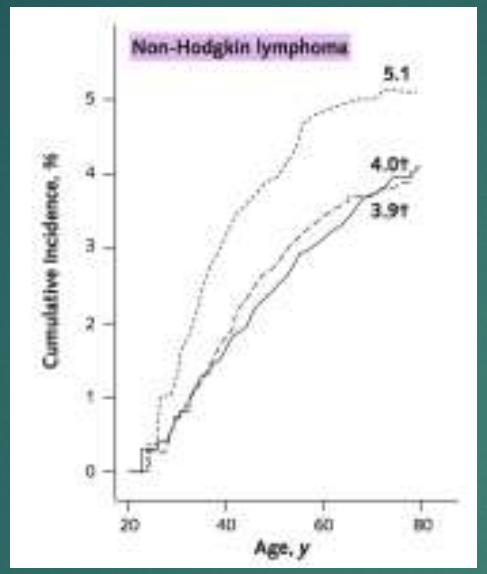
NA-ACCORD = North American AIDS Cohort Collaboration on Research and Design.

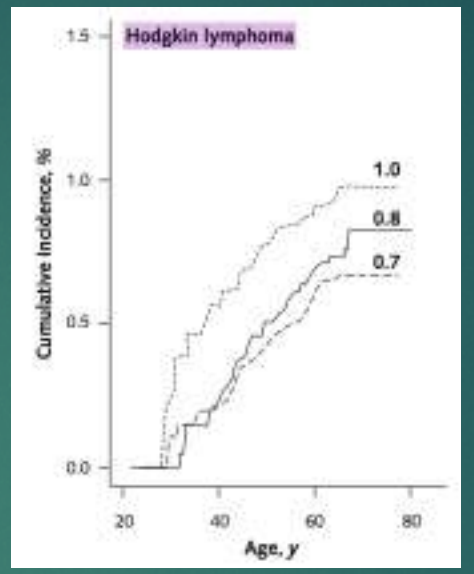
*Figure 1.* Cumulative cancer incidence for persons with HIV, by calendar era and cancer type with age as the time scale, NA-ACCORD, 1996–2009.

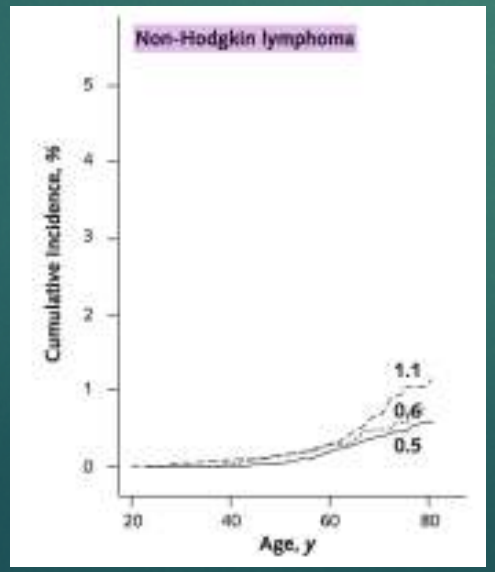
**NHL** **HL**

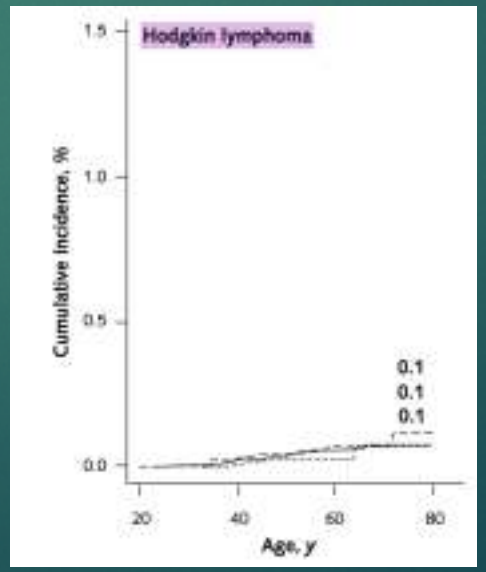
**HIV ile enfekte**

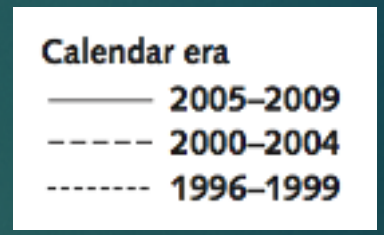
**HIV ile enfekte olmayan**




Siverberg MJ et al. 2015

PLOS | ONE

# Cancer-Related Causes of Death among HIV-Infected Patients in France in 2010: Evolution since 2000

**Marie-Anne Vandenhende[1,2,3]*, Caroline Roussillon[1,2], Sandrine Henard[4], Philippe Morlat[1,2,3], Eric Oksenhendler[5], Hugues Aumaitre[6], Aurore Georget[1,2], Thierry May[4], Eric Rosenthal[7,8], Dominique Salmon[9,10], Patrice Cacoub[11,12], Dominique Costagliola[13,14], Geneviève Chêne[1,2], Fabrice Bonnet[1,2,3], the ANRS EN20 Mortalité 2010 study group[¶]**

PLOS ONE | DOI:10.1371/journal.pone.0129550 June 17, 2015

Table 1. Cancer-related causes of death.

| | Mortalité 2000 | Mortalité 2005 | Mortalité 2010 | p-value[a] |
|---|---|---|---|---|
| **Reported deaths** | **964** | **1042** | **728** | |
| **Cancer-related causes of death, n (%)** | **269 (27.9%)** | **344 (33.0%)** | **262 (36.0%)** | **0.003** |
| **AIDS-related, n (%)** | **149 (15.5%)** | **134 (12.9%)** | **68 (9.3%)** | **0.024** |
| Non Hodgkin lymphoma | 105 (10.9%) | 103 (9.9%) | 53 (7.3%) [b] | 0.122 |
| Kaposi sarcoma | 40 (4.1%) | 25 (2.4%) | 11 (1.5%) | 0.084 |
| Cervical cancer | 4 (0.4%) | 6 (0.6%) | 4 (0.5%) | 0.848 |
| **Hepatitis-related, n (%)** | **17 (1.8%)** | **37 (3.6%)** | **31 (4.3%)** | **0.028** |
| Hepatitis C | 8 (0.8%) | 27 (2.6%) | 19 (2.6%) | 0.021 |
| Hepatitis B | 7 (0.7%) | 6 (0.6%) | 10 (1.4%) | 0.279 |
| Hepatitis B and C | 2 (0.2%) | 4 (0.4%) | 2 (0.3%) | 0.732 |
| **Non AIDS/non hepatitis related, n (%)** | **103 (10.7%)** | **173 (16.6%)** | **163 (22.4%)** | **<0.001** |
| Respiratory | 50 (5.2%) | 65 (6.2%) | 78 (10.7%) | 0.004 |
| Lung | 44 (4.6%) | 53 (5.1%) | 61 (8.4%) | 0.040 |
| Ear, nose and throat | 6 (0.6%) | 12 (1.2%) | 17 (2.3%) | 0.056 |
| Digestive | 6 (0.6%) | 13 (1.2%) | 10 (1.4%) | 0.342 |
| Pancreas | 3 (0.3%) | 11 (1.1%) | 7 (1.0%) | 0.282 |
| Anal | 6 (0.6%) | 11 (1.1%) | 13 (1.8%) | 0.073 |
| Skin | 2 (0.2%) | 10 (1.0%) | 3 (0.4%) | 0.065 |
| Hodgkin's lymphoma | 12 (1.2%) | 9 (0.9%) | 8 (1.1%) | 0.473 |
| Other hemopathies | 5 (0.5%) | 8 (0.8%) | 7 (1.0%) | 0.602 |
| Breast | 3 (0.3%) | 7 (0.7%) | 5 (0.7%) | 0.647 |
| Central nervous system | 4 (0.4%) | 6 (0.6%) | 2 (0.3%) | 0.530 |
| Other and unknown[c] | 12 (1.2%) | 33 (3.2%) | 27(3.7%) | 0.029 |
| Multiple[d] | - | - | 3 (0.4%) | - |

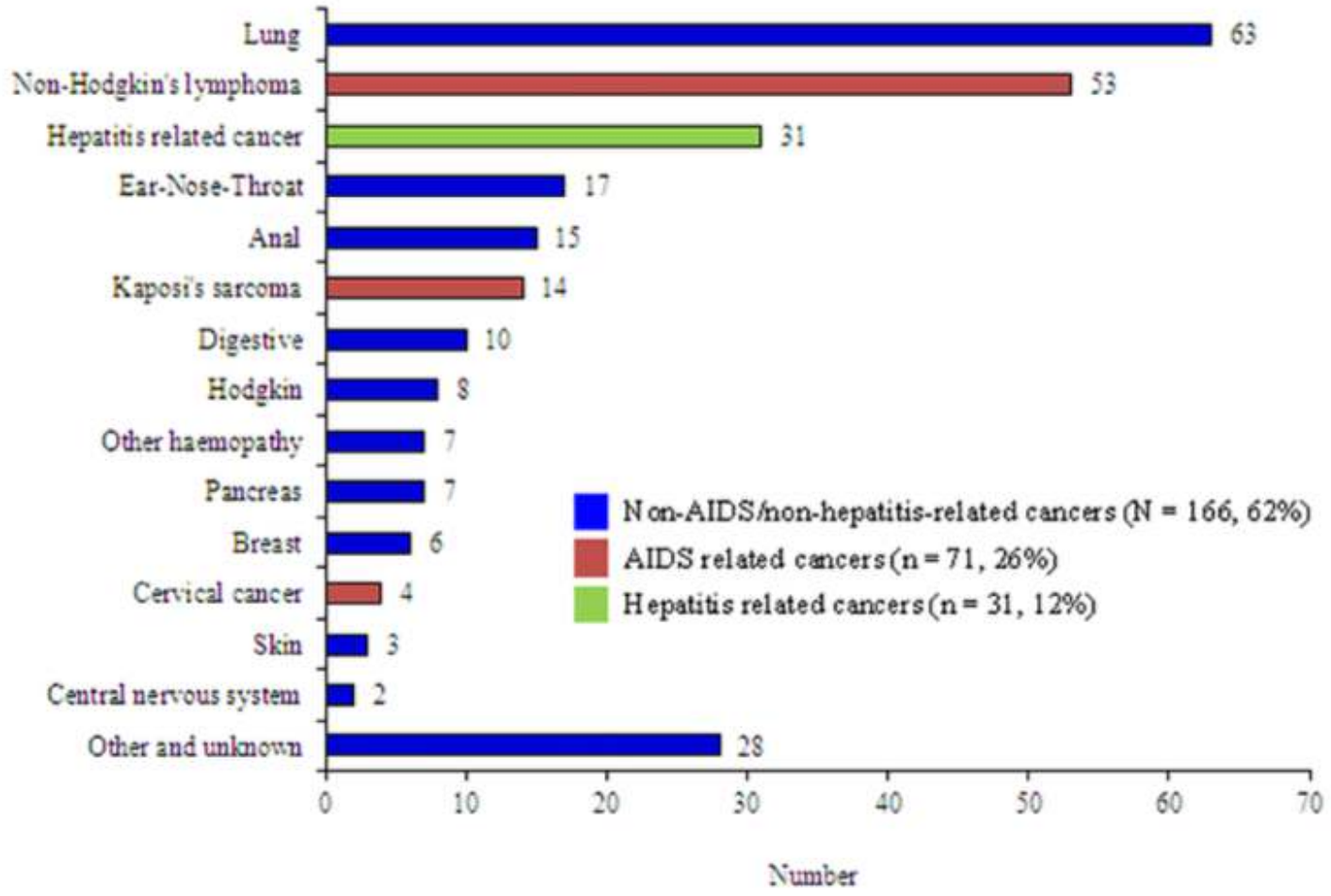



**Fig 1. Location of cancers (N = 268) among HIV-infected adults with underlying cause of death being cancer (N = 262), Mortalité 2010 survey, France.**

doi:10.1371/journal.pone.0129550.g001

# Değişen Epidemiyoloji

- NHL, maligneteler arasında sıklıkta 1. sırada
- NHL, ölüm nedeni olarak akciğer kanserinden sonra 2. sırada

- Erken ve kararlı ART kullanımı artırılmalı
  - KS ve NHL gibi immün baskılanma veya kronik enflamasyon sonucu oluşan kanserlerden korunmanın en iyi çaresi

Silverberg MJ et al. 2015

# Kanser ve HIV
# -Patogenez-

- CD4 yıkımı ile oluşan immün baskılama sonucu onkojenik virüslerin kontrol edilemeyişi
- Kronik immün aktivasyon → B lenfositlerde hipermutasyon
- HIV'in bir retrovirüs olarak genoma entegre oluşu

Deeken JF et al. 2012, Braoudaki M et al. 2011, Carbone A et al. 2005, Knowles DM et al. 2003, Bende RJ et al. 2009

# Kanser ve HIV
# -Onkojenik Virüsler-

KLİMİK 2016 - 30. YIL KURULTAYI

| Maligniteler | İlişkili virüsler |
|---|---|
| Kaposi sarkomu | HHV-8 |
| Primer effüzyon lenfoması | HHV-8 |
| Multisentrik Castleman hastalığı | HHV-8 |
| Diffüz büyük B hücreli lenfoma | EBV |
| Primer beyin lenfoması | EBV |
| Hodgkin lenfoma | EBV |
| Leiomyosarkoma | EBV |
| Merkel hücreli karsinom | Merkel hücre polyoma virüsü |
| Anogenital kanser | HPV |
| Baş ve boyun kanserleri | HPV |
| Hepatoselüler karsinom | HBV ve HCV |

http://www.klimik.org.tr/wp-content/uploads/2016/03/Kurultay-Özet-Kitabı.pdf

# AIDS ile ilişkili NHL

- Sistemik NHL (>%80)
  - Diffüz büyük B hücreli lenfoma (**DLBCL**, ≈%75) ⬇
  - **Burkitt** ve Burkitt benzeri lenfoma (≈%25) ➔
- Primer MSS lenfoması (**PCNSL**, ≈%15) ⬇
- Primer effüzyon (veya vücut kavite) lenfoması (**PEL**, <%5) ⬇

- Çoğu yüksek dereceli, B lenfosit kökenli

# AIDS ile ilişkili NHL -Ayırıcı Tanı-

## Sistemik NHL

- enfeksiyoz mononükleoz
- tüberküloz
- dissemine fungal enfeksiyonlar
- sarkoidoz
- toksoplazmoz
- kedi tırmığı hastalığı
- multisentrik Castleman hastalığı
- Kaposi sarkomu

## Primer MSS lenfoması

- serebral toksoplazmozis
- sistemik lenfomanın serebral tutulumu
- primer MSS lenfomatoid granülomatoz (EBV)

- Anti-toksoplazma-IgG pozitif hastada toksoplazmoz tedavisi ver, yanıtsızsa sterotaktik beyin biyopsisi

# To be or not to be HIV+, that is no longer the question

Stefan K. Barta FOX CHASE CANCER CENTER/TEMPLE UNIVERSITY HEALTH SYSTEM

BLOOD, 9 JULY 2015 • VOLUME 126, NUMBER 2

CLINICAL TRIALS AND OBSERVATIONS

## AMC 048: modified CODOX-M/IVAC-rituximab is safe and effective for HIV-associated Burkitt lymphoma

Ariela Noy,[1] Jeannette Y. Lee,[2] Ethel Cesarman,[3] Richard Ambinder,[4] Robert Baiocchi,[5] Erin Reid,[6] Lee Ratner,[7] Nina Wagner-Johnston,[7] and Lawrence Kaplan,[8] for the AIDS Malignancy Consortium

[1]Department of Medicine, Memorial Sloan Kettering Cancer Center, and Weill Cornell Medical Center, New York, NY; [2]University of Arkansas Medical Center, Little Rock, AR; [3]Department of Pathology and Laboratory Medicine, Weill Cornell Medical College, New York, NY; [4]Department of Oncology, Johns Hopkins School of Medicine, Baltimore, MD; [5]Division of Hematology, Ohio State Medical Center, Columbus, OH; [6]University of California San Diego, Moores Cancer Center, La Jolla, CA; [7]Division of Oncology, Washington University School of Medicine, St. Louis, MO; and [8]Department of Medicine, University of California San Francisco, San Francisco, CA

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BLOOD, 9 JULY 2015 • VOLUME 126, NUMBER 2

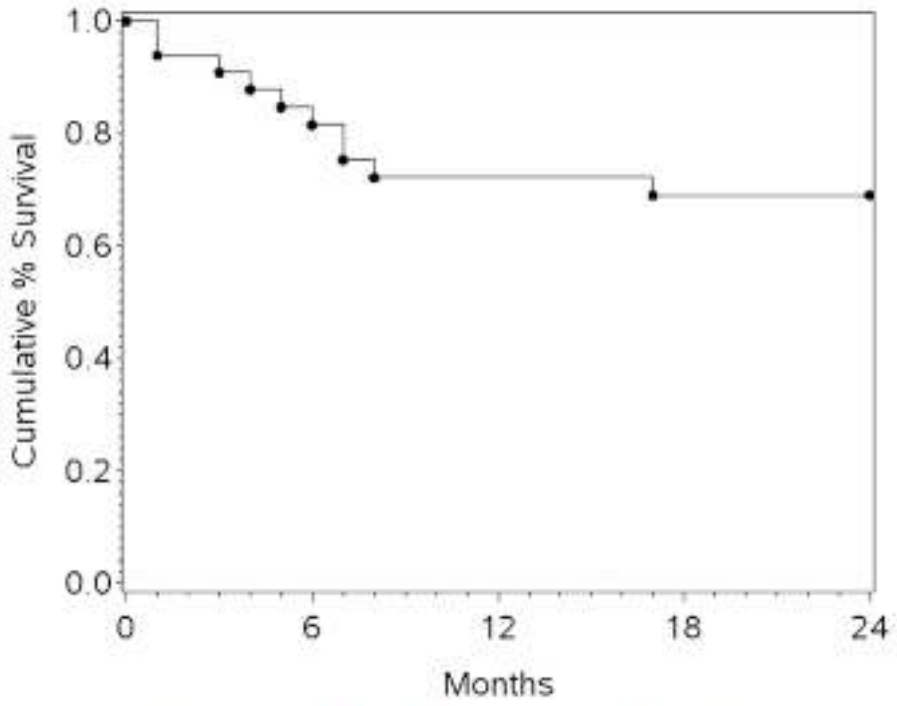



Figure 1. Cumulative survival for all enrolled patients.

- HIV ile ilişkili BL'da yapılan ilk faz 2 çalışma
- mukozit, hematolojik ve nörolojik toksisiteler açısından geliştirilmiş rejim
- 2 senelik sağ kalım %69
  - HIV negatiflerinkine yaklaşık oran (%72.8)
- %84 etkin ART'a devam etmiş
- HIV pozitiflere de yoğun KT rejimleri verilebilir
- Problem HIV pozitiflerin negatiflere göre KT önerilme oranlarının düşük olması

# A new standard for HIV-associated lymphoma

Andrew R. Rezvani STANFORD UNIVERSITY

BLOOD, 25 AUGUST 2016 • VOLUME 128, NUMBER 8

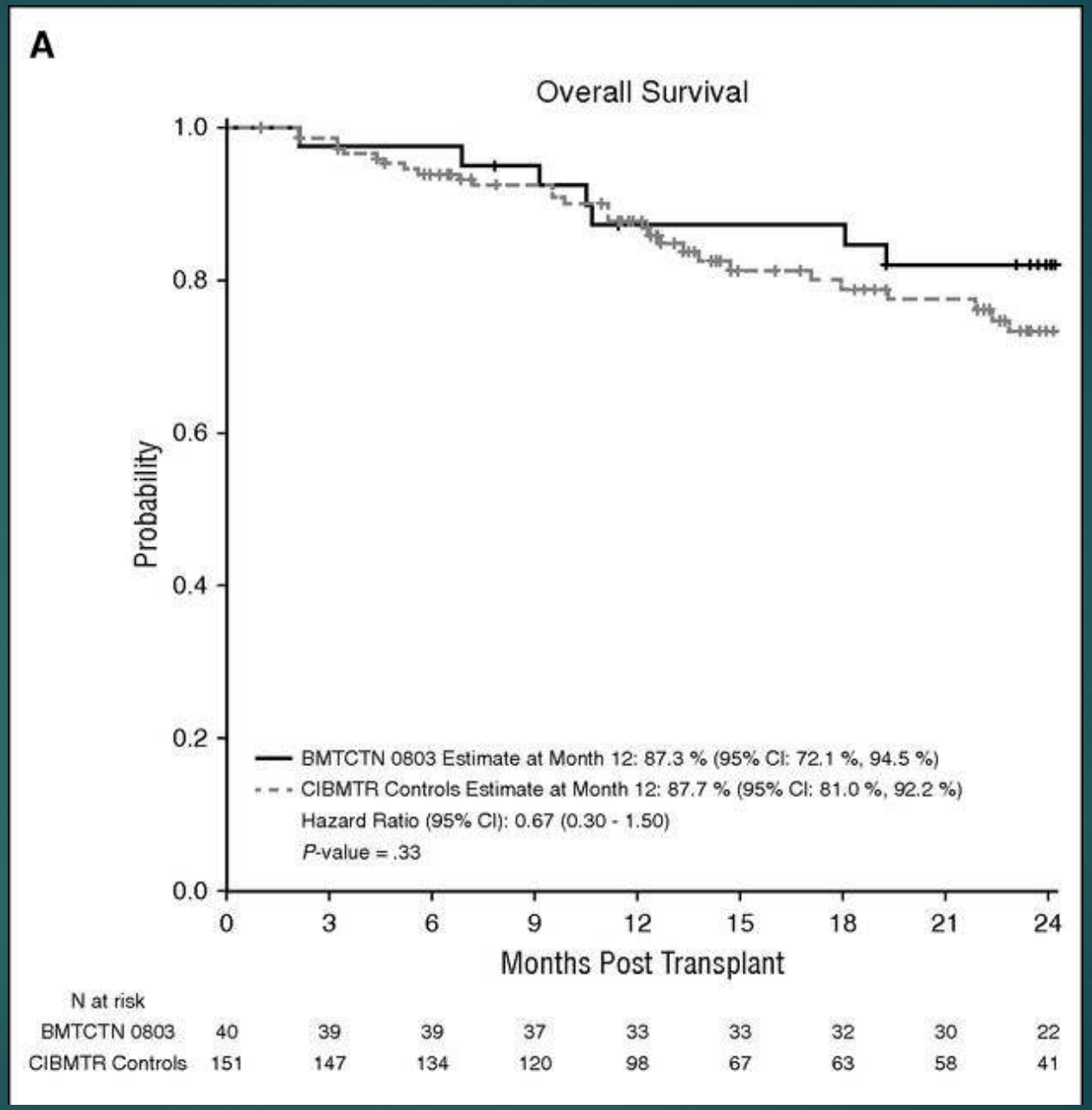
CLINICAL TRIALS AND OBSERVATIONS

## Autologous hematopoietic cell transplantation for HIV-related lymphoma: results of the BMT CTN 0803/AMC 071 trial

Joseph C. Alvarnas,[1] Jennifer Le Rademacher,[2] Yanli Wang,[3] Richard F. Little,[4] Gorgun Akpek,[5] Ernesto Ayala,[6] Steven Devine,[7] Robert Baiocchi,[7] Gerard Lozanski,[7] Lawrence Kaplan,[8] Ariela Noy,[9] Uday Popat,[10] Jack Hsu,[11] Lawrence E. Morris Jr,[12] Jason Thompson,[3] Mary M. Horowitz,[2] Adam Mendizabal,[3] Alexandra Levine,[13] Amrita Krishnan,[1] Stephen J. Forman,[1] Willis H. Navarro,[14] and Richard Ambinder[15]

[1]Department of Hematology/Hematopoietic Cell Transplantation, City of Hope National Medical Center, Duarte, CA; [2]Center for International Blood & Marrow Transplant Research, Medical College of Wisconsin, Milwaukee, WI; [3]The Emmes Corporation, Rockville, MD; [4]Cancer Therapy Evaluation Program, National Cancer Institute, Rockville, MD; [5]Greenebaum Cancer Center, University of Maryland Medical Systems, Baltimore, MD; [6]Department of Blood and Marrow Transplantation, H. Lee Moffitt Cancer Center, Tampa, FL; [7]Department of Hematology, The Ohio State University–Arthur G. James Cancer Center Hospital, Columbus, OH; [8]Division of Hematology/Oncology, University of California, San Francisco, CA; [9]Division of Hematological Oncology, Memorial Sloan Kettering Cancer Center, New York, NY; [10]Department of Stem Cell Transplantation and Cellular Therapy, The University of Texas MD Anderson Cancer Center, Houston, TX; [11]Bone Marrow Transplant Program, University of Florida Health Cancer Center, Gainesville, FL; [12]The Blood and Marrow Transplant Group of Georgia, Northside Hospital Cancer Institute, Atlanta, GA; [13]City of Hope National Medical Center, Duarte, CA; [14]National Marrow Donor Program, Minneapolis, MN; and [15]Department of Oncology, Johns Hopkins School of Medicine, Baltimore, MD

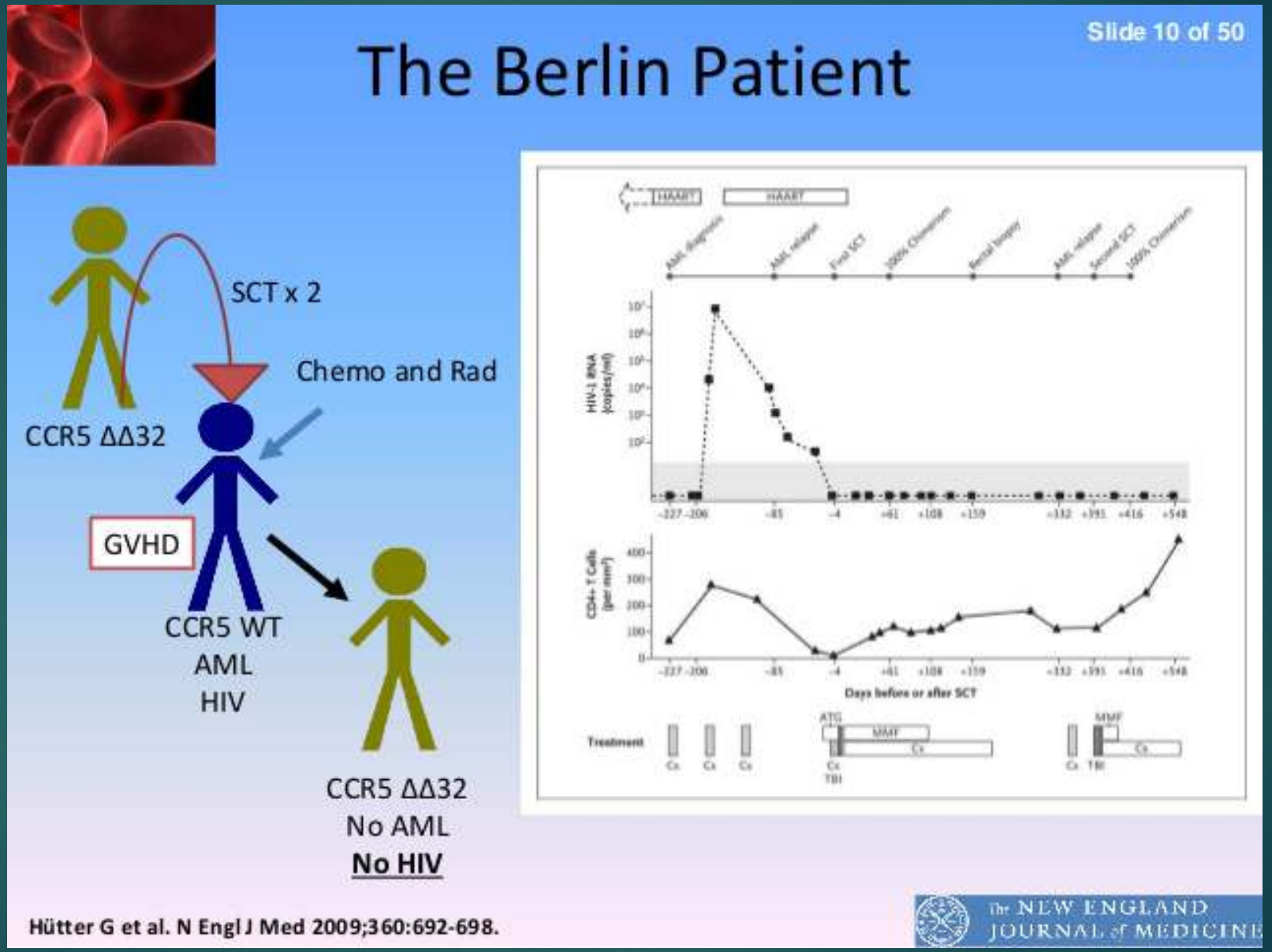
# OS and PFS for HIV-infected and noninfected patients.




blood

Joseph C. Alvarnas et al. Blood 2016;128:1050-1058

# KÜR




Davey Smith, MD, MAS, of UC San Diego AntiViral Research Center, presents "The Lastest on HIV Cure Strategies," at AIDS Clinical Rounds

EPISTEM

Investigators part

Home | Investigators | Project activity overview | News | Publications | Contact

# Project activity overview

Home / Project activity overview


**Observational study**
Altogether we study allogeneic SCT recipients with HIV-1 infection, collecting complete information on underlying malignancy, chemotherapy, transplant procedure, donor selection, HIV-biopsies, cART, and a variety of samples taken before and after the transplant.

To systematically study recipient samples for:

1. multiple complementary quantifications of the viral reservoirs
2. molecular and functional characterization of infecting virus
3. immunological determinations during the multiple phases of an allogeneic SCT, which might help to understand the biological bases of a potential new case of HIV-1 cure.

**Clinical Guidance**
In addition, hematologist or infectious disease specialists who would like to receive clinical guidance on an allogeneic SCT procedure can contact the clinical consultation team of the EPISTEM project via the EPISTEM coordination center.

Members of the team are:
**Hematology:**
J. Diez-Martin, Department of Hematology and Hematopoietic transplantation, Hospital General Universitario Gregorio Marañón, Madrid, Spain.
G. Hütter, CellexGmbH, Dresden, Germany.
J. Kuball, Department of Hematology, University Medical Center Utrecht, Utrecht, the Netherlands.
V. Rocha, Department of Clinical Hematology, Oxford University Hospitals NHS Trust, Oxford Cancer and Haematology Centre, Churchill Hospital, Oxford, United Kingdom.

**Infectious Disease:**
J. Schulze zur Wiesch, Infectious Diseases Unit, University Medical Center Hamburg-Eppendorf, Hamburg, Germany.

**Clinical Virology:**
A. Wensing, Department Medical Microbiology, University Medical Center Utrecht, Utrecht, The Netherlands.

**Clinical Pharmacology:**
E. van Maarseveen, Department of Clinical Pharmacy, University Medical Center Utrecht, Utrecht, The Netherlands.

**Clinical work group**

**Eva Steel, MD**
Hematologist
Ghent University
Belgium

**Linos Vandekerckhove, MD, PhD**
Infectious Disease Specialist
Ghent University
Belgium

**Pauline Ellerbroek, MD, PhD**
Infectious Disease Specialist
University Medical Center Utrecht
the Netherlands

# ART-KT etkileşimi

- TDF/FTC + LPV/r (2013)
- Diffüz büyük B hücreli lenfoma (2014)
- «R-EPOCH»
  - Rituksimab- etoposide/ prednizon/ vinkristin/ siklofosfomid/ doksorubisin
  - intratekal metotreksat ile MSS profilaksi
- ART-KT etkileşimi
  - University of Liverpool https://www.hiv-druginteractions.org
  - UpToDate- Lexicomp

| Cytotoxics | Emtricitabine (FTC) | Tenofovir |
|---|---|---|
| Cyclophosphamide | ◇ | ◇ |
| Doxorubicin | ◇ | ◇ |
| Etoposide | ◇ | ◇ |
| Vincristine | ◇ | ◇ |
| **Steroids** | **Emtricitabine (FTC)** | **Tenofovir** |
| Prednisolone | ◇ | ◇ |

| Cytotoxics | Lopinavir | Ritonavir |
|---|---|---|
| Cyclophosphamide ↑ | □ | □ |
| Doxorubicin ↑ | □ | ◇ |
| Etoposide ↑ | □ | □ |
| Vincristine ↑ | □ | □ |
| **Steroids** | **Lopinavir** | **Ritonavir** |
| Prednisolone ↑ | □ | □ |

| Cytotoxics | Efavirenz |
|---|---|
| Cyclophosphamide ↓↑ | □ |
| Doxorubicin | ◇ |
| Etoposide ↓ | □ |
| Vincristine ↓ | □ |
| **Steroids** | **Efavirenz** |
| Prednisolone ↓ | □ |

| Cytotoxics | Raltegravir |
|---|---|
| Cyclophosphamide | ◇ |
| Doxorubicin | ◇ |
| Etoposide | ◇ |
| Vincristine | ◇ |
| **Steroids** | **Raltegravir** |
| Prednisolone | ◇ |

| | |
|---|---|
| ⊖ / ○ | These drugs should not be coadministered |
| □ / □ | Potential interaction – may require close m |
| ◇ / ◇ | No clinically significant interaction expected |
| ✦ / ✧ | There are no clear data, actual or theoretic |
| n/a | Data not available |

www.hiv-druginteractions.org

# Olgu_özet

HIV 62688
CD4 193

HIV negatif
CD4 785

Truvada
Kaletra

Truvada
Isentress

6.2013 — 7.2014 — 26.9.2014 — 17.10.2014 — 8.11.2014

63 yaş, E
uzamış ateş
ağrı
LAP
ITP

NHL

1. kür
R-EPOCH

2. kür
R-EPOCH

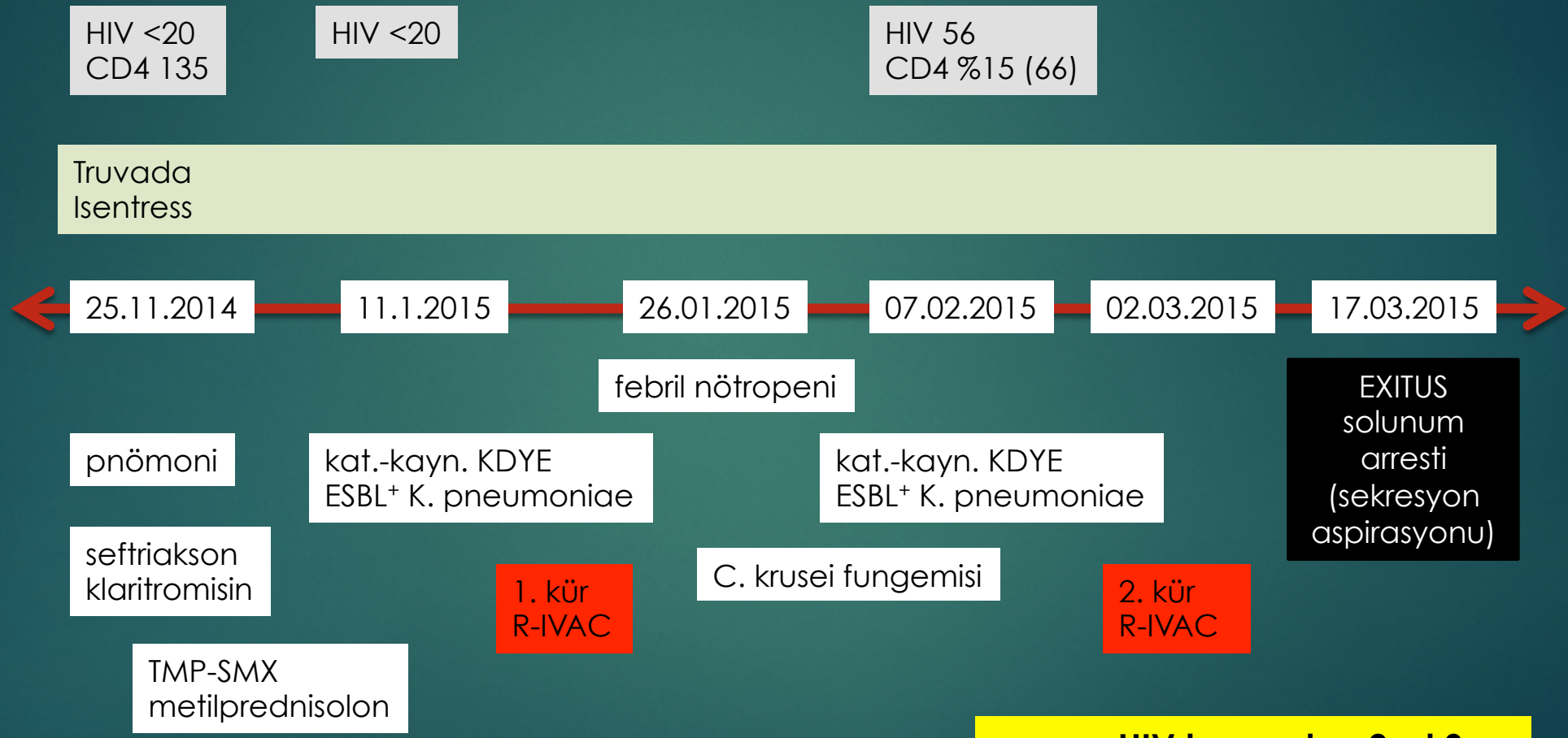
3. kür
vinkristinsiz
R-EPOCH

el ve ayaklarda yanma ve karıncalanma
Nöroloji/EMG: *polinöropati*
Hematoloji: *vinkristin toksisitesi*

kontrol
PET

Progrese

# Olgu_özet




**HIV tanısından 2 yıl 3 ay**
**ART başlanmasından 1 yıl 9 ay**
**NHL tanısından 6 ay**

EACS European AIDS Clinical Society

# EACS Guidelines 9.0

## Cancer: Screening Methods[1]

| Problem | Persons | Procedure | Evidence of benefit | Screening interval | Additional comments |
|---|---|---|---|---|---|
| **Anal cancer** | MSM and persons with HPV-associated dysplasia[3] | Digital rectal exam ± anal cytology | Unknown; advocated by some experts | 1-3 years | If anal cytology abnormal, anoscopy |
| **Breast cancer** | Women 50-70 years | Mammography | ↓ Breast cancer mortality | 1-3 years | |
| **Cervical cancer** | HIV-positive women > 21 years or within 1 year after sexual debut | Liquid based cervical cytology test | ↓ Cervical cancer mortality | 1-3 years | HPV testing may aid screening |
| **Colorectal cancer** | Persons 50-80 years with a life expectancy > 10 years | Faecal occult blood test annually or sigmoidoscopy every 5 years or colonoscopy every 10 years | ↓ Colorectal cancer mortality | 1-3 years | |
| **HepatoCellular Carcinoma (HCC)** | Persons with cirrhosis, persons with HBV co-infection at high risk of HCC or those who ever had chronic hepatitis[10] | Ultrasound (and alpha-foetoprotein) | Earlier diagnosis allowing for improved ability for surgical eradication | Every 6 months | See pages 56 and 79 |
| **Prostate cancer** | Men > 50 years with a life expectancy >10 years | PSA[11] | Use of PSA is controversial | 2-4 years | Pros: ↑ early diagnosis and modest ↓ prostate cancer specific mortality. Cons: overtreatment, adverse effects of treatment on quality of life |

# HPV'den korunma

EACS European AIDS Clinical Society

EACS Guidelines 9.0

- Tüm HIV pozitifleri HPV için aşıla
  - 0, 1-2, 6. ayda
- 26 yaşına kadar (MSM ise 40 yaşına kadar)
- Mümkünse 9-valanlıyı kullan
- Eğer HPV ile önceden enfekte olmuşsa aşının faydası tartışmalı

ClinicalThought™

**Adopting Lung Cancer Screening Recommendations for an HIV-Infected Individual With a Smoking History**

David A. Wohl, MD - 5/31/2017 More from this author

CLINICAL CARE OPTIONS® HIV

- 57 yaşında HIV ile enfekte kadın hasta
- 5 yıl önce tanı konmuş, suprese
- 35 paket-yıl sigara öyküsü var
- D:A:D kohortu
  - sigara içenler sigara ilişkili akciğer dışı kanser açısından1.5 kat, akciğer kanseri açısından 8 kat daha fazla risk altında
- USPSTF önerisi
  - sigaranın kesilmesi
  - 55 – 80 yaşları arasında + 30 paket-yıl sigara öyküsü + halen içiyor ya da geçtiğimiz 15 sene içerisinde bırakmış ➔ düşük doz BT ile yıllık tarama
    - taranan 224 HIV hastada 1 (%0.45) akciğer kanseri saptanmış
    - taranan 442 HIV hastada 9 (%2) akciğer kanseri saptanmış; 6'sı erken dönemde
- Hastayı akciğer kanseri için tarar mısınız?

## Poll

**Based on USPSTF recommendations, how would you screen this patient for lung cancer?**

- ○ X-ray every year
- ○ X-ray every other year
- ○ Low-dose CT every year
- ○ Low-dose CT every other year
- ○ I would not screen for lung cancer
- ○ Lung cancer screening is not indicated for this patient
- ○ Something else

*Participate in this poll to see how others responded.*

**Submit**

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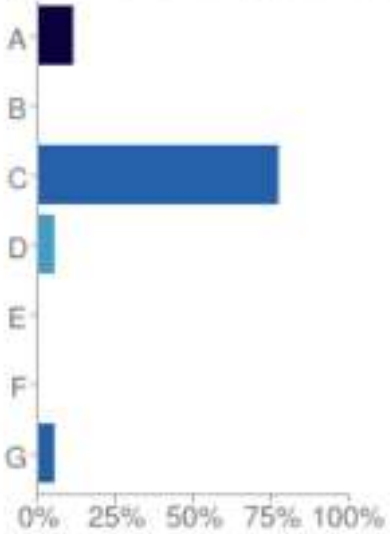


A. X-ray every year
B. X-ray every other year
C. Low-dose CT every year
D. Low-dose CT every other year
E. I would not screen for lung cancer
F. Lung cancer screening is not indicated for this patient
G. Something else

Thank you for your response. Please elaborate on your choice in the comments box below.

# Kanser ve HIV

- Etkin ART ile birlikte AIDS tanımlayıcı kanserlerde düşüş yaşanırken AIDS tanımlayıcı olmayanlarda göreceli bir artış gözlenmiştir
- Genelde HIV'li hastalardaki maligniteler daha kötü prognozludur
  - tarama ve erken tanı
  - önleme
- Tedavi HIV'li olmayan hastalardaki gibidir
- ART ile KT etkileşimlerine dikkat edilmeli ve genelde ART'ye devam edilmelidir
- İlgili branşlardan oluşan tecrübeli bir ekiple yönetilmelidir

# Kanser ve HIV

*EKMUD-2018*
*HIV/AIDS kursu*

## İLGİNİZ İÇİN TEŞEKKÜRLER!

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Tıp Fakültesi