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Malignancies in HIV-infected patients in the Dominican Republic

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Background: HIV infection represents an important risk factor for the development of malignancies. After the expansion of the highly active antiretroviral therapy the epidemiological characteristics of cancer in HIV+ patients have taken a turn from what was once known. Hence it is important to describe the epidemiological characteristics of HIV patients that have developed malignancies and to examine the inclinations in cancer incidence of AIDS defining and the most frequent non-AIDS-defining cancers during the period of highly active antiretroviral therapy expansion in the Dominican Republic, located in the Caribbean, the most heavily HIV affected region outside of sub-Saharan Africa,

Material/methods: A retrospective observational study was directed to HIV+ patients through the revision of the medical records of patients who developed a malignancy and were referred to the infectious disease consult of the main and oldest cancer center in Dominican Republic, in the years 2014-2015-2016 (January to June).

Results: From the 805 patients seen in consult, 406 medical records were revised and resulted in 56 HIV+ patients identified with at least one malignancy; fourteen new cases (n: 14; 25.0%) were identified to be diagnosed with cancer in 2014, twenty-six new cases were identified to be diagnosed 2015 (n: 26; 46.4%), sixteen in the first semester of 2016 (n:16; 28.6%). The most frequent sex was female (n: 37; 66.1%). The mean age was 44, the most frequent cancers were: AIDS-defining: Cervix (n: 21; 37.5%), Kaposi (n: 3; 5.4%), Non-Hodgkin lymphoma (n: 1; 1.8%); Non-AIDS-defining: Breast (n: 7; 12.5%), Ovaries (n: 3; 5.4%), Skin (n: 3; 5.4%), Ocular (n: 3; 5.4%), Oropharyngeal (n: 2; 3.6%), Thyroid (n: 2; 3.6%), Penis (n: 2; 3.6%), Colon (n: 2; 3.6%), Hematological (n: 2; 3.6%), Liver (n: 1; 1.8%), Stomach (n: 1; 1.8%), Renal (n: 1; 1.8%), Lung (n: 1; 1.8%). 64.3% of the patients were confirmed to know their HIV+ status prior the diagnosis of cancer and from these, with a CD4+ cell

count that ranged from 21.4% with >500, a 28.6% had 500-200 and a 25.0% had <200; 61.0% were taking HAART.

Conclusions: Cancer is a co-morbidity that must be taken into account in HIV+ patients independently from the CD4+ cell count, specially in the female population. The quality of the healthcare system and the different levels of education of this population probably represent an important influence on the epidemiological characteristics that must be taken into account in our country and other developing countries.