HIV testing should be routine in cancer care

Baylor College of Medicine
HOUSTON -- (July 18, 2010) -- In 2006, the U.S. Centers for Disease Control and Prevention [1] recommended routine HIV testing in all healthcare settings as long as patients are given the opportunity to 'opt-out' or refuse the test.
That recommendation is not widely followed, but it should be – especially in settings where people are treated for cancer, said a group of experts including those at Baylor College of Medicine [2], in a report in today's issue of the Journal of the American Medical Association [3].

Better response to cancer treatment

The experts said it would benefit people with HIV/AIDS because they are more likely to respond well to cancer treatment if their HIV infection is controlled through antiretroviral drugs. HIV is the virus that causes AIDS, which attacks and destroys the immune system.

"HIV-positive cancer patients will derive specific immediate benefits from being diagnosed with HIV because many treatments for cancer suppress the immune system," said Dr. Elizabeth Chiao, assistant professor of medicine – infectious disease [4] and health services research [5] at BCM and first author of the commentary. She pointed out that the immune systems of patients with HIV are often already impaired by the virus.

Routine opt-out test recommended

Chiao, also with the Michael E. DeBakey Veterans Affairs Medical Center [6] in Houston, and colleagues recommend that cancer centers consider the routine opt-out HIV testing for all cancer patients.

Immunosuppression increases the risk for cancer, meaning HIV patients are already at a higher risk for the disease. Research shows that cancer patients who receive antiretroviral therapy do better than those who do not get the therapy. Research also shows that HIV-positive cancer patients who are getting antiretroviral therapy along with cancer treatment have the same chance of surviving their cancer as patients who do not have HIV, said Chiao.

"It makes sense that if you are going to undertake cancer treatment that your health be in as good as shape as possible in terms of any other disease that you might have," said Dr. Thomas Giordano [7], assistant professor of medicine-infectious disease and health services research at BCM and the Michael E. DeBakey VA Medical Center, who also contributed to the commentary. "You wouldn't go into cancer therapy with diabetes that was completely out of control or high blood pressure that was completely out of control. By the same token, if you've got HIV

but you don't know it, you're not going to do as well as if your HIV is known and well treated."

Unless a routine HIV testing approach is instituted, with an opt-out provision to protect the rights of those who do not want it, testing for HIV may not get done, said Chiao.

Others who contributed to the commentary include Dr. Bruce J. Dezube of Beth Israel Deaconess Medical Center in Boston, Drs. Susan E. Krown and William Wachsman of University of California San Diego Medical Center, Dr. Malcolm V. Brock of Johns Hopkins Medical Center in Baltimore, Maryland, Dr. Ronald Mitsuyasu of the University of California Los Angeles Center for Clinical AIDS Research and Education and Dr. Liron Pantanowitz of Baystate Medical Center in Springfield, Mass.

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SOURCE [8]

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http://www.mdtmag.com/news/2010/07/hiv-testing-should-be-routine-cancer-care

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