

Letter to the Editor

Lung cancer in HIV positive patients: the GICAT experience

Dear Editor,

We read with great interest the paper "Lung cancer in HIV positive patients: the GICAT experience" by Bearz et al¹ (2014). This study analyses the new clinical scenario of lung cancer HIV patients treated with Highly active antiretroviral therapy (HAART) and offered us various stimuli for reflection. HAART has significantly increased HIV prevalence and an aging HIV population, all this can justify a high incidence of lung cancer and other non AIDS- cancers in these patients. Treatment of lung cancer in HIV patients is not standardized and frequently patients remain under-treated by using conventional criteria than non-infected patients with lung cancer. In pre-HAART era, the median survival was very low for HIV-infected patients with lung cancer.

But, post HAART, the clinical key point is what do we doing in these patients? Certainly, HAART has increased performance status of patients. In this study, pre-HAART, 15 of 34 patients (44.1%) showed, at presentation, a performance status ≥ 2 , instead, post HAART, 24 of 34 patients (70.6%) had a good performance. Obviously, if a patient has a poor performance status, then it is very unlikely that he receives an anticancer therapy. Pre-HAART 13 of 34 patients did not receive any active treatment and the overall survival was 3.8 months. Instead, with HAART, only 2 (5.9%) were not treated. The median overall survival, post HAART, was nearly doubled, 7 months. However, only 4 of 68 patients received surgery and 16 of 68 received combined radiochemotherapy. It is important to know issue behind these choices and to evaluate consequences of possible under-treatment on prognosis in this setting of patients. The evidence is that, unfortunately, a prejudice in treating HIV patients with lung cancer really exists, as for lung cancer elderly patients², despite the gain in performance status score obtained with HAART.

However, the increased general well-being obtained with HAART in HIV patients, should encourage oncologists to use standard approach as in non HIV lung cancer patients to improve cancer prognosis of lung cancer HIV patients.

Conflict of Interest

The Authors declare that they have no conflict of interests.

References

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