

Study finds HIV-positive cervical cancer patients face higher mortality rate

New research has found that HIV-positive cervical cancer patients receiving cancer treatment within six months of diagnosis face a higher risk of death from any cause than those who do not live with HIV.



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Researchers from the University of Cape Town (UCT) and the University of Bern assessed cancer treatment and all-cause mortality in 483 HIV-positive and HIV-negative cervical-cancer patients who received cancer treatment within six months of diagnosis.

They used reimbursement claims data from a private medical insurance scheme in South Africa between January 2011 and July 2020. Of the 483 women, 28% were HIV-positive at cancer diagnosis, and 72% were HIV-negative.

After adjusting for age, ethnicity, histological tumour type, and metastases at diagnosis, the team behind the research found that HIV-positive patients had a 50% higher risk of death from any cause than HIV-negative patients.

Cervical cancer causes about 342,000 annual deaths, making it the fourth most common cause of cancer-related mortality among women worldwide. Women in sub-Saharan Africa bear a disproportionate share of the global cervical-cancer burden. In South Africa, cervical cancer is the second most common cancer with about 11,000 new cases every year, and is the most frequent cause of cancer-related death among women.

"The findings highlight the importance of detecting and treating cervical lesions before cervical cancer can develop, particularly among women living with HIV," said co-author of the study and head of UCT's division of clinical pharmacology, Professor Gary Maartens.

The research, published in *Gynaecologic Oncology Reports*, found that crude all-cause five-year survival was 40% for HIV-positive and 43% for HIV-negative patients.



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HIV-positive patients were more likely to be treated with radiotherapy and chemotherapy and less likely to receive surgery than HIV-negative patients. This finding, said Maartens, might be due to HIV-positive patients presenting with more advanced stages of localised cervical cancer when surgery is no longer recommended.

The research also found that cervical adenocarcinomas were substantially less common in HIV-positive (4%) than in HIV-negative patients (26%).

Besides HIV status, the research showed that older age (60 years) and metastases at diagnosis were strongly associated with higher all-cause mortality among cervical-cancer patients.

The percentage of women with metastases at diagnosis did not differ by HIV status in the analysis. "The explanation for differences in survival by HIV status could be the detrimental effect of HIV on overall health, resulting in higher rates of non-cancer mortality in HIV-positive patients.

"Antiretroviral therapy has greatly improved life expectancy among women living with HIV, but only 67% of our HIV-positive cervical cancer patients were on antiretroviral therapy at cancer diagnosis," he said.

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