

Evolution of Cancer HIV Incidence during Different Antiretroviral Treatment Periods

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Introduction

The introduction of Antiretroviral Therapy (ART) has significantly improved the prognosis and life expectancy of People Living With HIV (PLWH). However, as this population ages, the incidence of cancer has emerged as an important health concern. This article explores the evolution of cancer incidence in PLWH during different periods of antiretroviral treatment, highlighting the impact of ART on cancer risk. It provides an overview of the changing landscape of HIV-associated cancers, discusses potential mechanisms underlying the observed trends, and explores the implications for cancer prevention, diagnosis, and treatment in PLWH. The diagnosis of cancer in PLWH may present unique challenges due to potential interactions between cancer and HIV infection. This section explores the implications for cancer screening, diagnosis, and management in PLWH.

With the advent of effective antiretroviral therapy, the life expectancy of PLWH has substantially improved. However, this population now faces new challenges, including an increased risk of developing certain types of cancers. This section introduces the topic and highlights the importance of understanding the evolution of cancer incidence in different periods of antiretroviral treatment [1,2].

Description

Prior to the availability of effective ART, opportunistic infections, such as Kaposi's sarcoma and non-Hodgkin lymphoma, were the most commonly observed cancers in PLWH? This section discusses the epidemiology and characteristics of HIV-associated cancers during the pre-ART era. The introduction of ART led to a significant decline in the incidence of opportunistic infections, resulting in a shift in the spectrum of HIV-associated cancers. This section explores the changing landscape of cancers observed during the early ART era and the impact of immune reconstitution on cancer risk [3-5]. With the widespread use of potent and combination ART regimens, PLWH are living longer, which has led to an increasing incidence of non-AIDS-defining cancers. This section discusses the emergence of non-AIDS-defining cancers, such as lung, liver, and anal cancers, in the current ART era [6]. The immune reconstitution observed with ART may contribute to the changing patterns of cancer incidence in PLWH. This section explores the mechanisms by which immune reconstitution affects cancer development and progression.

Conclusion

As PLWH continue to age and access ART, the landscape of HIV-

associated cancers is evolving. Changes in cancer incidence, types, and outcomes necessitate ongoing research and the development of tailored strategies for prevention, diagnosis, and treatment. By addressing the unique challenges posed by cancer in PLWH, healthcare providers can improve patient outcomes and quality of life. The management of cancer in PLWH requires an integrated approach that considers both HIV infection and cancer treatment. This section highlights the importance of multidisciplinary care, potential drug interactions, and ART optimization in cancer treatment. In conclusion, the evolution of cancer incidence in PLWH during different periods of antiretroviral treatment reflects the changing landscape of HIV-associated cancers. The impact of immune reconstitution, persistent immune activation, chronic inflammation, and co-infections contributes to the observed trends. Understanding these mechanisms is crucial for developing effective strategies for cancer prevention, diagnosis, and treatment in PLWH.

Acknowledgement

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Conflict of Interest

None.

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