



HIV-associated cancers: the role of a unique multidisciplinary board to optimize patient's care behalf the CANCEVH Group

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Abstract

Since 1996, the life expectancy of people living with HIV (PLWHIV) has improved, while their risk of cancer is 2–3 times higher than in the general population. HIV-associated cancers remain a critical issue in this population and represent a particular care challenge due to the high risk of drug interactions and additive toxicity. The new standards of care with immunotherapy will also become a major issue for PLWHIV because of the potential impact on immunology and virology. Thus, the National Cancer Institute created the CANCEVH national network in 2014 in France, enabling the establishment of a multidisciplinary national board of experts. This is an important first step that will help patients and health professionals provide optimal treatment to PLWHIV and prevent disparities. We hope that such a multidisciplinary council will make its voice heard in other countries and that this could be useful for patients with HIV-related cancers.

Keywords HIV · Cancer · Healthcare

Since 1996 and the era of combined antiretroviral therapy (ART), the life expectancy of people living with HIV (PLWHIV) has improved considerably, while their cancer risk is 2–3 times higher than in the general population. Both AIDS-defining (ADCs) and non-AIDS-defining cancers (NADCs) still represent a critical issue in this population with poorer outcomes [1]. In addition, they present a particular care challenge because of the high risk of drug interactions and additive toxicities between HIV and cancer drugs [2, 3].

As PLWHIV is aging, the incidence and deaths due to NADCs are likely to increase [1]. In turn, the increased risk of some common cancers will lead to the widespread care of

PLWHIV by oncologists. However, there are still disparities in cancer care among this population [4].

Moreover, cancer treatments in PLWHIV should be particularly evaluated, as patients are usually excluded from clinical trials. An important issue for oncologists is preventing drug interactions between ART and anticancer therapies, particularly for current and innovative treatments with targeted therapies, immune checkpoint inhibitors and radiation therapy.

More specifically, with the recent developments in immunotherapy that represent a breakthrough in cancer treatment, the new standards of care will also become a major issue for PLWHIV because of the potential impact on immunology (CD4 and CD8 lymphocytes count) and virology (HIV viral load).

To address these critical issues, the French National Cancer Institute (INCa) created the CANCEVH national network in 2014 in France.

The backbone of this network is the creation of a multidisciplinary national board, composed of experts in several fields, mainly specialized in AIDS and non-AIDS malignancies. Since May 2014, the role of this bimonthly national board, CANCEVH, is to provide access for all patients to the multidisciplinary skills necessary for optimal diagnosis and follow-up care. Its primary aim is to analyze and propose therapeutic strategies for PLWHIV suffering from

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malignancies using a web conferencing interface. To date, 470 cases have already been discussed, 35% of which have resulted in an ART modification. For 20 of them, the recommendation was to start immunotherapy and specific immune and virological surveillance was established [5].

In order to allow a multidisciplinary discussion of all the files, the CANCEVH network supports and assists in the setting up of regional boards with time funding from clinical study technician or medical secretary.

This network has also developed recommendations on cancer screening, diagnosis, follow-up and care of PLWHIV such as maintaining ART during anticancer therapy, leading to the publication at the European level [3]. It has also established specific clinical trials (IFCT-CHIVA2, NCT03304093) and a prospective cohort of PLWHIV with cancer treated by immunotherapy (ANRS CO24 ONCOVIHAC).

Finally, for greater visibility and better understanding by both professionals and patients, a Web site (<http://www.cancervih.org>) was created in 2015 and an information booklet was developed in partnership with patient associations.

This is an important first step that will help patients and health professionals provide optimal treatment to PLWHIV and prevent disparities with their non-HIV-infected counterparts.

We hope that such multidisciplinary board will make its voices heard in other countries and that this may be useful for patients with HIV-related cancers.

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Compliance with ethical standards

Conflict of interest Aurelien Gobert received fees from Pfizer, MSD, Astellas and Roche for participating to board of experts. Jean-Philippe Spano, consultant for Roche and MSD, has received a speaker honorarium from Roche, AZ, MSD, Gilead, Pfizer, BMS, Lilly, PFO, Leopharma and Myriad Genetics. Jacques Cadranel received fees from AZ, BI, BMS, MSD, Novartis Pfizer, Roche and Takeda for participating to board of experts; received grants for his institution for research programs from AZ, BI, Novartis and Pfizer.

Ethical approval All procedures performed involving human participants in our study were in accordance with the ethical standards of the Institutional and/or research committee and with the 1964 Helsinki Declaration and its later amendments or comparable ethical standards [our group has received an approval from the Commission Nationale de l'Informatique et des Libertés (CNIL), n°16-391].

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