AIDS: a radiation oncologist's perspective.
Mallik S¹, Talapatra K, Goswami J.

Author information

Abstract
While HIV is often associated with tuberculosis and a number of opportunistic infections, the spectrum of diseases of patients with HIV infection encompasses a number of malignancies as well. Typically, these are the AIDS-defining malignancies, though other malignancies also comprise a significant caseload. Radiotherapy plays an integral part in anti-cancer treatment and its tolerance and efficacy in HIV+ patients are therefore important. The patient's level of immunity as manifested by the CD4 count has a significant bearing on treatment outcomes. In some cases, like primary central nervous system lymphoma (PCNSL), the occurrence of the malignancy itself is tied to the patient's immunity with increased incidence in patients with CD4 counts less than 50/mm 3. The success of highly active antiretroviral therapy (HAART) has allowed administration of standard doses of radiotherapy and even chemotherapy in recent times leading to improved outcomes. In general, standard radiotherapy and concomitant chemo-radiotherapy protocols should be used wherever possible, so as not to compromise disease control. Local control and disease-specific survival rates in HIV patients are no worse than in HIV? patients, but this is only true for CD4 counts above 200/mm 3. In certain situations like cervical intraepithelial neoplasia CIN, HAART itself is associated with disease regression. The question of increased radiosensitivity in HIV patients remains unresolved in most diseases and there are sparse data with regard to non-HIV associated malignancies in these patients. Greater caution and emphasis on good supportive care and HAART would appear to be essential when treating the malignancies in HIV+ patients with standard anti-cancer regimens.

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