Fast Fact #213 discussed the prognostic principles in adults with HIV or AIDS for many life threatening complications of HIV infection. This Fast Fact presents survival data for malignancies commonly arising in the setting of HIV/AIDS.

**Background**  Currently 25-35% of all deaths in HIV infection are related to malignancies (1,2). The incidence and death rate from HIV-associated malignancies, also referred to as AIDS-defining malignancies (ADM), have decreased with the use of combination antiretroviral therapy (cART). The 10 year survival rates from ADM are about 60% (3,4). These malignancies include Kaposi's sarcoma, invasive cervical carcinoma and the non-Hodgkin's lymphomas (NHL) (1,5).

**Risk factors for Mortality in ADM:** older age, metastatic at presentation, lack of cancer treatment, unsuppressed HIV-RNA despite cART, low CD4 count at diagnosis, and active substance abuse (6).

**Prognosis in ADM**
- **AIDS-related Kaposi's sarcoma (KS)** has become much less common with the use of cART. KS is a grossly violaceous spindle cell tumor, more common in men who have sex with men and is associated with human herpesvirus-8 infection. cART is the mainstay of therapy which may be combined with chemotherapy and can result in complete resolution. In one study the 5-year survival for mucocutaneous KS was 92% and 82.6% for visceral KS (7).
- **Invasive cervical cancer** has not declined in frequency in the cART era. It is well known to be associated with human papillomavirus infection and has a median survival of 5.1 years and a 10 year survival of 78.5% (6).
- **ADM NHLs** in descending order of frequency, include diffuse large B-cell lymphoma (DLBCL), Burkitt lymphoma, primary CNS lymphoma (PCNSL) and the rare immunoblastic lymphoma and effusion body cavity lymphoma. As a group, studies suggest the median survival is 2.1 years, 5-year survival is 65.1% and 10-year survival is 42-48.2% (4,7,9). Overall, survival with NHL in HIV infected persons remains poorer than the HIV uninfected population (10,11).
- **ADM NHL subcategories:** DLBCL's, have a 2 and 5-year survival of 55.6% and 44.1% respectively (2, 12). Burkitt lymphoma has a 53.1-71% 2-year survival (2, 11). PCNSL continues to have a very poor prognosis ranging from 0.7 to 4 months; longer survival appears to be associated with cART, increased performance status, and use of chemotherapy (13). Immunoblastic lymphoma has a 5-year survival of 24 to 47%; median survival is estimated to be 11 months (8,14).

**Prognosis in Non-AIDS-Defining Malignancies (NADM)**  NADM present at a more advanced stage than in HIV- persons (1). They comprise about half of all HIV-associated malignancies and are now the leading cause of death in people with HIV in the developed world (1). Studies suggest that the mortality rate per hospitalization is about 1.6% in patients with ADM and 13% in persons with NADM (3). Ten year survival rates for NADM are about 45% (4). In order of approximate decreasing frequency the most common NADM's are hepatocellular cancer, anal cancer, Hodgkin's disease and lung cancer. The survival rate for NADM's adjusted for age and stage is roughly the same as the general population (7).

- **Hepatocellular cancer:** median survival is 441 days with 2 and 5-year survival reported as 12 and 17.5% (4,6,7).
- **Hodgkin's Disease:** median survival is 795 days; 3-year survival is 85% and 10-year survival is 49.5% (4,7,9).
- **Lung cancer:** median survival is 113 days with a 2 and 5-year survival of 24% and 16% (4,6,7).
Anal cancer: 2 year survival is 75-87%, 5 year survival is 62.9%.(6,7).

References
indication, or in a manner other than that recommended in the product labeling. Accordingly, the official prescribing information should be consulted before any such product is used.