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HIV and AIDS-Related Cancer - Treatment Options [1]

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ON THIS PAGE: You will learn about the different ways doctors use to treat each of the most common types of HIV/AIDS-related cancers. To see other pages, use the menu.

This section tells you the treatments that are the standard of care for these types of cancer. ?Standard of care? means the best treatments known. When making treatment plan decisions, patients are also encouraged to consider clinical trials as an option. A clinical trial is a research study that tests a new approach to treatment. Doctors want to learn if it is safe, effective, and possibly better than the standard treatment. Clinical trials can test a new drug, a new combination of standard treatments, or new doses of standard drugs or other treatments. Your doctor can help you consider all your treatment options. To learn more about clinical trials, see the About Clinical Trials [3] and Latest Research [4] sections.

Treatment overview

In cancer care, different types of doctors often work together to create a patient?s overall treatment plan that combines different types of treatment. This is called a multidisciplinary team [5]. Cancer care teams also include a variety of other health care professionals, including physician assistants, oncology nurses, social workers, pharmacists, counselors, dietitians, and others.

Descriptions of the most common treatments for HIV/AIDS-related cancers are listed below by general treatment and then listed by type of cancer. Treatment options and recommendations depend on several factors, including the type and stage of cancer, possible side effects, and the patient?s preferences and overall health. Your care plan may also include treatment for symptoms and side effects, an important part of cancer care. Take time to learn about all of your treatment options and be sure to ask questions about things that are unclear. Also, talk about the goals of each treatment with your doctor and what you can expect while receiving the treatment.

It is often difficult to treat cancer in people with AIDS because of the increased risk of infections from lower levels of white blood cells and poorer immune function caused by HIV. However, doctors and researchers are always looking for better treatments, and recent research has resulted in medical advances.

Learn more about making treatment decisions [6].

Getting care for symptoms and side effects

Cancer and its treatment often cause side effects. In addition to treatment to slow, stop, or eliminate the cancer,

an important part of cancer care is relieving a person?s symptoms and side effects. This approach is called palliative or supportive care, and it includes supporting the patient with his or her physical, emotional, and social needs.

Palliative care is any treatment that focuses on reducing symptoms, improving quality of life, and supporting patients and their families. Any person, regardless of age or type and stage of cancer, may receive palliative care. It works best when palliative care is started as early as needed in the cancer treatment process. People often receive treatment for the cancer and treatment to ease side effects at the same time. In fact, patients who receive both often have less severe symptoms, better quality of life, and report they are more satisfied with treatment.

Palliative treatments vary widely and often include medication, nutritional changes, relaxation techniques, emotional support, and other therapies. You may also receive palliative treatments similar to those meant to eliminate the cancer, such as chemotherapy, surgery, or radiation therapy. Talk with your doctor about the goals of each treatment in the treatment plan.

Before treatment begins, talk with your health care team about the possible side effects of your specific treatment plan and palliative care options. And during and after treatment, be sure to tell your doctor or another health care team member if you are experiencing a problem so it can be addressed as quickly as possible. Learn more about palliative care [7]**.**

Antiviral treatment

It is extremely important that all patients with HIV/AIDS and an associated cancer receive treatment with highly active antiretroviral treatment (HAART) both during the cancer treatments and afterwards. HAART can effectively control the virus in most patients. Better control of the HIV infection decreases the side effects of many of the treatments, may decrease the chance of a recurrence, and can improve a patient?s chance of recovery from the cancer.

General types of treatment for an HIV/AIDS-related cancer

In addition to antiviral treatment and caring for symptoms and side effects, the following treatments may be used.

- **Surgery.** Surgery is the removal of the tumor or lesion and some surrounding healthy tissue, called a margin, during an operation. Surgery may be performed by a surgical oncologist, a doctor who specializes in treating cancer using surgery. Learn more about the basics of cancer surgery [8].

- **Radiation therapy.** Radiation therapy is the use of high-energy x-rays or other particles to destroy cancer cells. A doctor who specializes in giving radiation therapy to treat cancer is called a radiation oncologist. The most common type of radiation treatment is called external-beam radiation therapy, which is radiation given from a machine outside the body. When radiation therapy is given using implants, it is called internal radiation therapy or brachytherapy. External-beam radiation therapy may be given as a palliative treatment [7]. A radiation therapy regimen (schedule) usually consists of a specific number of treatments given over a set period of time.

  Side effects from radiation therapy may include fatigue, mild skin reactions, upset stomach, and loose bowel movements. Most side effects go away soon after treatment is finished. Learn more about the basics of radiation therapy

[9].

- **Chemotherapy.** Chemotherapy is the use of drugs to destroy cancer cells, usually by stopping the cancer cells? ability to grow and divide. Chemotherapy is given by a medical oncologist, a doctor who specializes in treating cancer with medication.

  Systemic chemotherapy gets into the bloodstream to reach cancer cells throughout the body. Common ways to give chemotherapy include an intravenous (IV) tube placed into a vein using a needle or in a pill or capsule that is swallowed (orally).

  A chemotherapy regimen usually consists of a specific number of cycles given over a set period of time. A patient may receive one drug at a time or combinations of different drugs at the same time.

  The side effects of chemotherapy depend on the individual and the dose used, but they can include fatigue, risk of infection, nausea and vomiting, hair loss, loss of appetite, and diarrhea. These side effects usually go away once treatment is finished. Learn more about the basics of chemotherapy [10] and preparing for treatment [11]

- **Immunotherapy.** Immunotherapy, also called biologic therapy, is designed to boost the body?s natural defenses to fight the cancer. It uses materials made either by the body or in a laboratory to improve, target, or restore immune system function. Learn more about the basics of immunotherapy [12].

- **Targeted therapy.** Targeted therapy is a treatment that targets the cancer?s specific genes, proteins, or the tissue environment that contributes to cancer growth and survival. This type of treatment blocks the growth and spread of cancer cells while limiting damage to healthy cells.

  Recent studies show that not all cancers have the same targets. To find the most effective treatment, your doctor may run tests to identify the genes, proteins, and other factors involved in your cancer. This helps doctors better match each patient with the most effective treatment whenever possible. In addition, many research studies are taking place now to find out more about specific molecular targets and new treatments directed at them. Learn more about the basics of targeted therapy [13].

The medications used to treat cancer are continually being evaluated. Talking with your doctor is often the best way to learn about the medications prescribed for you, their purpose, and their potential side effects or interactions with other medications. Learn more about your prescriptions by using searchable drug databases [14].

Treatment of Kaposi Sarcoma

The treatment of HIV/AIDS-related Kaposi sarcoma usually cannot cure the cancer, but it can help relieve pain or other symptoms. This can be followed by palliative care [7] for Kaposi sarcoma. Antiviral treatment for HIV/AIDS helps reduce a person?s chance of getting Kaposi sarcoma and can reduce the severity of Kaposi sarcoma. HAART helps treat the tumor and reduce the symptoms associated with Kaposi sarcoma for people with HIV/AIDS. It is usually used before other treatments, such as chemotherapy.

- **Surgery.** Surgery is most useful when the lesions are located in a single area or a few specific areas. Two

types of surgical procedures used for Kaposi sarcoma are described below.

- **Curettage and electrodesiccation.** In this procedure, the cancer is removed with a curette, a sharp, spoon-shaped instrument. The area can then be treated with electrodesiccation, which uses an electric current to control bleeding and destroy any remaining cancer cells. Many patients have a flat, pale scar from this procedure.
- **Cryosurgery.** Cryosurgery, also called cryotherapy or cryoablation, uses liquid nitrogen to freeze and destroy cells. The skin will later blister and shed off. This procedure will sometimes leave a pale scar. More than one freezing may be needed.

- **Photodynamic therapy.** In photodynamic therapy, a light-sensitive substance is injected into the lesion that stays longer in cancer cells than in healthy cells. A laser is directed at the lesion to destroy the cancer cells.
- **Radiation therapy.** Radiation therapy may an option for Kaposi sarcoma.
- **Chemotherapy.** Sometimes, chemotherapy is injected directly into the lesion to destroy the cancer cells, called an intralesional injection. Chemotherapy may help control advanced disease, although curing HIV/AIDS-related Kaposi sarcoma with chemotherapy is extremely rare. Usually, for HIV/AIDS-related Kaposi sarcoma, chemotherapy is used to help relieve symptoms and to lengthen a patient?s life. Common drugs for Kaposi sarcoma include:
  - Liposomal doxorubicin (Doxil)
  - Paclitaxel (Taxol, LEP-ETU, Abraxane)
  - Vinorelbine (Navelbine, Alocrest).
- **Immunotherapy.** Some people with HIV/AIDS-related Kaposi sarcoma may receive alpha-interferon (Roferon-A, Intron A, Alferon), which appears to work by changing the surface proteins of cancer cells and by slowing their growth. Immunotherapy is generally used for people who are in the good-risk category in the immune system (I) factor of the TIS staging system (see Stages [15]). The most common side effects of alpha-interferon are low levels of white blood cells and flu-like symptoms.

Learn more about the treatment options for Kaposi sarcoma [16].

Treatment of non-Hodgkin Lymphoma

The main treatments for HIV/AIDS-related non-Hodgkin lymphoma are chemotherapy, targeted therapy, and radiation therapy.

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Chemotherapy. Chemotherapy is the most common treatment for non-Hodgkin lymphoma. It may be given by mouth or injected into a vein. Previously, chemotherapy treatment for HIV/AIDS-related non-Hodgkin lymphoma was given at lower doses because of the person?s weakened immune system. Now, with better antiretroviral treatment, patients with HIV/AIDS-related non-Hodgkin lymphoma can usually receive the same doses of drugs given to people with lymphoma who do not have HIV.

- **Targeted therapy.** For B-cell non-Hodgkin lymphoma, rituximab (Rituxan), a type of targeted therapy called a monoclonal antibody, may be used. A monoclonal antibody recognizes and attaches to a specific protein in the cancer cells and it does not affect cells that don?t have that protein. Specifically, rituximab targets B lymphocytes and is used together with chemotherapy for most patients. Talk with your doctor about possible side effects for a specific medication and how they can be managed.

- **Radiation therapy.** For people with HIV/AIDS-related lymphoma, radiation therapy may be given along with chemotherapy.

Learn more about treatment options for non-Hodgkin lymphoma [17].

Treatment of cervical cancer

Treatments for women with the precancerous condition called CIN (see Introduction [18]) are generally not as effective for women with HIV/AIDS because of a weakened immune system. Often, the standard treatment for HIV/AIDS can lower the symptoms of CIN.

Women with invasive cervical cancer and HIV/AIDS that is well-controlled with medication generally receive the same treatments as women who do not have HIV/AIDS. Common treatment options include surgery, radiation therapy, and chemotherapy. Learn more about cervical cancer treatment options [19].

Metastatic HIV/AIDS-related cancer

If cancer spreads to another part in the body from where it started, doctors call it metastatic cancer. If this happens, it is a good idea to talk with doctors who have experience in treating it. Doctors can have different opinions about the best standard treatment plan. Also, clinical trials might be an option. Learn more about getting a second opinion [20] before starting treatment, so you are comfortable with your treatment plan chosen.

Your treatment plan may include a combination of the treatments discussed above. Palliative care will also be important to help relieve symptoms and side effects.

For most patients, a diagnosis of metastatic cancer is very stressful and, at times, difficult to bear. Patients and their families are encouraged to talk about the way they are feeling with doctors, nurses, social workers, or other members of the health care team. It may also be helpful to talk with other patients, including through a support group.

Remission and the chance of recurrence

A remission is when cancer cannot be detected in the body and there are no symptoms. This may also be called having ?no evidence of disease? or NED.

A remission may be temporary or permanent. This uncertainty causes many people to worry that the cancer will

come back. While many remissions are permanent, it?s important to talk with your doctor about the possibility of the cancer returning. Understanding your risk of recurrence and the treatment options may help you feel more prepared if the cancer does return. Learn more about coping with the fear of recurrence [21].

If the cancer does return after the original treatment, it is called recurrent cancer. It may come back in the same place (called a local recurrence), nearby (regional recurrence), or in another place (distant recurrence).

When this occurs, a cycle of testing will begin again to learn as much as possible about the recurrence. After testing is done, you and your doctor will talk about your treatment options. Often the treatment plan will include the treatments described above but they may be used in a different combination or given at a different pace. Your doctor may also suggest clinical trials that are studying new ways to treat the specific type of recurrent cancer. Whichever treatment plan you choose, palliative care will be important for relieving symptoms and side effects.

People with recurrent cancer often experience emotions such as disbelief or fear. Patients are encouraged to talk with their health care team about these feelings and ask about support services to help them cope. Learn more about dealing with cancer recurrence [22].

If treatment fails

Recovery from cancer is not always possible. If the cancer cannot be cured or controlled, the disease may be called advanced or terminal.

This diagnosis is stressful, and advanced cancer is difficult to discuss for many people. However, it is important to have open and honest conversations with your doctor and health care team to express your feelings, preferences, and concerns. The health care team is there to help, and many team members have special skills, experience, and knowledge to support patients and their families. Making sure a person is physically comfortable and free from pain is extremely important.

Patients who have advanced cancer and who are expected to live less than 6 months may want to consider a type of palliative care called hospice care. Hospice care is designed to provide the best possible quality of life for people who are near the end of life. You and your family are encouraged to think about where you would be most comfortable: at home, in the hospital, or in a hospice environment. Nursing care and special equipment can make staying at home a workable alternative for many families. Learn more about advanced cancer care planning [23].

After the death of a loved one, many people need support to help them cope with the loss. Learn more about grief and loss [24].

The next section in this guide is About Clinical Trials [3]. *It offers more information about research studies that are focused on finding better ways to care for people with cancer. Or, use the menu to choose another section to continue reading this guide.*

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