GYNECOLOGIC CANCER INTERGROUP

An Organization of International Cooperative Groups for Clinical Trials in Gynecologic Cancers

Gynecologic Cancer InterGroup
Cervix Cancer Research Network

Dr. Ntokozo Ndlovu

Radiation Oncologist/Clinical Epidemiologist

University of Zimbabwe
College of Health Sciences

Cervix Cancer Education Symposium, January 2019, South Africa

GYNECOLOGIC CANCER INTERGROUP
An Organization of International Cooperative Groups for Clinical Trials in Gynecologic Cancers

Q: Would you manage an HIV + CANCER patient differently?

A: Yes and No.

Q: Why?

A: It may depend upon many factors?

Q: Yes or No … Which one is stronger?

A: NO.

Q: Any important considerations?

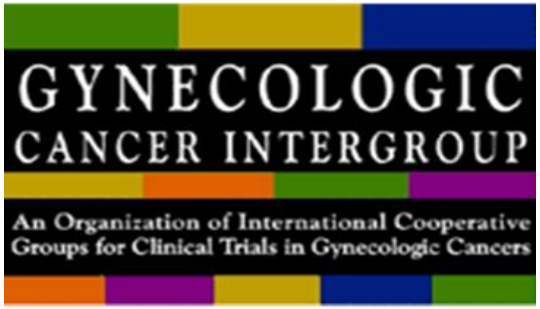
A: Test all cancer patients for HIV and ensure they are consistently on ART (MDT).

SURGERY

- HIV status alone not a criterion for decision making.
- All surgical candidates should be treated with universal precautions.
- Overall health (e.g. organ dysfunction, nutritional state) a more reliable predictor of surgical outcome than CD4+ count or viral load.
- Surgery for common malignancies in PLWH is safe and should be part of cancer management as indicated.
- Data from anorectal surgery for benign disease suggests that wound healing may be delayed particularly if CD4<50cells/μL but this is not a consistent finding.

RADIOTHERAPY

- HIV status alone should not be a criterion for decision-making.
- RT should be offered as part of the cancer management approach when indicated.
- Older (pre-ART era) studies showed increased RT-related toxicity in patients with CD4+<200cells/µL.
- This may not be the case in the ART-era.
- Extra-caution and monitoring may be required with concurrent chemoradiotherapy.



CHEMOTHERAPY

- Oncologists and HIV clinicians should review proposed cancer therapy along with oncology and HIV pharmacists.
- Check supportive medication, cotrimoxazole/antifungal prophylaxis and ART for possible DDIs and overlapping toxicities prior to initiation.
- When cancer treatment is expected to be myelosuppressive, zidovudine is contraindicated.
- Management of myelosuppression?
- Dose adjustments for chemo and ART?

GYNECOLOGIC CANCER INTERGROUP

An Organization of International Cooperative Groups for Clinical Trials in Gynecologic Cancers

Gynecologic Cancer InterGroup
Cervix Cancer Research Network

THANK YOU

SIYALIBONGA