



PUGET SOUND QUARTERLY

Oncology Nursing Society

Vol. 26, No. 4 Winter 2003

INSIDE

President's Message	2
Community Crossing	7
New Members	13
Treasurer's Report	13
PSONS Profile	14

HIV and AIDS-Related Malignancies and Neoplasms

Janice Gibson RN, MSN, OCN
Virginia Mason Medical Center

According to the World Health Organization, there are presently 42 million people worldwide infected with human immunodeficiency virus (HIV). Almost 1 million of these cases live in North America. As of September 30, 2003 there were 4823 men and 491 women living with HIV and acquired immunodeficiency syndrome (AIDS) in King County, Washington. (Public Health, 2003).

HIV/AIDS Treatment

Most persons chronically infected with HIV are asymptomatic for months to years. During this latent period HIV replication will continue and T-helper lymphocytes will decrease. As the CD4+ cell counts wane patients can experience mild symptoms such as fatigue, oral thrush, fever, and tender lymphadenopathy. Continued viral replication and destruction of CD4+ lymphocytes can result in opportunistic infections such as pneumocystis carinii pneumonia and malignant neoplasms (Holodniy & Busch, 2003).

One HIV/AIDS therapy, highly active antiretroviral therapy (HAART), has helped maintain a satisfactory immune system and dramatically decreased the incidence of AIDS-defining opportunistic infections. Today, we also know more about the biology of HIV, and currently



have 18 Federal Drug Administration (FDA) approved medications that can be used in various combinations. HIV antiretroviral drugs have traditionally fallen into three classes (a) reverse transcriptase inhibitors, (b) nonnucleoside reverse transcriptase inhibitors, and (c) protease inhibitors. Various new drug treatments are on the horizon. For example, Fuzeon (T-20) is a fusion inhibitor that is administered subcutaneously and blocks HIV from entering CD4+ lymphocytes. Antiretroviral treatment is individualized, but patients along with their medical providers generally consider starting HAART once CD4+ cell counts have fallen to <350 cells/ml and the HIV viral load exceeds

30,000-55,000 copies/ml (Carpenter et al, 2000). In this article I will describe AIDS defining cancers and human papilloma virus (HPV) related neoplasms.

AIDS Defining Cancers

Kaposi's sarcoma (KS) was the first cancer associated with HIV/AIDS. In 1993, the case definition for AIDS was expanded to include Non-Hodgkin's Lymphoma (NHL), primary CNS lymphoma, and invasive cervical cancer. The unfortunate patient with both HIV and a malignancy may present with a more advanced stage of cancer and experience a more aggressive clinical course than a person with an intact immune system (O'Connor & Scadden, 2000).

Continued on page 3

