

## **AIDS-Defining Malignancies**

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Introduction There lies 50,000 fold, 98 fold and 8 fold increase risk of Kaposi Sarcoma (KS), Non-Hodgkin Lymphoma (NHLs) and Cervical Cancers respectively in HIV patients compared with the normal population. Occurrence of any of these cancers is considered as a marker to diagnose and confirms the presence of AIDS in HIV patient. It is because, these cancers are virus associated and HIV makes the immune system weaker to the level where viruses can easily infect the patient. HAART (Highly Active Anti-retroviruses Therapy) has come out as the solution to the problem since 1996.

## Method

Data from people with all age groups was collected



# On Hodgkin Lymphoma

The well known virus associated with NHLs is Epstein-Barr virus (EBV). 85-90% arise from B-Lymphocytes. The remainder, from T lymphocytes or NK lymphocytes NHLs are the solid tumors solid tumors of immune system i.e. B,T and NK cells.



Results

Rates of KS, NHLs and cervical cancer have declined sharply in countries during the HAART era, but remain elevated 800-fold, 10-fold and 4-fold, respectively, Although anti- retroviral therapy has declined the incidence rate of AIDS defining malignancies.







Anti-retroviruses Therapy (ART) has come out as the solution to the problem since 1996. ART has come out as the solution to the problem since 1996. Angiosarcomatous neoplasm, associated with HHV-8. KS is





ervical Cancer

Cervical cancer remains the second most common cancer in women worldwide. Human Papilloma Virus (HPV) is the cause of cervical cancer. The successful cervical cancer screening programs with cervical cytology known as the Papanicolau (Pap) test has been associated with a 70 % decline

the most often cancer in patient living with HIV today. HAART, has declined the rate of Kaposi Sarcoma

Sarco





### References

**Conclusion** Public health interventions aimed at the prevention and early detection of cancer are needed to reduce L. (Shankland, Armitage, & Hancock, 2012) cancer risk among HIV-infected people. Current guidelines recommend that all HIV-infected people receive treatment 2. (Shiels & Engels, 2017) with antiretroviral therapy. Increasing the fraction of people in care could further decrease rates of NHL, Kaposi sarcoma 3. (Epelbaum, Go, Patel, & Braman, 2016) and cervical cancers.