

Poster presentation

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Extracellular matrix promotes pathogenic treatment of AIDS-associated Kaposi's sarcoma at Hôpital General in Yaoundé, Cameroon

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With the extensive rollout of comprehensive antiretroviral therapy (ART) now accelerating in sub-Saharan Africa, the epidemiology, treatment and clinical outcomes of AIDS-associated malignancies is rapidly evolving. This expansion, largely enabled by PEPFAR (President's Emergency Plan for AIDS Relief) and the Global Fund to fight AIDS, Tuberculosis and Malaria, is dramatically increasing access to complicated medical interventions in individuals who would otherwise be unable to afford them. Attitudes and expectations of patients and their care-providers are fortunately moving away from the former paradigm of "can't do this in Africa." Populace expectation of having access to life-prolonging treatments is becoming the new paradigm. AIDS has led the way in this paradigm shift but a movement for concurrently reinforcing chemotherapy of AIDS-related malignancies has also been empowered by the massive ART rollout.

In this presentation, we highlight the changes that are occurring in both the Medical Oncology Unit and in the AIDS Treatment Center at Hôpital General, in Yaoundé, Cameroon. Hôpital General is a typical state-run hospital with limited resources and a difficult-to-manage number of ill patients, including impressive numbers of patients with AIDS and AIDS-associated malignancies. During a 12-month period, we systematically conducted HIV test-

ing of all 632 patients with a confirmed new malignancy; 52 (8.2%) were HIV-positive. Concurrent HIV prevalence in the general population was ~5.5 percent. Of these 52 HIV-positive patients with a documented malignancy, 14 (27%) had Kaposi's sarcoma (KS), 8 (15.4%) lymphoma, 7 (13.5%) breast cancer, 3 (5.7%) oropharyngeal cancer, 2 (3.9%) ovarian cancer.

In a subsequent 12-month period, we identified 57 additional KS patients of whom 50 (88%) were HIV-positive. Among KS-positive or HIV-positive patients who received both anti-KS chemotherapy by protocol (doxyrubicin, bleomycin, vincristine), and concurrent ART, the time to quantifiable recovery was markedly shorter compared to recovery times in patients who received only anti-KS chemotherapy. These findings have prompted a change in AIDS-associated malignancy management at our institution. These patients are now co-managed in the same clinic by medical oncologists and experts in ART. With the recent expanded access to ART we believe that this synergy in case management will increase the quality and the number of life years in this ever-expanding population.