# Meeting abstract

**Open Access** 

# Survival among AIDS patients with and without non-Hodgkin's lymphoma, and NHL-HIV-negative patients

Patricia Cornejo-Juárez<sup>\*1</sup>, Patricia Volkow-Fernández<sup>1</sup>, Alejandro Avilés-Salas<sup>2</sup> and Ernesto Calderón-Flores<sup>3</sup>

Address: <sup>1</sup>Department of Infectious Diseases. Instituto Nacional de Cancerología, Mexico City, Mexico, <sup>2</sup>Department of Pathology. Instituto Nacional de Cancerología, Mexico City, Mexico and <sup>3</sup>Department of Hematology-Oncology. Instituto Nacional de Cancerología, Mexico City, Mexico City,

Email: Patricia Cornejo-Juárez\* - patcornejo@yahoo.com

\* Corresponding author

from 24<sup>th</sup> Annual Meeting of the National Cancer Institute of Mexico Mexico City, Mexico. 14–17 February 2007

Published: 5 February 2007

BMC Cancer 2007, 7(Suppl 1):A40 doi:10.1186/1471-2407-7-S1-A40

This article is available from: http://www.biomedcentral.com/1471-2407/7/S1/A40

© 2007 Cornejo-Juárez et al; licensee BioMed Central Ltd.

# Background

The risk of non Hodgkin's lymphoma (NHL) is 150–250 times higher among HIV infected patients. In developed countries with open access to highly active antiretroviral therapy (HAART), the prognosis of these patients appears to be impacted positively, and survival in some groups can be similar to non-HIV infected patients. Recent data has shown improved survival among NHL-HIV+ patients receiving standard chemotherapy (QT) HAART, with acceptable range of toxicity.

# Objective

To analyze the median survival of patients with AIDS with and without NHL and NHL-HIV negative patients.

#### Materials and methods

We etrospectively reviewed all medical records of patients with NHL-HIV+ seen from January 1990 to December 2005 at the Instituto Nacional de Cancerologia in Mexico City, Mexico. We used as control groups patients with AIDS (defining-event non-lymphoma related), and patients with NHL treated as well at our institution, diagnosis made  $\pm$  3 years, with same gender and age  $\pm$  5 years. We recorded clinical, laboratory and pathology data; survival or follow-up time was calculated from date of diagnosis to death or to the date when the patient was last seen.

# Results

Sixty-nine patients were diagnosed with NHL-HIV. AIDS control patients (n = 93) were divided into no-HAART and HAART; and NHL/HIV negative control patients (n = 90) were divided into incomplete (<3 cycles or <100% of total dose), and complete chemotherapy (Table 1)

#### Conclusion

Survival in patients with AIDS is better than in NHL/HIV+ and NHL/HIV-. The use of HAART has significantly improved sthe prognosis. Mean survival with the use of a complete chemotherapy regime is similar in patients with NHL and in patients with NHL/HIV+.

	NHL/HIV+ (n = 69)	AIDS (n = 93)	Р
No-HAART (months ± SD)	5.01 ± 7.7 (n = 27)	25.9 ± 25.12 (n = 40)	0.001
HAART (months ± SD)	15.75 ± 19.4 (n = 42)	50 ± 37.9 (n = 53)	<0.000
Total (months ± SD)	11.5 ± 16.7	39.7 ± 35	<0.000
	NHL/HIV	NHL (n = 90)	
Incomplete chemotherapy (months ± SD)	4.32 ± 5.5 (n = 40)	1.84 ± 1.66 (n = 22)	0.04
Complete chemotherapy(months $\pm$ SD)	21.3 ± 20.26 (n = 29)	29.07 ± 36.27 (n = 68)	0.286
Total(months ± SD)	11.5 ± 16.7	22.41 ± 33.61	0.01

#### Table I: Mean survival for NHL/HIV+, NHL/HIV negative and AIDS groups

