



Cancer Care in HIV Infected Patients

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Hello everyone. Good morning, afternoon, or evening. My name is Marco Ruiz. I'm one of the Hematologist/Oncologists, Miami Cancer Institute here in Miami, Florida. I'm the Chief HIV Oncology and Associate Director for Malignant Hematology and Bone Marrow Transplant at Miami Cancer Institute. I really want to thank the organisers of GRACE for the opportunity to talk to you briefly about three different topics. So we're gonna spend about fifteen minutes in total to discuss about three different topics. The first topic I'm going to discuss is going to be cancer care in HIV-infected patients. This is one of the clinic's that I have, a program that we have developed here in MCI — Miami Cancer Institute. The second topic that we are going to be talking about is about cancer care in geriatric or senile patients, which is another program that we have developed here at the Miami Cancer Institute. The third topic will be related to how to close the gap in terms of cancer care for ethnic minorities. So I'm going to start with cancer care in HIV-infected patients, next slide please.

Basically the importance of this topic relies on the fact that this is what we tend to see with the new treatments that have been developed for HIV-infected individuals. Our population of HIV-infected patient is growing, living longer, and as such they tend to develop what we call on-invasive cancers. So in terms of epidemiology, there is a big increase in terms of the number of patients who are affected by cancer, and who are also affected by the HIV infection. One of the main issues that we are facing at this particular point is the fact that many patients do not get treatments that they are indicating, and this is for many reasons. Number one, they don't get to centres to have the expertise of HIV-Cancer care. Sometimes they are not in a good functional status that allows them to go to these particular centres, or they usually go to the hospitals in a very sick state and they as such are unable to get some treatments. Some of these patients don't even know that they are HIV-infected and as such they never receive any kinds of treatments. Among other conditions, among other causes, or other characteristics of these conditions, cancers in Cancer-HIV infected patients tend to be very aggressive, and usually patients come at a very advanced stages and usually there is a late diagnosis. And, as I refer, there is an important factor that we need to take into account that is that patients need to be able to get to centres that have the expertise of treating HIV and cancer. And of course, within these centres there is also a significant need to treat patients, so they also need expertise in antiretroviral therapy and cancer treatment. Next slide please.

So, what are some of the strategies we are using and can we use in terms of how to improve cancer treatment in infected patients? We definitely need to understand what are the patient needs. And the patients needs are meaning not only for the cancer-care perspective but also from the HIV-care perspective, and other aspects such as psychological aspects, physiological aspects, and physical aspects. We need also understand the patterns of referral; meaning that how patients get into cancer centres, how patients get into hospice, how patients can be transferred from one place to another, specifically to centres of expertise. We need to understand that these are very complex cases. It is not easy. Compared to regular cancer care, patients with HIV have multiple neural problems, multiple neural comorbidities or comorbid diseases. And as such, they are prone to develop more complications. Another strategy that can be used is that definitely to disseminate information about centres of excellence that are available in the country. And, specifically I'm talking about the AIDS Malignancy Consortium, where a part of the membership is here in Miami Cancer Institute in Miami, Florida. And it is important to know that where these centres of excellence are located at, so patients can be



transferred from places in which there is no expertise availability to HIV-Cancer care. It is always important to remember that these patients, this population, needs a multidisciplinary approach; very critical in the care of these patients. And also it's important to educate not only patients, community, and providers about perception and also misperceptions about HIV care. Some providers still may think about the HIV conditions or HIV cure back in 20/25 years ago, and now we need to understand not only the community of patients, but also provided that HIV is more of a chronic illness, and as such patients live longer and may develop other complications. We also need to know that, we need to educate providers and community in general about the fact that just by having HIV does not mean that patients don't need cancer care, and that outcomes can be much improved if we are just going to use some of these strategies. Next slide please.

In conclusion, in talk of referring about cancer care, we need to improve the cancer care in HIV infected patients. Indeed, there is a new call for cancer centres, that have the facilities, to develop their HIV-Cancer care, and also to start incorporating some of this expertise into the care of HIV infected patients. There is a big need to understand how patients get to care and how patients access cancer centres, and I'm specifically referring to the cancer centres that have the expertise both in HIV and cancer care, because this is very very important. That significantly improves outcomes of this population, and of course this is the mean goal, to just kind of deliver the best strategy and the best treatment for this population. Of course, there is a significant meaning, to educate patients, community and providers, not only in terms of what HIV means, how HIV is more of a chronic illness, how a multidisciplinary approach is needed in the care of HIV-infected patients with cancer, and how the participation of not only community and patients, but also patients and advocates and providers can improve the care of cancer, and the outcomes of this population.