

# **Cancer screening among HIV-positive patients**

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#### Introduction

- 1. Combination antiretroviral therapy (cART) has dramatically improved the survival of patients with HIV infection. As HIV-infected patients are living longer, cancer has emerged as a leading cause of morbidity and mortality in this population.
- 2. In the general population, consensus guidelines currently recommend screening for four cancers-cervical, colorectal, breast and lung cancers.
- 3. The Taiwan national cancer screening program began in 1985 by providing

### Results

- 1. During the 6-month study period, 1,468 patients met the screening criteria and 1,245 (84.8%) completed questionnaire interviews. In total, 46.4% (578/1245) of the patients completed cancer screening (Figure 1).
- 2. Clinical characteristics of the participants are shown in Table 1. The subjects were predominately male and had a mean age of 46.6 years, 601 patients (48.3%) refused cancer screening because 159 (32.6%) reported having screening before, 243 (49.8%) having no time, and 85 (17.4%) other reasons.

Pap smear tests for women, which has been expanding the free-of-charge screening services for four cancers since 1999, including oral, colorectal, cervical and breast cancers.

#### **Patients and Methods**

- 1. Study period: March and September, 2018.
- 2. Study subjects: HIV-positive outpatients seeking medical attention in the clinic at the National Taiwan University Hospital.
- 3. Patients were assessed for eligibility for cancer screening.

## **Cancer screening program in Taiwan**

- 1. Oral cancer screeing: the nationwide biennal screening includes the population over 30 years old who was smoking and/or chewed betel nuts in Taiwan.
- 2. Colorectal cancer screening: individuals aged 50-75 years were eligible for biennial screening.
- 3. Cervical cencer screening: the Pap smear examinations for women aged 30-69 years was performed once every year.
- 4. Breast cancer screening: a nationwide biennial screening mammography program has been offering asymptomatic women aged 45-69 years.

- 3. After oral cancer screening, 4 patients were referred for biopsy.
- 4. 24 (9.6%) patients had stool samples with FIT-positive results and 20 (83.3%) were referred to colonoscopic examination.
- 5. 35 women underwent Pap smear examination for cervical cancer, with 3 (8.6%) having abnormal results. 16 women with digital breast tomosynthesis for breast cancer, 2 women have abnormal digital breast tomosynthesis examination result. None of the patients received a diagnosis of cancer in the cancer screening (Figure 1).
- 6. In multivariate analyses, an older age (adjusted OR, 1.050; 95% CI, 1.037-1.063) and having a family history of cancers (adjusted OR, 1.301; 95% CI, 1.012-1.671) were associated with participation in cancer screening. (Table 2)

## Conclusion

While cancer screening is provided free of charge in Taiwan, the rate of participating in the program remains low among HIV-positive patients. Improving awareness of and accessibility to cancer screening is needed to increase the utilization rate in this population.

## **Table 1. Characteristics of the patients**

Characteristic	N=1245

## **Figure 1. Study flow**

Patients meetng the inclusion criteria for cancer screening (n=1,468)

- 1. Oral cancer screening (those aged  $\geq$  30 years who were smoking and/or chewing betel nuts, n= 1,063)
- 2. Colorectal cancer screening (those aged 50-75 years, n= 587)
- 3. Cervical cancer screening (Pap smear for women aged 30-69 years, n= 125)
- 4. Breast cancer screening (women aged 45-69 years, n= 75)

The percentage of cancers screening among the 1,245 patients completing questionnaires. 46.4% (578/1245)

N=1245 Male, n (%) 1143 (91.8) Age, mean (SD), year 46.6 (10.5) 333 (26.7) Alcohol intake, n (%) **Betel nut** Never, n (%) 1164 (93.5) Past, n (%) 70 (5.6) Current, n (%) 11 (0.9) **Education level** Primary school, n (%) 50 (4.0) Secondary school, n (%) 108 (8.7) High school, n (%) 335 (26.9) University school or higher, n (%) 744 (59.8 Smoking status, n (%) 300 (24.1) Never, n (%) 115 (9.2) **Past**, n (%) 830 (66.7) Current, n (%) 214 (25.8) <10 years, n (%) 616 (74.2)  $\geq$  10 years, n (%) 601 (48.3) **Refuse cancer screening, n (%) Reason of Refuse cancer screening, N=487** 159 (32.6) **Testing before**, n (%) 243 (49.8) Did not have time, n (%)



Others, n (%)	85 (17.4)
Family history of cancer	
Colon cancer, n (%)	90 (7.2)
Breast cancer, n (%)	70 (5.6)
Liver cancer, n (%)	96 (7.7)
Lung cancer, n (%)	92 (7.3)
Oral cancer, n (%)	18 (1.4)
Cervical cancer, n (%)	44 (3.5)

Table 2. Multivariate analyses of factors associated with willingness to undergo cancer screening

Variable	aOR	95% CI	Ρ
Gender	0.840	0.528-1.338	0.4640
Age	1.050	1.037-1.063	<.0001
Education level	1.002	0.778-1.290	0.9892
Family history of cancer	1.301	1.012-1.671	0.0398