CURRENT STATE OF HIV TESTING IN A COMPREHENSIVE CANCER CENTER

B Granwehr[1], K Merriman[1], M Routbort[1] and R Grimes[2]

[1]University of Texas MD Anderson Cancer Center, Houston, Texas, United States of America, [2]University of Texas Health Science Center, Houston, USA

THE UNIVERSITY OF TEXAS MD Anderson Cancer Center

Bruno P. Granwehr, M.D., M.S.
1515 Holcombe
Houston, TX 77030
bgranweh@mdanderson.org

ABSTRACT

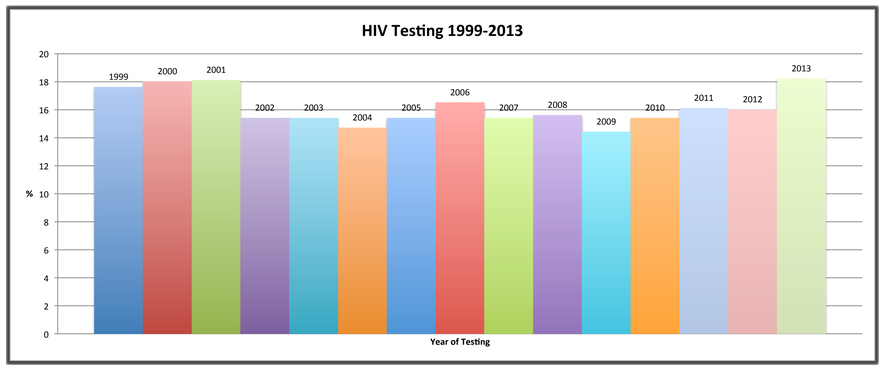
OBJECTIVE: The Centers of Disease Control (CDC), in 2006, and US Preventive Services Task Force (USPSTF), in 2013, recommend routine opt out HIV testing of patients between 13-64 and 15-65 years of age, respectively. HIV is associated with various cancers, including classically AIDS-related cancers (e.g. Kaposi's sarcoma, non-Hodgkin's lymphoma, and cervical cancer), but also non-AIDS-associated malignancies (e.g., lung, liver, anal). Treatment for HIV results in reduced transmission of this cancer-associated virus and improved treatment outcomes in many cancers. HIV testing practices in cancer patients have not been well characterized. Recent CDC data suggest that only 40% of cancer survivors were tested. In our institution, a separate written or documented verbal consent for HIV has been mandatory. We describe the screening pattern of HIV testing between 1999 and 2013 at a major cancer center.
METHODS: Retrospective data was obtained on HIV testing performed between 1999 and 2013 from comprehensive databases. Testing of all patients presenting to a major cancer center for evaluation and those who underwent cancer treatment are described. Chi-square statistic was used to compare patients tested before and after 2006, when the CDC recommended routine HIV testing for cancer patients.
RESULTS: There were 164,525 patients who presented to our center and received cancer therapy between January 1, 1999 and December 31, 2013. HIV testing was conducted on 26,492 (16.1%) of these cancer patients. Among the patients tested, there were 279 patients who were HIV positive (1.05%). HIV testing among cancer patients receiving cancer therapy ranged from a low of 14.4% in 2009 to a peak of 18.2% in 2013 (p<0.001). In comparison, for the US population over 18 years of age, HIV testing ranged from 32.1% in 2000 to 35.8% in 2006 to 35.9% in 2011.
CONCLUSIONS: Despite CDC recommendations since 2006 to conduct routine HIV screening and the significant association between HIV and various malignancies, HIV testing is not consistently performed at a major cancer center. The impact of the USPSTF recommendations issued in April 2013 for routine opt out testing for those between 15 and 65 years of age remains to be determined. In addition, endorsement of the American Society of Clinical Oncology regarding routine HIV testing may be helpful. Efforts to work with institutional leadership have recently resulted in addition of routine opt out language to the "front door" institutional consent.

BACKGROUND

- **VA database study- 15% of anal cancer patients were HIV seropositive (not all patients with anal cancer were tested)**
- **Lung cancer patients-University of Maryland, 1.4% seropositive**
- **Cervical cancer-10% of cervical, 15% of anal cancer patients tested.**
- **Current practice: targeted, risk-based testing, except hematologic malignancy, where testing is performed on the majority of patients.**

METHODS

Retrospective data on HIV testing performed between 1999-2013 was obtained from Laboratory Information Systems (LIS) at MD Anderson Cancer Center. Data included inpatient and outpatient HIV testing. Demographic information was obtained from the Institutional Data Warehouse, LIS, and the Tumor Registry at MD Anderson.
Chi-Square Statistic-used to compare testing between years.



RESULTS

Time Period: January 1, 1999-December 31, 2013

Total No. Pts. Tested: 164,525

HIV testing: 26,492 (16.1%)

HIV Positive: 279 (1..05%)

HIV Testing Range Among Patients Receiving Care:

Low 14.4% 2009 to Peak of 18.2% 2013 among cancer patients receiving cancer therapy (p<0.001).

In comparison, for the US population over 18 years of age, HIV testing ranged from 32.1% in 2000 to 35.8% in 2006 to 35.9% in 2011.

CONCLUSIONS

- **CDC (2006) and US Preventive Services Task Force (2013) not resulting in significant change in HIV testing at a comprehensive cancer center.**
- **Endorsement of the American Society of Clinical Oncology regarding routine HIV testing may be helpful.**
- **Efforts to work with institutional leadership have recently resulted in addition of routine opt out language to the "front door" institutional consent.**
- **Transition to electronic medical record and ordering system may impact testing.**
- **Other barriers to testing in this population require further exploration.**