



Current State of HIV Testing in a Comprehensive Cancer Center

**A3-HCV and HIV Testing: Models for
Routine Testing and Reimbursement
Issues**

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**MDAnderson
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Making Cancer History®

A Surprise for 2014

- **50 y.o. M with Hep B, newly diagnosed RCC s/p R nephrectomy**
 - “Blue spots” on skin in postop followup
 - Admitted with progressive SOB and multifocal bilateral pneumonia → PCP, biopsy proven KS
- **Patients with prior visits to healthcare provider**
 - 71.3% ≥ 1 visit
 - 46.5% ≥ 2 visits
- **Diagnosis on 1st visit**
 - Men more likely than women (OR=3.24 [1.11-9.46]; p=0.03)

Benefits of HIV Testing

- **Reduce transmission of cancer-associated virus** (Cohen MS, et. al. *NEJM* 2011;365:493-505)
 - “Treatment as [Cancer?] Prevention”
- **Reduce incidence of cancer**
 - “Secondary prevention” (e.g., aspirin)
- **Improve outcomes of cancer treatment**
- **Quality of Care- adhering to national guidelines**
 - CDC (18-64 years) and USPSTF (15-65 years)(A level recommendation)

RESULTS

- **METHODS:** Retrospective data was obtained on HIV testing performed between 1999 and 2013 from comprehensive databases.
- **RESULTS:** 164,525 patients 1999-2013
 - 26,492 (16.1%) HIV Tests
 - 279 patients HIV positive (1.05%).
 - Low 14.4% in 2009 → peak 18.2% in 2013 ($p < 0.001$)
 - US population ≥ 18 years of age → 32.1% in 2000 → 35.8% in 2006 → 35.9% in 2011
- **CHALLENGES:** Oncology population
 - American Society of Clinical Oncology recs