



LETTER TO THE EDITOR: COMMENT ABOUT “LYMPHOMAS AND OTHER CANCERS IN HIV-INFECTED PATIENTS”

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Dear Editor,
we read with interest the paper “Lymphomas and other cancers in HIV-infected patients” by Carbone et al¹. In their review, the authors summarize some important issues related with the pathogenesis and management of these malignancies in the setting of Human Immunodeficiency Virus (HIV) infection. Lymphomas are the most common malignancies occurring in HIV-infected patients and are frequently associated with other viral infections, especially Epstein-Barr virus and Kaposi sarcoma-associated herpesvirus²⁻⁴. In addition to HIV-mediated dysregulation of immune responses, these viruses may alter cell cycle and apoptosis and lead to chronic antigenic stimulation, causing the release of cytokines and growth factors, which may promote in turn B-cell proliferation and clonal expansion². A better understanding of the molecular pathways regulating viral oncogenesis would help developing tailored molecular-based therapies.

In the combination antiretroviral therapy (cART) era, HIV-infected patients are increasingly offered more aggressive anticancer treatment protocols, which were once restricted to uninfected subjects. Moreover, the refinement of supportive care strategies, along with the use of well-tolerated and effective antiretroviral drugs, has significantly improved the overall survival in several HIV-associated lymphomas³. However, considering that many of these malignancies develop in severely immunosuppressed subjects, it is crucial to implement strategies aiming at diagnosing and treating HIV infection as early as possible. In addition, it appears

important to promote a multidisciplinary approach to HIV-cancer care, with a close cooperation between HIV physicians, oncologists and hematologists. Finally, there is a need for more cancer clinical studies enrolling patients with HIV infection, in order to expand the generalizability of research findings and provide a better understanding of the peculiar characteristics and responses to cancer treatments in this specific population⁵.

CONFLICT OF INTERESTS:

The Authors declare that they have no conflict of interests.

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