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AIDS-Related Neoplasias

With 23 Figures and 35 Tables



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Preface

The acquired immunodeficiency syndrome (AIDS) and the AIDS-related complex (ARC) are caused by the human immunodeficiency virus (HIV-I), previously known as human T-cell lymphotropic virus type III (HTLV-III) or lymphadenopathy-associated virus (LAV). It seems that additional retroviruses (HIV-II and perhaps others) are able to cause variants of AIDS or ARC.¹⁻³

Patients infected with the virus may (but do not necessarily) develop a wide range of clinical symptoms that are not directly related to the virus itself, but are secondary to the devastating effects of the viral infection on the human immune system. The virus thus renders the patient susceptible to a variety of opportunistic infections with other viruses (such as cytomegalovirus), bacteria, fungi, and protozoa, as well as to the development of simultaneous or subsequent malignant tumors.

The new topic of AIDS and cancer is a challenging and frightening aspect of present-day medicine and health politics. With the growing prevalence of the human immunodeficiency virus(es) and clinical correlates ranging from persistent generalized lymphadenopathy (PGL) to full-blown AIDS in our population, we will also encounter a steadily rising number of patients with *both* AIDS and neoplasias, such as Kaposi's sarcoma, Hodgkin's and non-Hodgkin's lymphomas, anal cancer, and a variety of additional malignant tumors.^{4, 5}

¹ Gallo RC, Salahuddin SZ, Popvic M et al. (1984) Frequent detection and isolation of cytopathic retroviruses (HTLV-III) from patients with AIDS and at risk for AIDS. *Science* 224: 500-503.

² Montagnier L, Gruest J, Charamet S et al. (1984) Adaption of lymphadenopathy associated virus to replication in EBV transformed B lymphoblastic cell lines. *Science* 251: 1447-1449.

³ Coffin J, Hasse A, Levy J et al. (1986) What to call the AIDS virus. *Nature* 321: 10.

⁴ Kaplan MH, Susin M, Pahwa SG et al. (1987) Neoplastic complications of HTLV-III infection. *Am J Med* 82: 389-396.

⁵ Groopman JE (1987) Neoplasms in the acquired immune deficiency syndrome: the multidisciplinary approach to treatment. *Semin Oncol* 14 [Suppl 3] 1-6.

The rapid rise in the number of patients with these malignancies and HIV seropositivity in United States cancer centers during the past 2-3 years is predictive of what will take place in European cities and tumor centers within the next 3-5 years. Are we, as "health professionals" (doctors, nurses, and social workers), and our health care politicians, *prepared* to meet this growing challenge within the framework of our present medical and nursing structures? If not, how must we then proceed in the very near future, given the significant differences in epidemiologic, political, and socioeconomic conditions in various countries and cities throughout Europe?

The purpose of this workshop was specifically to unite oncologists and hematologists (and related personnel such as nurses and social workers) with clinical experience in dealing with HIV-infected patients and neoplastic disease. The meeting represented the first public action of the recently formed working party for AIDS-associated tumors of the Swiss Group for Clinical Cancer Research (SAKK). Together with oncologists from surrounding countries - France, Germany, and Italy - we have felt the need to discuss strategies of how to deal with the growing problem of AIDS and cancer.

Possible solutions cannot be confined to the medical level, but must also involve nursing, psychosocial, and economic aspects. Who in the framework of modern medicine is better prepared to meet the challenge of AIDS and cancer than medical oncologists and hematooncologists with their affiliated nurses, who - by virtue of their training and experience with immunocompromised hosts and with palliative care - have a long-standing record of dealing with similar patient problems in the past?

Above all, we would like to sensitize health officials and hospital boards to the growing problem of AIDS and cancer. This book should clarify some of the controversy about the magnitude of the problem, as well as about the possibilities of presently available treatments of malignant disease in HIV-seropositive patients, and will, we hope, encourage the setting up of international prospective clinical trials in the very near future.

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¹ Page on which contribution begins.