HBV, HCV, and HIV Infection in People with New Diagnoses of Cancer

Rajesh T. Gandhi, MD reviewing Ramsey SD et al. JAMA Oncol 2019 Jan 17

Among those with hepatitis B or hepatitis C virus, many were unaware of their infection, supporting the case for more-widespread screening.

Hepatitis B virus (HBV), hepatitis C virus (HCV), and HIV can significantly affect the care of a person with newly diagnosed cancer, yet universal screening is not routine in oncology practices. To inform screening decisions, investigators evaluated the prevalence of these infections among adults with malignancies newly diagnosed between 2013 and 2017 at nine academic and nine community oncology institutions.

A total of 3051 patients (median age, 61; 60% female; 18% black; 18% Hispanic) underwent viral testing. The most common cancers were breast (35%), blood/bone marrow (12%), colorectal (12%), and lung (12%). Previous HBV infection was diagnosed in 6.5% of participants, chronic HBV infection in 0.6%, HCV in 2.4%, and HIV in 1.1%. Forty-two percent of those with chronic HBV, 31% of those with HCV, and 6% of those with HIV were newly diagnosed through the study. Overall, many infected patients had no known risk factors.

COMMENT

These important data indicate that people with newly diagnosed cancer have rates of HBV, HCV, and HIV similar to or greater than those in the general population and that, for HBV and HCV, these infections often are not diagnosed prior to the recognition of the malignancy. Given that HBV may reactivate or flare in the setting of chemotherapy — and that HCV infection may cloud the picture if liver function abnormalities occur in someone with cancer — I believe systematically screening for these infections is warranted. Similarly, if a person with newly diagnosed cancer has not already been tested for HIV, he or she should be; it's clear that universal testing for HIV in adults is wise.

CITATION(S):