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## [PL7.3] IMPACT OF HIGHLY ACTIVE ANTIRETROVIRAL THERAPY ON THE OUTCOME OF HIV-ASSOCIATED NON-HODGKIN LYMPHOMA AND HODGKIN'S DISEASE

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**PURPOSE OF THE STUDY:** To assess the impact of ART and other prognostic factors on overall survival (OS) and progression free survival (PFS) in patients with HIV-related non-Hodgkin lymphoma (NHL) or Hodgkin's disease (HD).

**METHODS:** Prognostic factors for survival were extracted from the Swiss HIV Cohort Study and patient charts collected at the point of lymphoma diagnosis until death or chemotherapy end. A Cox proportional-hazards model stratified by histology group was used to assess the impact of patient demographic and prognostic factors on OS and PFS with attention focused on the effects of different drug combinations.

**SUMMARY OF RESULTS:** Baseline OS and PFS is significantly different between NHL and HD histology groups (p-value=0.0030 and 0.0036 respectively). Use of HAART has increased the median OS from 6 to 28 months in NHL diagnosed patients; PFS being 20 months. Adjusted risk of death and progression of lymphoma increased by 1.62 and 1.87 times, respectively, for each unit increase in the internal prognostic index score; 2.51 and 3.22 times if an opportunistic infection existed and 2.15 and 2.51 times if the patient presented with hepatitis C. CHOP chemotherapy use versus other regimens reduced the adjusted risks by 0.27 and 0.40 times, respectively. Risk of death increased by 2.89 times if the patient was AIDS positive and by 4.08 times with erythropoietin use. A CD4 cell count  $\geq 50$  at the time of diagnosis reduced the progression by 0.21 times.

**CONCLUSIONS:** HAART increased OS by 22 months in HIV-related NHL and HD, with increased

PFS also. Use of CHOP chemotherapy greatly reduces the risk of lymphoma progression and ultimately death.

## **Plenary Session: HIV-related Infections, Co-infections and Malignancies II**

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