

**EFFECT OF INDIVIDUAL HAART TREATMENT ON HODGKIN AND NON-HODGKIN LYMPHOMA RISK AMONG HIV PATIENTS**

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**Introduction:** Several studies have shown a huge decrease of Kaposi's sarcoma after introduction of highly active antiretroviral therapy (HAART) in 1996. Impact of individual HAART treatment on non-Hodgkin lymphoma (NHL) and Hodgkin lymphoma (HL) risk is less clear.

**Methods:** Patient records were linked between the Swiss HIV Cohort Study (SHCS) and Swiss cantonal cancer registries overlapping the six regions covered by SHCS centers. Observed and expected numbers of incident cancers were assessed between 1985 and 2002 in 7,304 persons, aged 16-69 years, infected with HIV and followed for 28,836 person-years. Relative risks for cancer compared with the general population were determined by estimating cancer registry-, sex-, age-, and period-standardized incidence ratios (SIRs). 95% confidence intervals (CI) were computed using Poisson distribution.

**Results:** In persons infected with HIV, SIRs for non-Hodgkin lymphoma was 24 (95% CI: 15-37, based on 21 cases) in patients treated with HAART, compared to 99 (95% CI: 86-114, 193 cases) in non-users. On the other hand, the SIR for HL was higher in HAART users (36, 95% CI: 16-69, 9 cases) than in non-users (11, 95% CI: 5-22, 9 cases).

**Conclusions:** In persons infected with HIV, HAART use reduced dramatically the excess risk of NHL, but not that of HL. Although the change for HL was similar in men and women, 95% CI on the estimates for HAART users and non-users were broad and overlapped, and so random variation cannot be ruled out. The increase in HL incidence among HAART users requires confirmation in other studies with longer post-HAART follow-up.

A paper describing the present study is in press with JNCI (Clifford et al.).