

Systemic Therapy for Control of HIV in Patients with Cancer

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DESCRIPTION

The adoption of effective Anti-Retroviral Therapy (ART) has significantly reduced the morbidity and mortality related to HIV. For the majority of HIV-positive patients receiving effective ART, AIDS has become a chronic illness. 'Universal treatment' section, "Use and impact of antiretroviral therapy for HIV infection in resource-limited settings" and "When to initiate antiretroviral therapy in persons with HIV". Due to longer life expectancies, cancers, both AIDS- and non-AIDS-related, are now a significant cause of disease among HIV-positive people.

The particular cancers linked to a higher frequency in HIV-positive individuals are examined elsewhere. "HIV infection and malignancy: Epidemiology and pathogenesis" along with "HIV infection and malignancy: Management considerations".

Because anticancer and antiretroviral drugs may have overlapping toxicities and potential drug-drug interactions, systemic therapy for malignancy in HIV-positive patients may provide difficulties. The medical oncologist treating the malignancy and the infectious disease specialist overseeing Anti-Retroviral Therapy (ART) for HIV infection must work closely together to prevent unanticipated toxicity or lack of therapeutic efficacy.

Combining antiretroviral drugs for treatment is the best way to manage HIV infection. However, advanced cancer can present a life-threatening hazard, necessitating the prioritization of antineoplastic therapy above ART. We are able to treat HIV infections and cancers to the best of our abilities as long as the drugs used to treat them both advance.

As evidenced by the discovery that continuous dose was superior to intermittent ART, there are serious hazards involved in quitting ART. To balance the conflicting therapeutic needs, dose adjustments or the use of different drugs for the anticancer treatment or ART may be necessary. Anticancer drugs and newer-generation antiretroviral medication classes (integrase inhibitors, for example) are less likely to interact with one another.

The life expectancy of HIV-positive people has increased and morbidity has been dramatically decreased with Anti-Retroviral

Therapy (ART). As a result, the frequency of non-AIDS-defining cancers is rising, requiring the combined use of antitumor drugs and antiretroviral therapy. While the possibility of medication interactions is a significant concern when combining these medicines, the amount of guidance regarding dose changes necessary to maintain safe and effective drug exposure is currently lacking.

Cytotoxic chemicals (such as antimetabolites, anti-microtubule agents, alkylators, platinating agents, and topoisomerase inhibitors) have traditionally been used in cancer treatment. These were then mixed together so that the toxicity profiles wouldn't overlap. These substances often have a limited therapeutic index and a non-selective cytotoxic effect. Cytotoxic regimens continue to be important in cancer therapy, despite the tendency in anticancer drug development to shift toward molecularly focused medicines, which have a larger therapeutic index. Drug interactions are a major problem throughout both drug development and clinical practice because the majority of anticancer medicines will be used in combination.

Exposure-response connections have been reported for both cytotoxic and molecularly targeted medicines, indicating that excessive exposure is linked to higher toxicity and suboptimal exposure leads to therapeutic failure. The outcome of treatment can be predicted in part by achieving the appropriate exposure, which can be harmed by co-administration of medications that cause drug interactions.

CONCLUSION

Now that Anti-Retroviral Therapy (ART) has made AIDS a chronic illness, a deeper comprehension of cancer chemotherapy and interactions with these drugs is required. It will be crucial to assess how ART therapy affects anticancer therapy outcome measures, such as quality of life, toxicity, and ultimately survival, in addition to the drug-drug interactions covered here. Effective communication among treating infectious disease physicians, oncologists, and pharmacologists will be essential to addressing the current and future issues associated with combination antiretroviral and anticancer therapy.

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