

Preliminary Recommendations of the BSA ad hoc Subcommittee on HIV and AIDS Malignancy

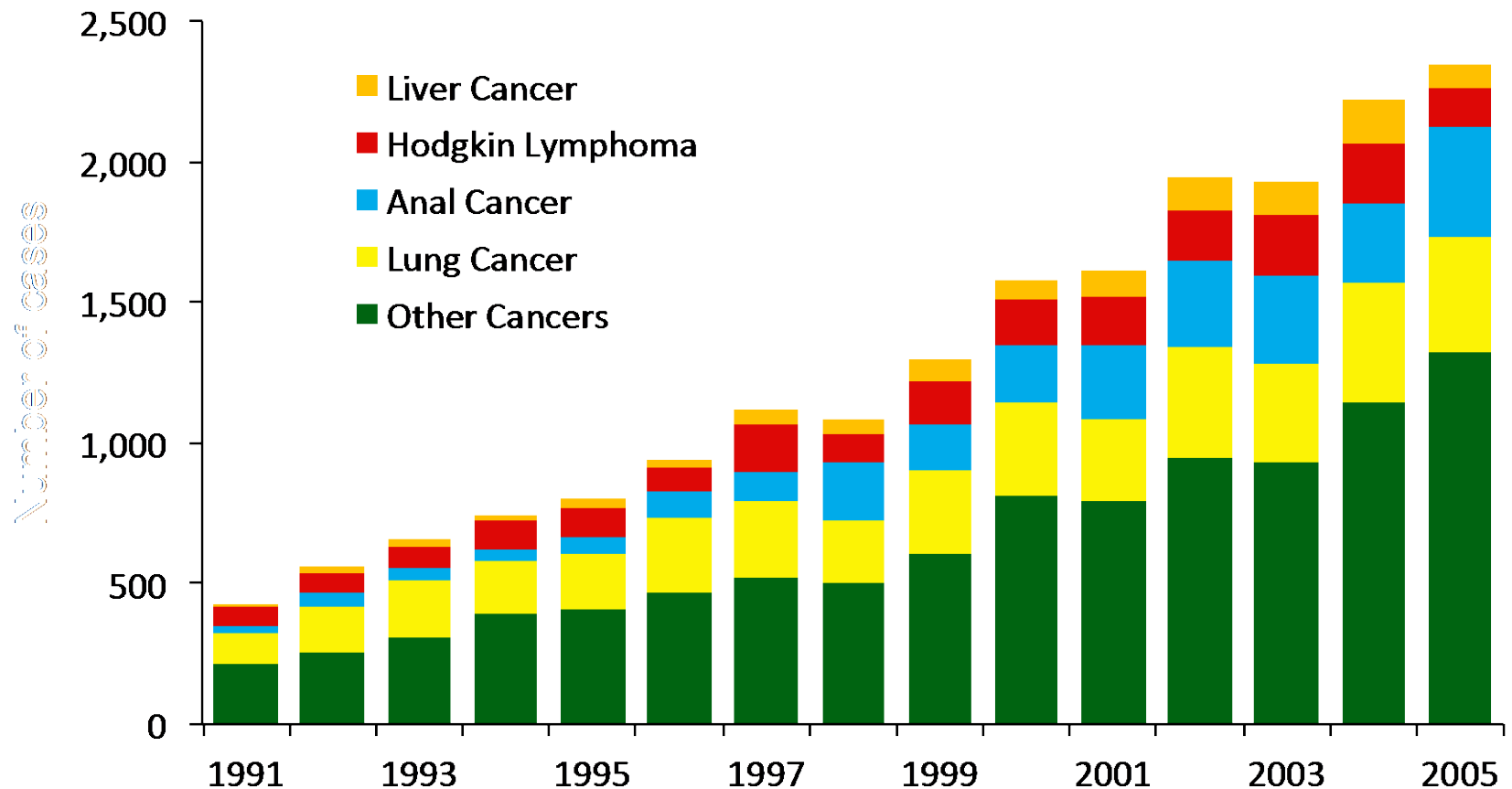
Meeting Date: Feb 14, 2013

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NCI AIDS Research

- About \$255.9 million (FY13) within the NCI's budget are designated as "AIDS dollars".
- Control and oversight by the NIH Office of AIDS Research (OAR).
- While the NCI does not keep these dollars in a separate pool, we are congressionally mandated to spend these on AIDS-related research.
- AIDS research takes place in nearly all the Divisions, Offices, and Centers of the NCI. Coordinated by the NCI Office of HIV and AIDS Malignancy, which also oversees some programs directly.
- Extramural research is focused on HIV malignancy, while intramural research also includes HIV.

Burden of non-AIDS-defining cancers among people with AIDS



NCI BSA Ad Hoc Subcommittee on HIV and AIDS Malignancy

- Advise the NCI BSA, the Director, and Director of the NCI office of HIV and AIDS Malignancy to advance knowledge in HIV and AIDS malignancy.
- Provide advice on research opportunities, priorities, and resource needs.
- Membership include members of the BSA (Drs. Curt Civin, Stanton Gerson, and Chanita Hughes-Halbert), the NCAB (Dr. Kevin Cullen), and Ad Hoc members. Chairman is Dr. Larry Corey from the Fred Hutchinson Cancer Research Center.
- First meeting was February 14, 2013.

Important Underlying Theme

- HIV malignancies represent a unique experiment of nature because of the high incidence and speed at which certain cancers develop
- It will be important for the NCI to integrate HIV malignancy research into general cancer research to promote cross-fertilization

Highlights of Subcommittee Recommendations

- Suggested focusing on 7 HIV-associated cancers: KS, NHL, Hodgkin disease, anal cancer, liver cancer, lung cancer.
- Encouraged the study of HIV tumors as experiments of nature.
- Enthusiastic about a Provocative Question initiative focused on AIDS malignancies.
- Endorsed the HGAIN Outcome STudy (HOST), a trial to determine if treating high grade anal intraepithelial neoplasia (HGAIN) can prevent anal cancer.
- Articulated a need for epidemiologic studies on malignancies in AIDS, especially in **resource-limited** regions.
- Encouraged capacity building and research in **resource-limited** regions where there is a lot of AIDS malignancy.

Some General Recommendations

- Increased efforts to improve epidemiologic data on malignancies in sub-Saharan Africa, Latin America, and Asia are needed
- Genetic typing of HIV-associated malignancies is needed
 - In addition to current efforts with DLBCL, cervical cancer, and lung cancer from HIV patients, tumors from HIV patients should be included in ongoing genetic studies
- Expertise within the NCI and Cancer Centers (chemotherapy, gene therapy, transplantation) can help in efforts to “cure” HIV infection

Cancers in HIV Patients can Help Understand Cancer in General

- HIV patients have aspects of early aging. How does this affect cancer development?
- There was enthusiasm for identifying novel infectious agents contributing to cancer development.
 - For HIV-associated tumors where there are not causative agents, it will be important to understand why they are increased.
- Interest in studying how the tumor microenvironment of HIV patients differs from that of the same tumor in other patients.
- Interest in studying how HIV proteins may affect tumor development.
- Learn what we can from changes in tumor incidence as experiments of nature, including tumors whose incidence is decreased.