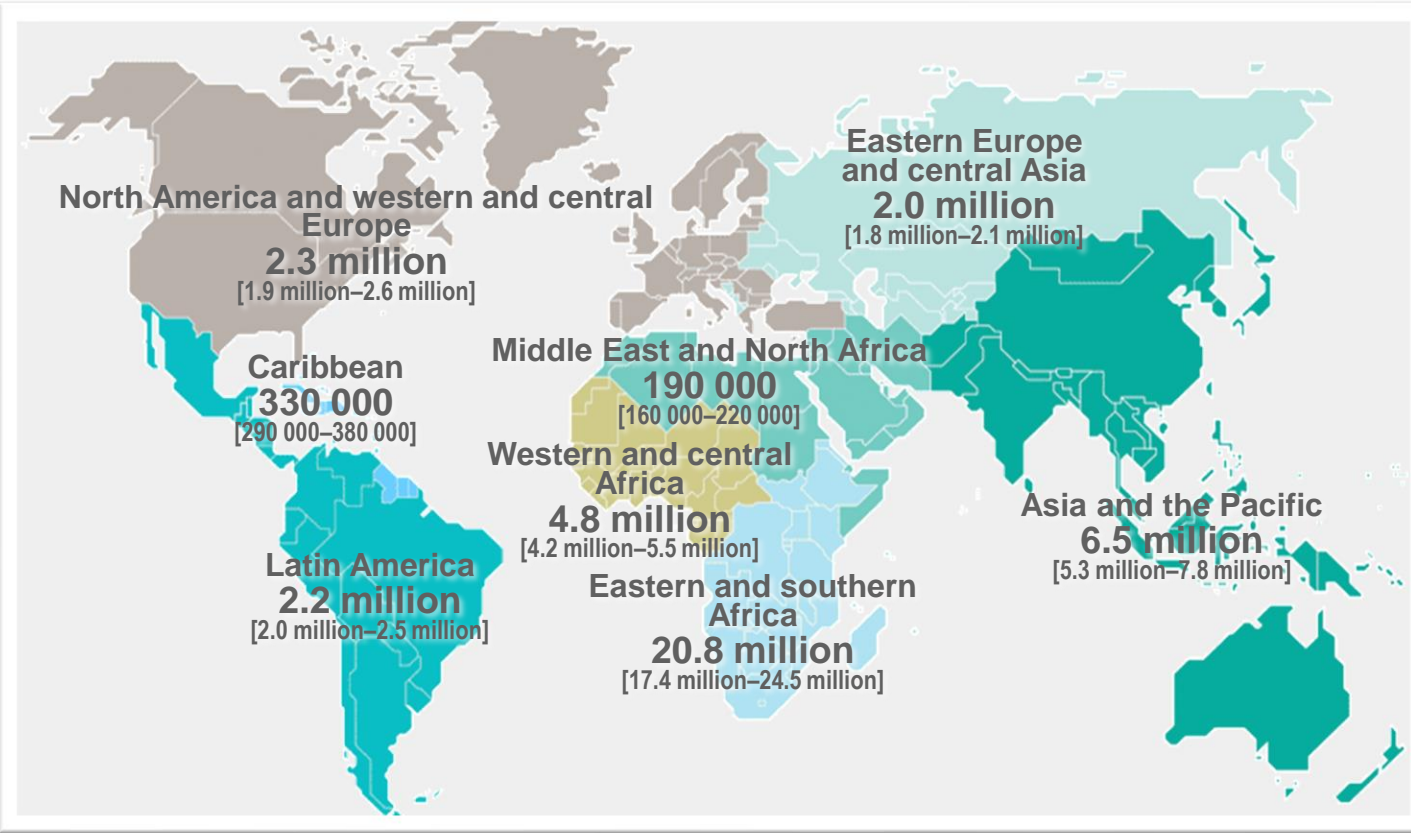


# The confluence of cancer stigma and HIV stigma in HIV-positive individuals diagnosed with cancer

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Center to Reduce Cancer Health Disparities, Office of HIV and AIDS Malignancies*

*FY25 RFA Concept presented by Drs. Robin Vanderpool and Rebecca Ferrer*

# Elevated cancer risk among people with HIV (PWH)



39 million individuals estimated to be living with HIV, 2022

- Coinfection with **oncogenic viruses** (e.g., Kaposi sarcoma, cervical cancer)
- Higher prevalence of **behavioral risk factors** (e.g., tobacco use)
- Effective HIV treatment → PWH **living longer** and **developing more common cancers** (e.g., breast, prostate)
- **Sociocultural factors** and **access to care barriers** → increased risk and poor outcomes for both HIV and cancer

# Powerful, combined impact of a dual diagnosis of HIV and cancer

- Globally, PWH and cancer experience **poorer cancer survival and increased cancer mortality rates**
- **Patient-, provider-, and system-level factors**
  - Comorbidities, immunosuppression
  - Treatment and survivorship disparities (e.g., treatment delay, less likely to receive guideline-concordant care)
  - Provider and health system discrimination
  - Poor care coordination (e.g., primary care, oncology, infectious disease)
  - Cumulative burden of coping with and managing both diseases
- Embedded within the distinct experience of a dual diagnosis of cancer and HIV is the **powerful social phenomenon of stigma**

“...the experience of living with both HIV *and* cancer *is distinct* from the experience of living with HIV *or* cancer.”

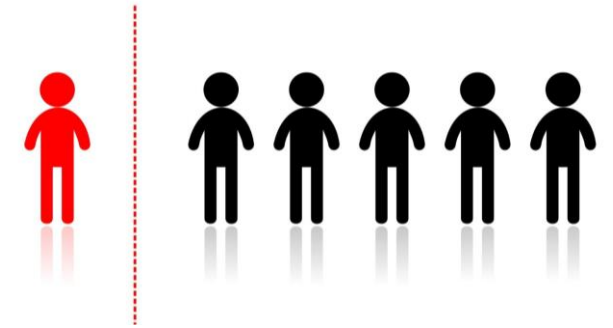
Suneja et al. 2024

# Stigma, “an attribute that is deeply discrediting”

- A well-documented social process characterized by negative beliefs, attitudes, and stereotypes associated with specific attributes or characteristics – **such as being diagnosed with HIV or cancer** – that leads to blame, devaluation, discrimination, and social exclusion

- Stigma is **multilevel**

- Felt – fear of being discriminated against / internalization
- Enacted – actual expression of discrimination / devaluation
- Structural – policies, laws, systems resulting in disparate treatment



- Stigma is **multidimensional**

- e.g., perceived responsibility; perceived contagiousness; visible or concealable

- **PWH and cancer experience stigma associated with both HIV and cancer**

# Traditionally, HIV stigma and cancer stigma have been studied independently

## Exemplar Effects of HIV Stigma

Lower health-related self-efficacy

Greater incidence of depressive symptoms

Self-blame, avoidance, isolation

Increased substance use

Decreased disclosure

## Exemplar Effects of Cancer Stigma

Inadequate access to quality care

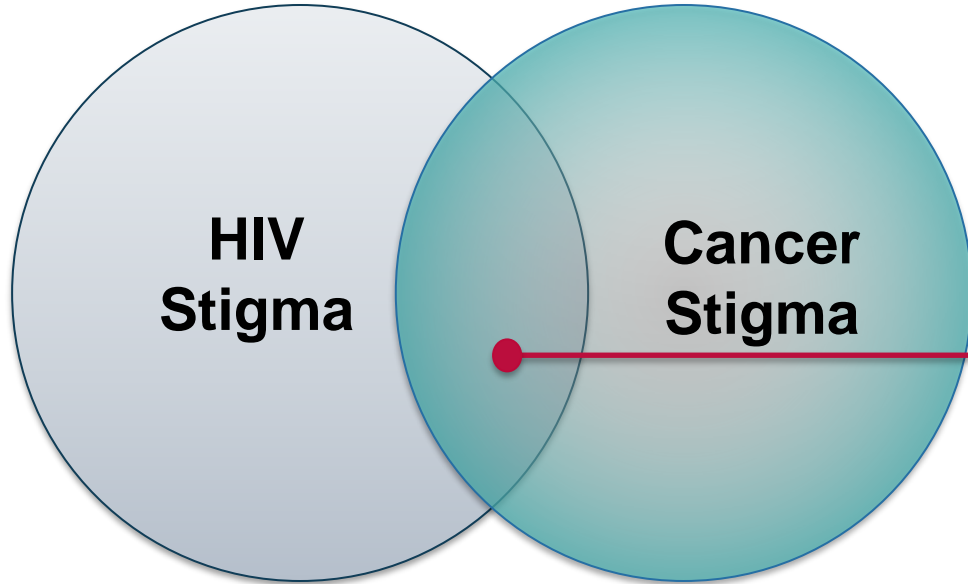
Increased psychosocial distress

Employment discrimination

Financial toxicity

Fatalistic beliefs

# Confluence of HIV stigma and cancer stigma among PWH with cancer



## Cancer Outcomes

- Healthcare access and utilization
- Initiation, adherence, and completion of guideline-concordant cancer treatment
- Participation in cancer clinical trials
- Quality of life and psychosocial wellbeing
- Engagement in healthy behaviors (e.g., tobacco cessation), screening for secondary cancers, and monitoring risk of recurrence

# RFA Goals

- Expand current understanding of the confluence of cancer stigma and HIV stigma among PWH with cancer
- Assess the impact of these two converging stigmas on cancer outcomes among PWH with cancer
- Leverage stigma reduction interventions at multiple levels to intervene on modifiable mechanisms of stigma that contribute to negative cancer outcomes
- Promote research in diverse domestic and international contexts, focusing on regions where the HIV-cancer burden is elevated

# Example Research Topics Responsive to this RFA

## Assessment

Longitudinal studies to assess the impact of cancer stigma and HIV stigma on cancer outcomes among PWH with cancer

## Investigational

Studies that investigate factors that exacerbate or mitigate the association of cancer stigma and HIV stigma with cancer outcomes

## Interventional

Stigma reduction interventions implemented at individual, provider, community, and/or structural levels to improve cancer outcomes in PWH with cancer



# FY25 Request for Applications

- **Two dedicated RFAs would:**
  - Demonstrate NCI's commitment to this high-priority research area and incentivize submission of applications
  - Support a bolus of transdisciplinary research projects led by domestic and international investigative teams
  - Require special referral considerations and an NCI Special Emphasis Panel

Mechanism	Clinical Trial	Awards	Years	Direct Costs	Year 1 Total Costs
R01	Optional	5-6	5	\$600K/year	\$5M
R21	Optional	3	2	Combined budget for the 2-year period may not exceed \$275K	\$1M

This RFA was approved by NIH Office of AIDS Research to be funded with NCI's AIDS allocated funds. These funds are part of NCI's RPG pool and count towards spending of FY25 NCI's AIDS allocation.

# BSA Subcommittee Feedback

- **Scope: study population, cancer sites, geography**
  - Investigators will be asked to carefully consider and justify the inclusion of adult PWH with a particular cancer site(s) based on epidemiological data and salience of stigma for that HIV-cancer(s) experience in the domestic or international context being studied
- **Consideration of other stigmatized identities**
  - Applications must examine the confluence of HIV stigma and cancer stigma among PWH and cancer, and should also consider the intersection of other relevant identity-based stigmas (e.g., race/ethnicity, socioeconomic status, sexual and gender identity) as appropriate
- **Outcomes of interest**
  - Cancer outcomes are of primary interest and will be required by the RFA, however, applications may also include HIV outcomes
- **RFA Promotion**
  - Develop and implement a communication plan designed to reach the HIV and cancer research communities and promote the submission of transdisciplinary applications



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