

Summaries for Patients are a service provided by *Annals* to help patients better understand the complicated and often mystifying language of modern medicine.

The full report is titled, "A Prognostic Index for Systemic AIDS-Related Non-Hodgkin Lymphoma Treated in the Era of Highly Active Antiretroviral Therapy." It is in the 16 August 2005 issue of *Annals of Internal Medicine* (volume 143, pages 265-273). The authors are M. Bower, B. Gazzard, S. Mandalia, T. Newsom-Davis, C. Thirlwell, T. Dhillon, A.M. Young, T. Powles, A. Gaya, M. Nelson, and J. Stebbing.

Estimating Outcome in Patients with HIV-Related Lymphoma

What is the problem and what is known about it so far?

Human immunodeficiency virus (HIV) is the cause of AIDS, an illness that interferes with the ability to fight off infection and certain types of cancer. Since 1996, combinations of drugs, known as highly active antiretroviral therapy, or HAART, have been prescribed to decrease infections and cancer and lengthen life in many people with AIDS.

Lymphoma is a type of cancer that develops in lymph nodes, collections of immune cells that are present throughout the body. Lymphoma occurs in people who do not have HIV infection or AIDS, but it is more common in people with HIV or AIDS than in the general population.

The International Prognostic Index (IPI) is an index that helps doctors to predict survival of people with lymphoma. The IPI considers patient age, cancer stage, and laboratory tests. It is not known how well the IPI predicts survival in people with HIV-related lymphoma who are receiving HAART. Since HIV-related lymphoma is a common complication of HIV infection, it would be helpful to have a way to predict how patients with this cancer will do.

Why did the researchers do this particular study?

To see whether the IPI or other factors could help to predict survival in people with HIV-related lymphoma.

Who was studied?

111 patients with HIV infection and lymphoma diagnosed since 1996.

How was the study done?

The researchers collected information on the factors that make up the IPI, other patient characteristics, and laboratory values and developed mathematical models to see which combination of factors did the best job of predicting how long people lived.

What did the researchers find?

The IPI index plus a laboratory value called CD4 cell count could separate patients into 4 groups that had 1-year survival rates of 82%, 47%, 20%, and 15%.

What were the limitations of the study?

The study included only 111 patients who were taking a variety of different combinations of HIV drugs. It was not able to determine whether the type of HIV treatment was related to survival.

What are the implications of the study?

The IPI and CD4 cell count can help doctors predict the prognosis of patients with HIV-related lymphoma.

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