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Preface

Oncologic complications of HIV infection



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Guest Editors

Since the publication of the last issue of the *Hematology/Oncology Clinics of North America* on this subject in 1996, the treatment for and prognosis of patients with HIV infection has undergone a remarkable transformation. The widespread introduction of potent combinations of antiretroviral agents, collectively known as HAART (highly active antiretroviral therapy), has improved the health and prolonged the lives of many thousands of HIV-infected individuals in developed countries. At the same time, these advances have had profound effects on HIV-associated cancers, most of which have been associated with viruses. HAART has markedly reduced the incidence of some but not all cancers, and this has provided further insights into the mechanisms of tumor development and control. For patients with Kaposi's sarcoma and the non-Hodgkin's lymphomas, HAART is associated with longer survival and sometimes with actual tumor regression. Nonetheless, cancers continue to be diagnosed in HIV-infected individuals, even among those whose HIV infection has apparently been controlled with HAART, and there are still challenges to be met in their treatment and in translating new insights about their pathogenesis into targeted (and, one would hope, improved) therapy. In addition, as patients with HIV live longer, we can expect to see growing numbers of individuals who develop common cancers (eg, lung cancer) whose incidence increases with age. Furthermore, high rates of some AIDS-associated cancers have been reported in sub-Saharan Africa, home to the vast majority of HIV-infected individuals, most of whom do not have access to HAART. Thus, the subject of cancer in HIV-infected patients remains timely.

In this issue of the *Hematology/Oncology Clinics of North America*, we have compiled authoritative reviews of the major oncologic complications of HIV

disease written by leaders in the field. In addition to updated articles describing new developments in the epidemiology, pathogenesis, and treatment of the major AIDS-associated cancers (Kaposi's sarcoma and the non-Hodgkin's lymphomas), as well as Hodgkin's disease, anogenital squamous neoplasms, and "non-AIDS-defining" cancers, two new articles address the potential role of immune reconstitution and targeting of tumor-associated viruses in the control of HIV-associated malignancies. These latter two articles advance the concept that improved immune function and an expanding understanding of the pathogenesis of HIV-associated malignancies will lead to the development of effective, targeted therapies for the neoplastic complications of HIV infection.

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