

# Survival and Risk Factor of AIDS-associated Non-Hodgkin' s Lymphoma in Taiwan

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## Background/Objective

AIDS associated immunosuppression has been associated with the development of AIDS-defining malignancies including diffuse large B-cell lymphoma (DLA), Burkitt's lymphoma (BL), and primary CNS lymphoma (PCNSL). We examined the risk factor and overall survival of HIV-infected patients who developed non-Hodgkin' s lymphoma in recent 10 years in Taiwan.

## Method

Between January 2005 and December 2014, Taipei Veterans General Hospital, a 2,981-bed medical center located in north Taiwan, enrolled 23 patients retrospectively pathological proved AIDS associated non-Hodgkin's lymphoma. There were 9 DLC, 9 BL and 6 PCNSL. Clinical characteristics, viral suppression, immunodeficiency and risk factor for 14-day mortality were analyzed.

## Result

The case number of patients with AIDS associated non-Hodgkin' s lymphoma was increased trend during 2005-2014. Bone marrow involvement at the time of diagnosis was higher for patients with BL compared to DLC ( $P=0.027$ ). The tumor lysis syndrome is an only predictor for very early mortality (14 days) in patient with AIDS associated non-Hodgkin' s lymphoma. Patients with AIDS associated non-Hodgkin' s lymphoma without tumor lists syndrome had significantly longer and better overall survival than with tumor lysis syndrome ( $P =0.031$ ). The chemotherapy complications of CMV disease were found on three patients with CD4 below 10%.

## Conclusion

AIDS associated non-Hodgkin' s lymphoma raise alarming incidence in the era of highly active antiretroviral therapy. The CMV disease is an important complication of chemotherapy that increase mortality and morbidity.