MP64-20: Hiv Infection May be Associated with Reduced Risk for Prostate cancer and Later onset of Castrate Resistance. Data from National Referral center

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INTRODUCTION AND METHOLOGY

- The clinical/histological characteristics of PCa in HIV/AIDS patients not well publicized. The purpose of this study was to assess the features of PCa in a population of high HIV/AIDS prevalence.
- Symptomatic consecutive men, who presented with LUTS and underwent prostate biopsy for elevated PSA and/or suspicious digital rectal exam were prospectively followed up.
- Data recorded: Histopathology results, PSA, Gleason’s score, HIV-status at time of prostate biopsy, metastasis status, time taken before onset of castrate resistance, and serum Testosterone.
- The data was used to comparatively analyze the characteristics of PCa in the HIV-infected and HIV non-infected cohorts.
RESULTS AND CONCLUSIONS

- 8000 black men enrolled. Mean age 67.5 years (range 45-90), PSA (ng/ml) median=62 (range 9-100), HIV-(n=6000) vs. HIV+(n=2000), significant association between HIV status and histopathology chi-square=9.158, p=0.002). HIV- patient 1.2 (odds) times more likely to have PCa than an HIV+ patient.

- Time(months) to castrate resistance:

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<thead>
<tr>
<th></th>
<th>HIV+</th>
<th>HIV-</th>
<th>P value</th>
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<tbody>
<tr>
<td>Median (range)</td>
<td>28 (8 – 150)</td>
<td>13 (6 – 60)</td>
<td>&lt; 0.001</td>
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<td>Mean (SD)</td>
<td>38.7 ±35</td>
<td>15.5 ±7.6</td>
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- HIV infection may be associated with reduced risk for PCa, tendency to develop low grade cancer and relatively longer time to develop castrate resistant PCa. The findings may be attributed to the lower testosterone or immunology/anti-retroviral therapy in HIV patients.