



КЗ «Вінницький обласний клінічний Центр  
профілактики та боротьби зі СНІДом»

# HIV Infection in Women in Vinnitsia Oblast

## Clinical and Epidemiological Situation

**Ihor Matkovsky**

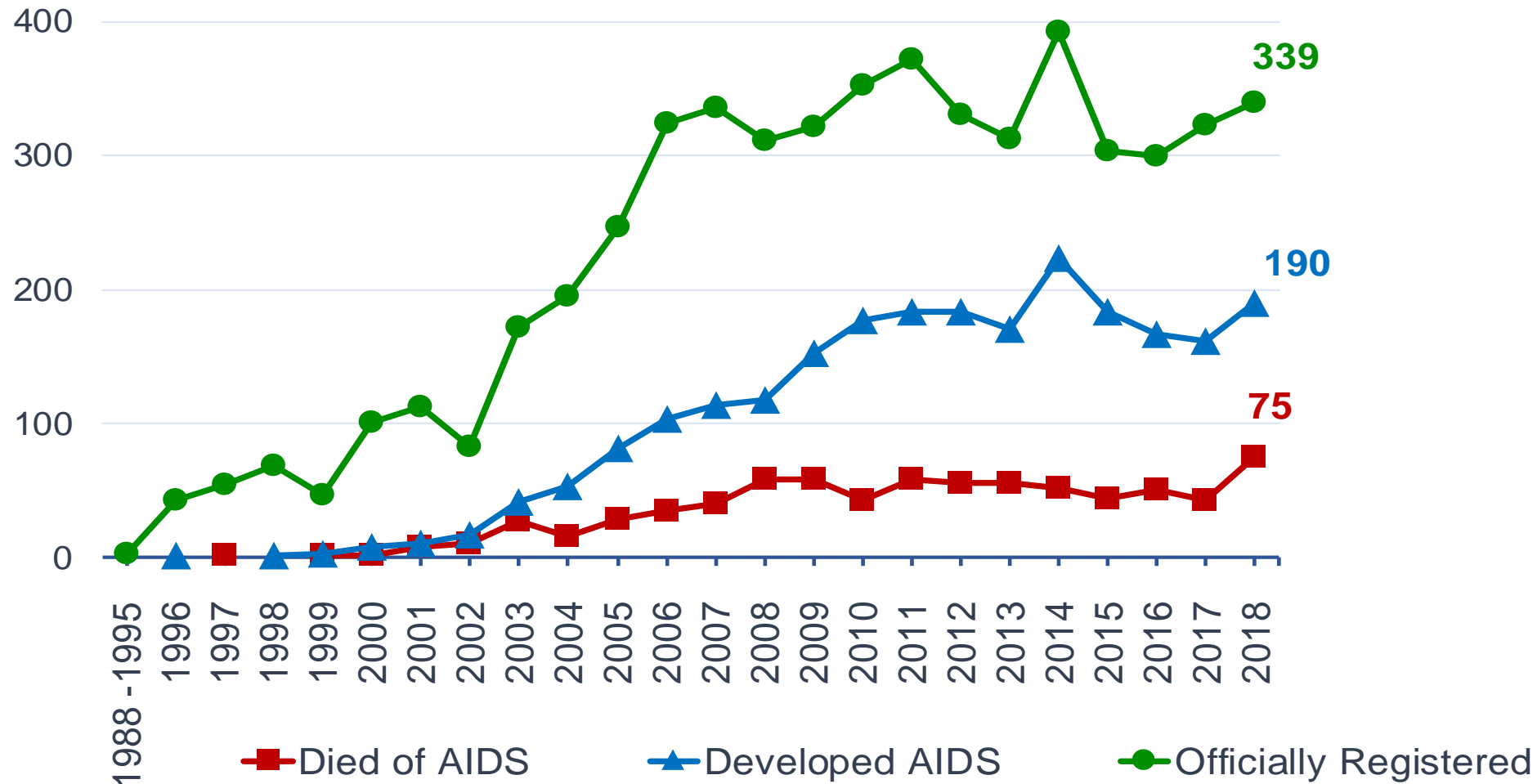
Chief Physician

WAVE Workshop «On track to improve health of women living with HIV – Ukraine»

**Kyiv, Ukraine, July 5-6, 2019**

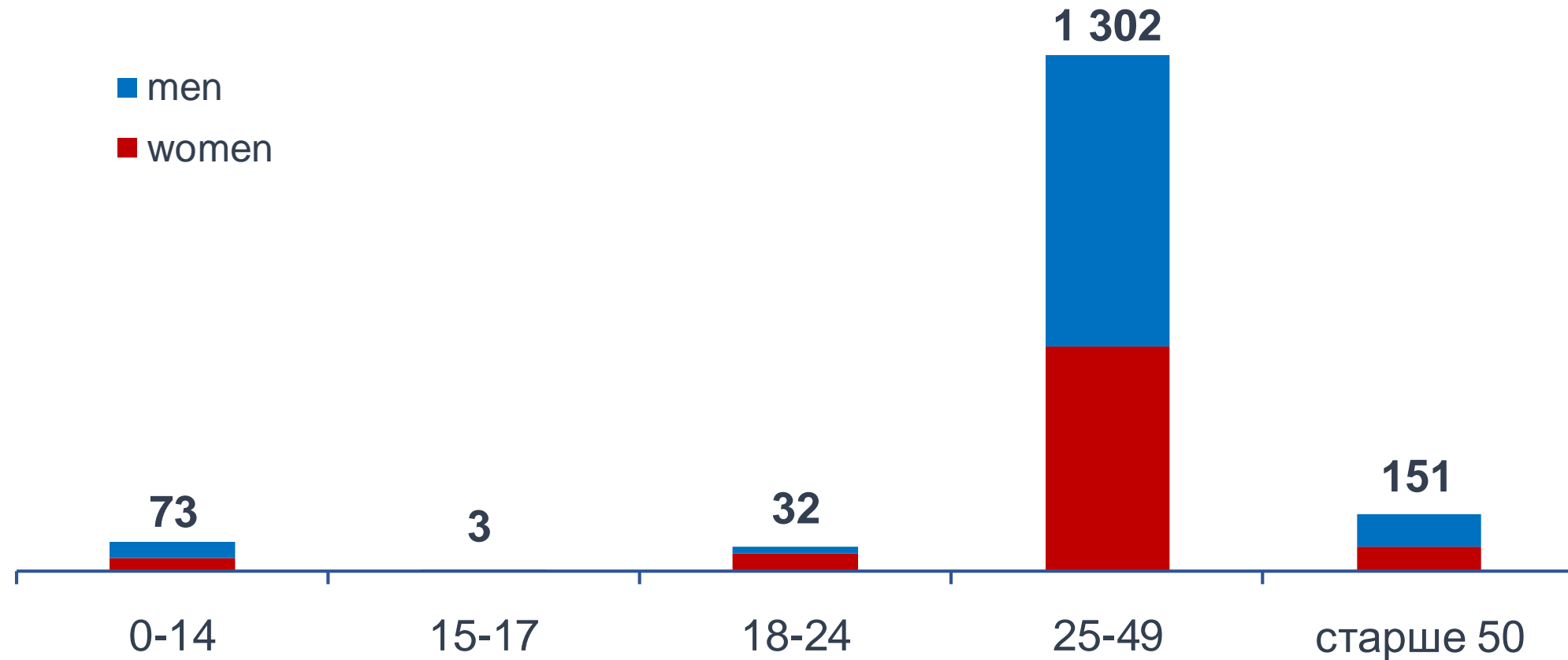


# HIV Dynamics in the Region (Vinnitsia Oblast)



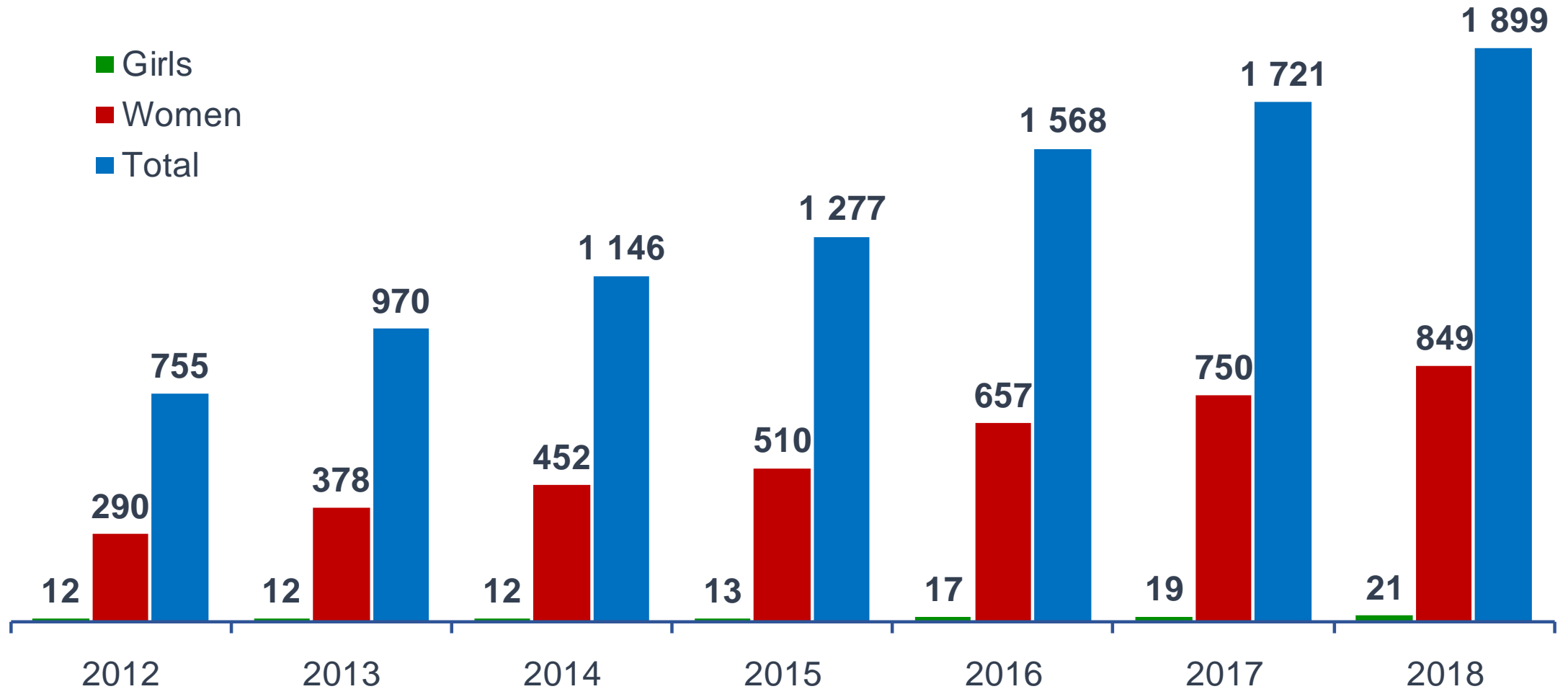


# Registered Patients with HIV in the Region, by Sex and Age (Vinnitsia Oblast, 1988 – 2018)





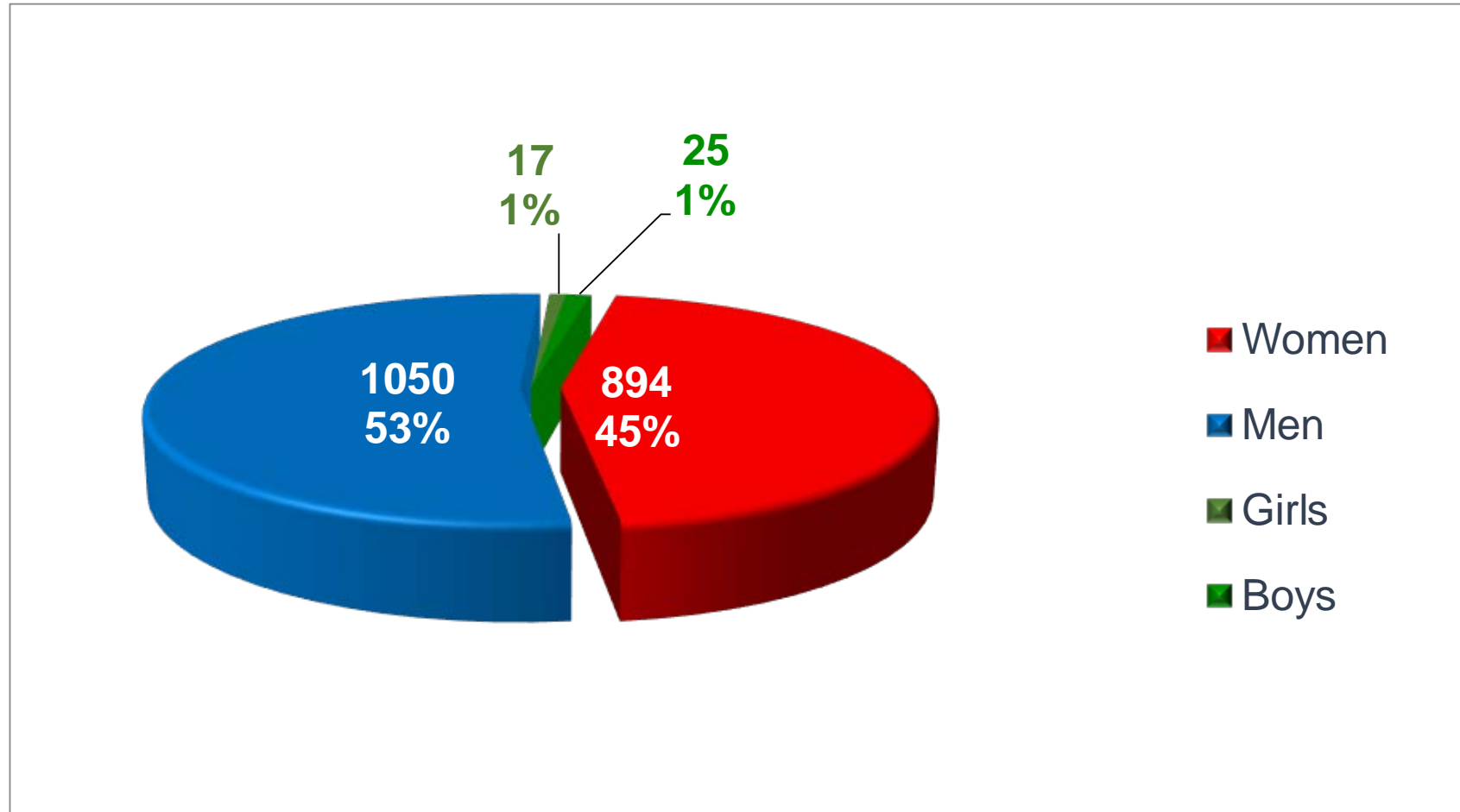
# ART Coverage – 82% of Active Follow-up Group (Vinnitsia Oblast)



Official Statistical data of Vinnitsia Oblast Clinical AIDS Prevention Centre and CPH of MoH of Ukraine, 2019

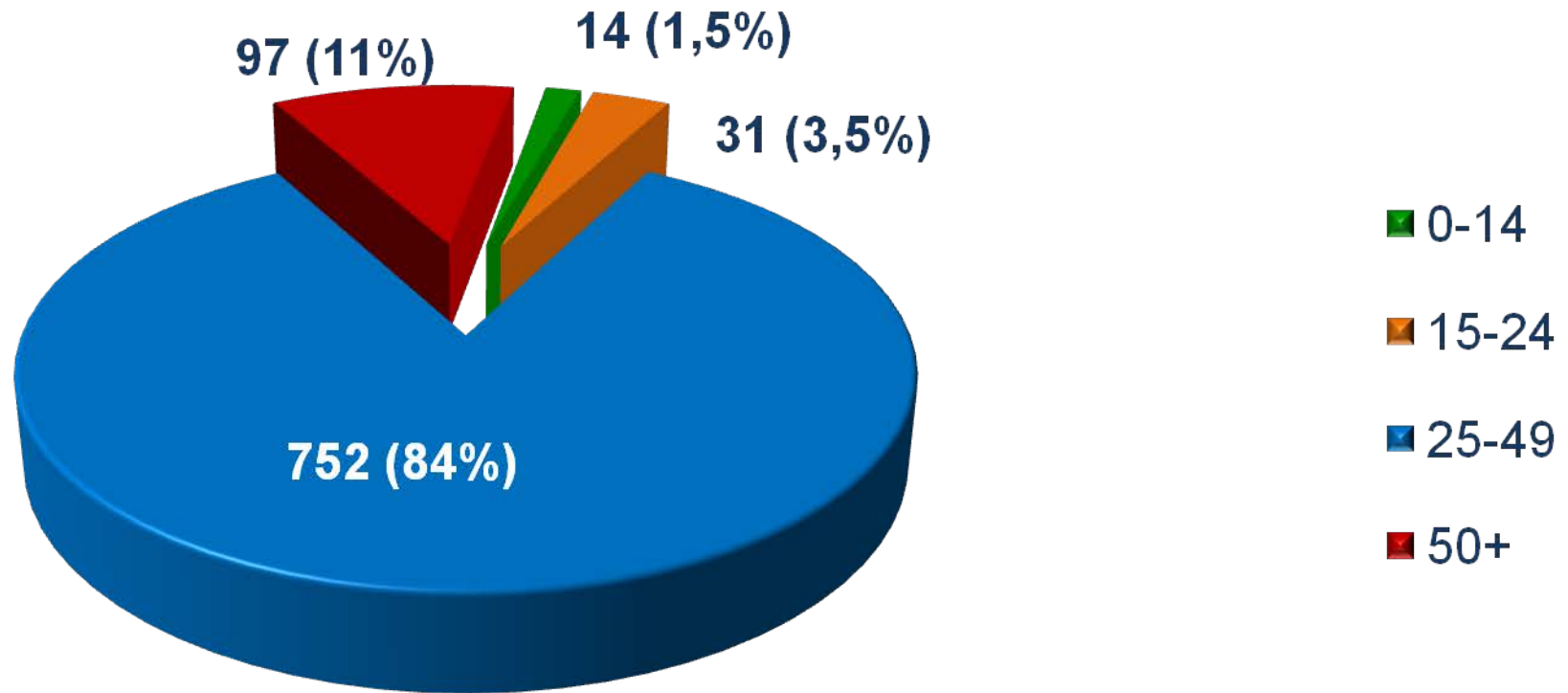


# 1986 Patients Have Been Continuously on ART as of 01.06.2019 (Vinnitsia Oblast)





# Age Distribution of Women on ART as of 01.06.2019 (Vinnitsia Oblast)



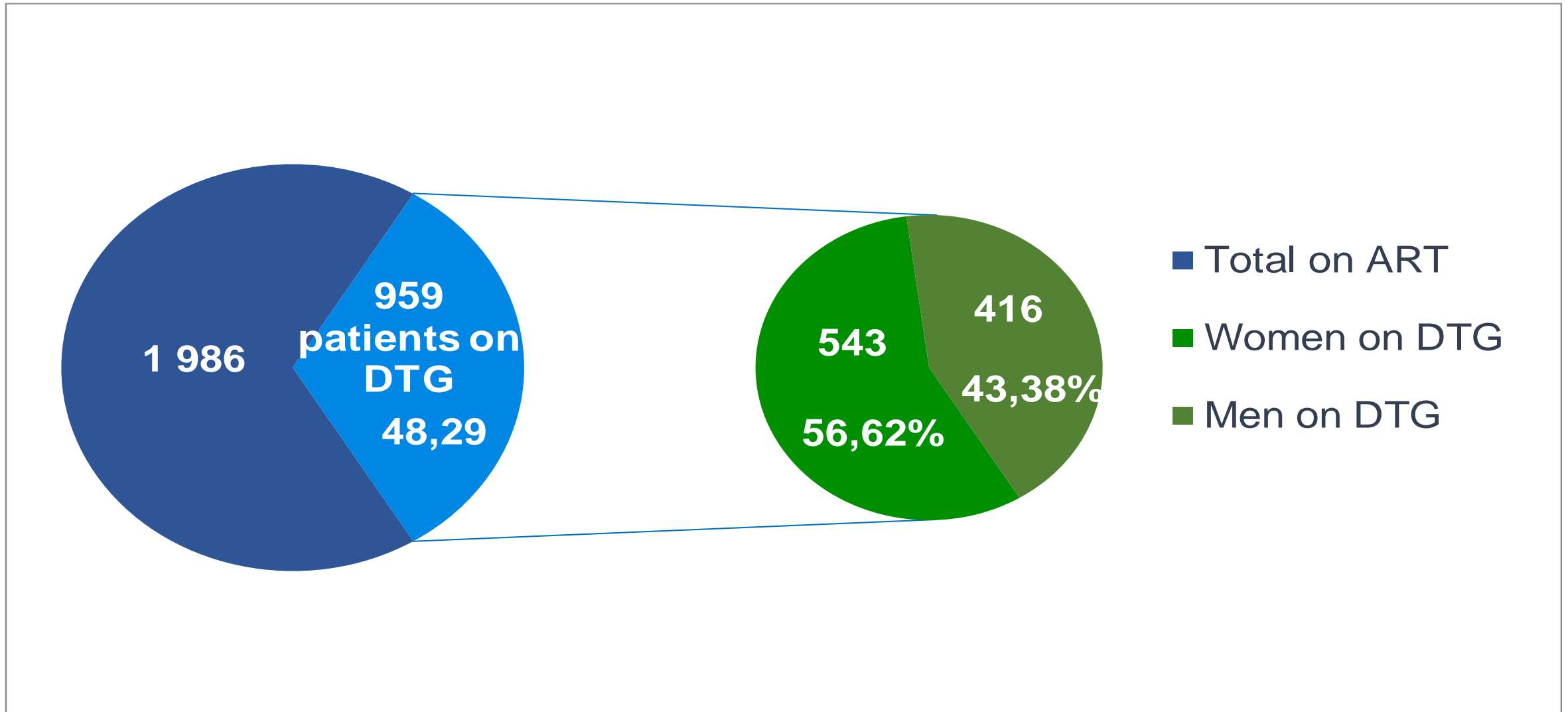


# DTG and Women

- As of 01.06.19 ARV therapy was provided to 1,986 patients including 959 patients on DTG-based regimens, which is 48.29% of the total number of people on ART, 543 of whom were women, i.e. 56.62%.
- Three pregnancies on DTG-based regimen:
  - First pregnancy (the woman presented after 12 weeks) ended in childbirth in February 2019; the follow-up of a child continues;
  - Second pregnancy (the woman presented at 17 weeks) - follow-up and lab monitoring are performed in accordance with the current clinical protocol;
  - Third pregnancy (the woman presented at 12 weeks): HIV/TB coinfection; the patient receives TBC maintenance treatment (Isoniazid, Rifampicin); her ART regimen: TDF/FTC+ DTG **was changed to TDF/FTC/EFV (to avoid unwanted interaction between DTG and Rifampicin) (could we have possible doubled DTG dosage during pregnancy?) and the woman is followed up.**



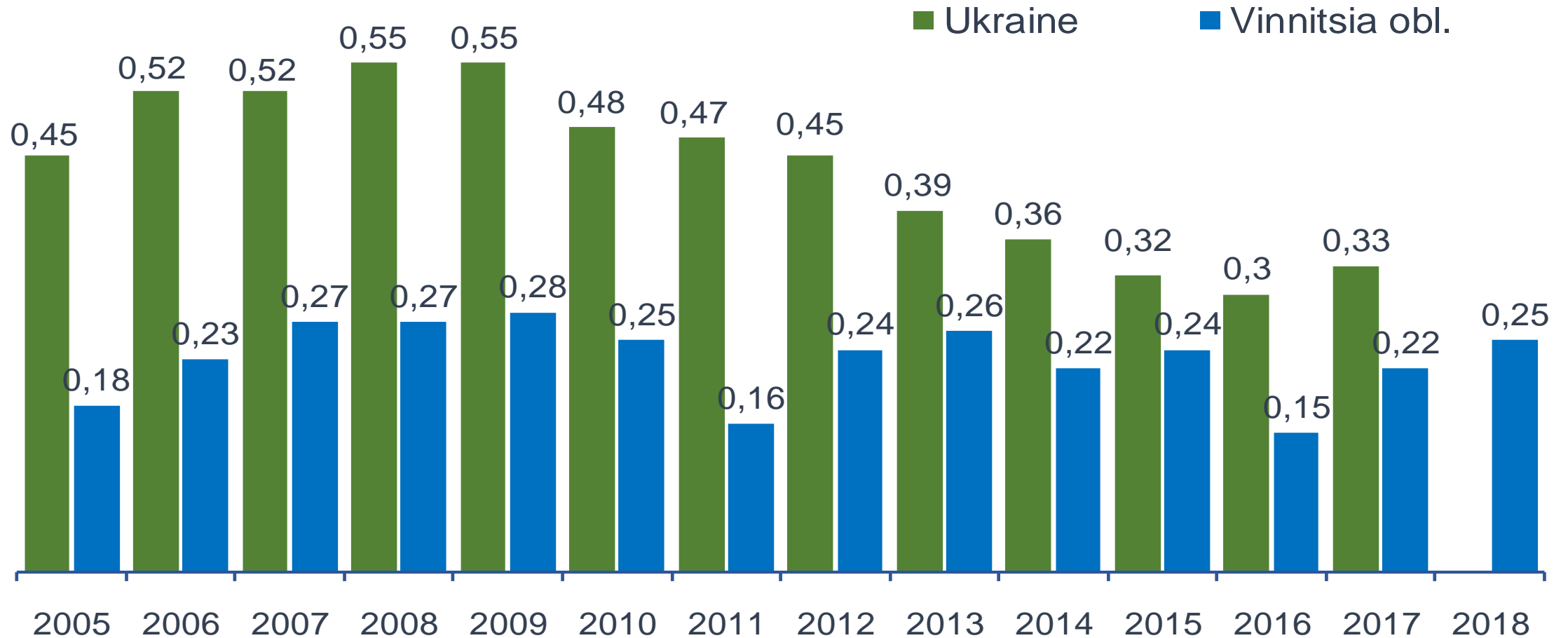
# Distribution of ART Regimens





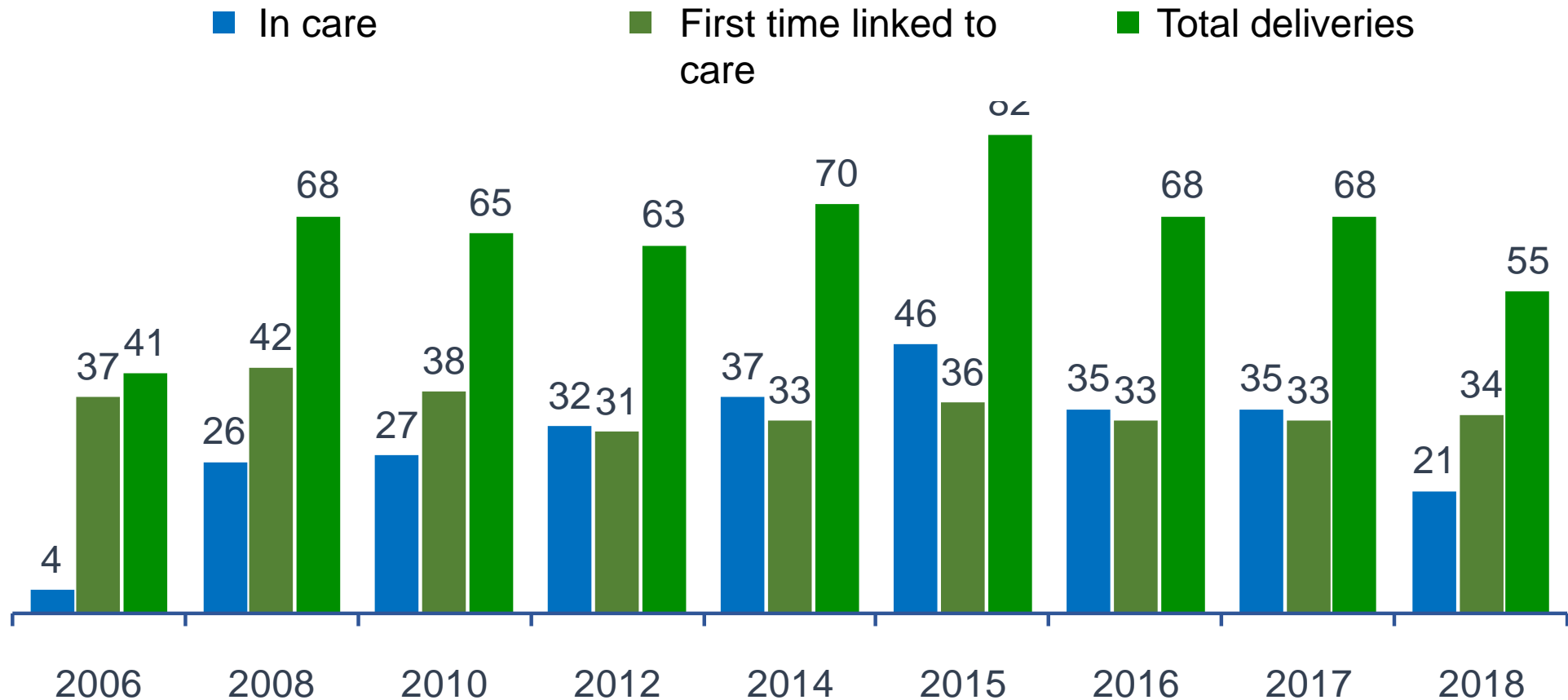


# HIV Prevalence among Pregnant Women



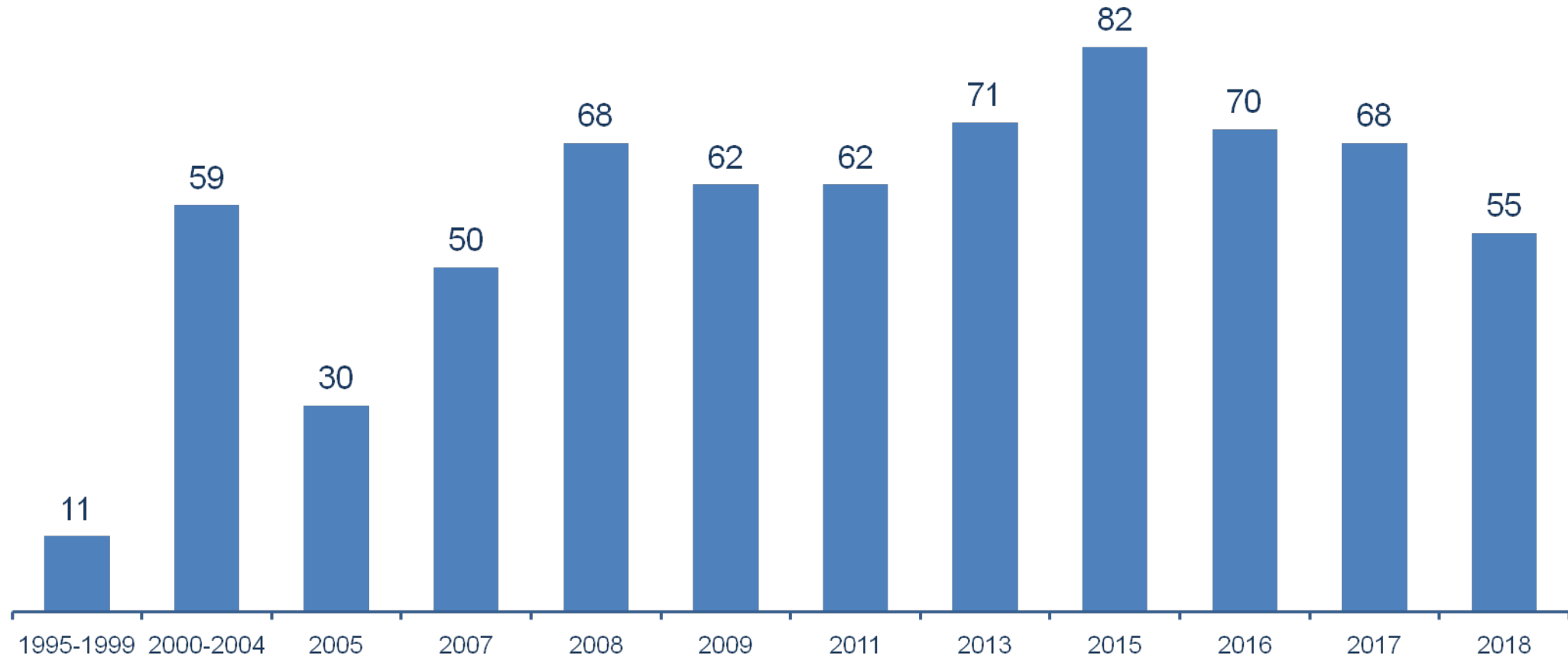


# Correlation between women who became pregnant and gave birth knowing their HIV+ status, and women who learned their HIV+ status during their **current** pregnancy (Vinnitsia Oblast)





# Children Born to HIV+ Mothers (Vinnitsia Oblast)





# Cancer Manifestations in HIV+ Women

(Vinnitsia Oblast, 2018)

	<b>HIV related</b>	<b>24</b>
1.	Lymphoma in the brain	8 (33%)
2.	B-cell non-Hodgkin lymphoma	4 (17%)
3.	Kaposi sarcoma	4 (17%)
4.	invasive cervical cancer	8 (33%)
	<b>Not related to HIV</b>	<b>7</b>
1.	Cutaneous neoplasms	4
2.	Breast carcinoma	1
3.	Hepatic haemangioma	2



# Clinical Case (Breast Carcinoma)



# Clinical Case

- Patient V, born in 1972
- HIV antibodies detected on **21.06.2018 (code 113.2)**
- She first presented at the Centre on **10.07.2018**, when she was examined and treated at PROC (Podil Regional Oncology Centre) and was tested for HIV antibodies.
- Diagnosis: B 22.2, clinical stage IV. Body weight loss over 10% in 6 months. Recurrent oropharyngeal candidiasis. Ca in lower outer quadrant of left breast - IIb stage, II clinical group (T<sub>2</sub> N<sub>1</sub> M<sub>0</sub>)



# Ca Diagnosis Verification

- **21.05.2018** – cytology – Adenocarcinoma
- **22.05.2018** – histology – Infiltrating carcinoma
- **25.05.2018** – IHC, cancer-specific marker – HER2 neu expression +++ , PR – negative, 0%, ER – weak positive reaction, 14%



# Additional Examinations <sup>1</sup>

- Blood chemistry (31.05.2018):
  - AST – 1027,9 U/L, ALT – 903,6 U/L.
  - CBC (30.05.2018): leucocytes –  $5,8 \cdot 10^9/L$ , red blood cells –  $4,01 \cdot 10^{12}/L$ , haemoglobin 96 g/L, platelets -  $390 \cdot 10^9/L$ .
  - HBsAg – 13.07.2018 – negative
  - Anti-HCV – 13.07.2018 – positive





## Additional Examinations <sup>2</sup>

- Mammography (17.04.2018) – the picture is typical for Ca of left breast
- Breast sonography (17.05.2018) – neoplasm in left breast (size 126\*155) with the signs of infiltrating growth. Mts in the left axillary lymph node
- CT of thoracic spine (15.05.2018) – Scoliosis. Degenerative changes of thoracic spine, more expressed in T4-T8, complicated with spondylarthrosis deformans (T3-T10)

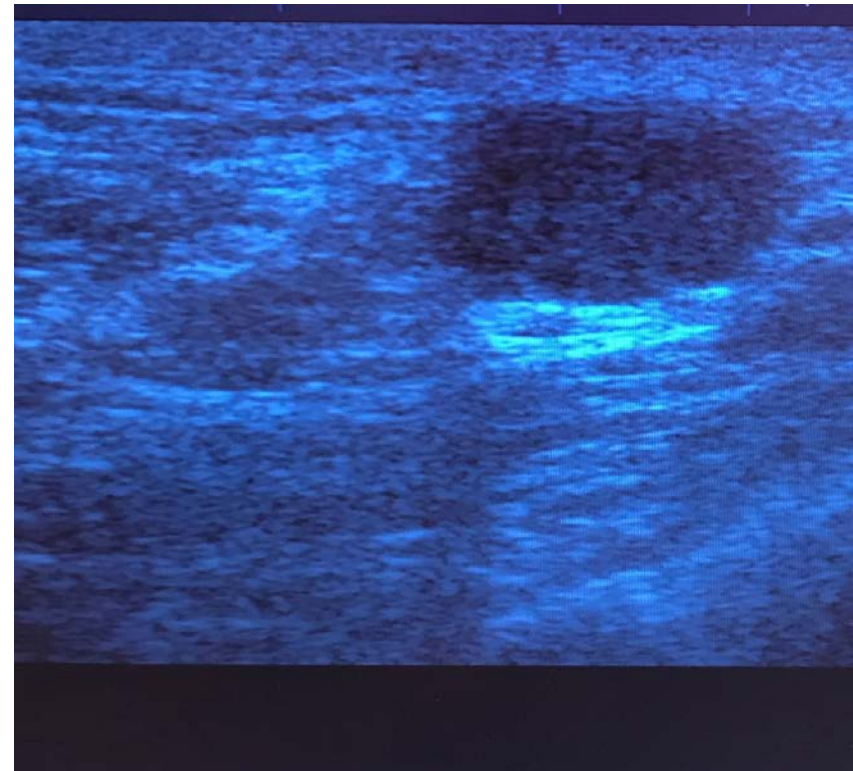


# Sonography (17.05.2018)

## Breast



## Axillary lymph node





# Additional Examinations <sup>3</sup>

- Helical computed tomography (30.05.2018p) of brain, chest CT, abdominal CT, pelvic examination with IV contrast “Tomohexol 350”. Scan slice thickness 5 mm. CT for the signs of additional growth in left breast. Hepatomegalia, hepatosteatorosis.



# Additional Consultations

- TB doctor consultation (11.07.2018):  
no data on pulmonary TB identified
- Consultation with TB specialist – orthopedist (06.08.2018): no data on thoracic spine TB identified. Disseminated thoracic spine osteochondrosis with pain syndrome.



# Treatment

- Consultation with oncologist – chemotherapist on 09.07.2018
- Pain control if needed (Nalbuphine 10mg i/m in case of pain)
- Chemoreduction: Docetaxel 128mg + Herceptin 496 mg (thereafter - 372 mg), 4 cycles in case ALT and AST activity normalizes



# ART

On 06.08.2018 ART regimen ABC/3TC/DTG is prescribed  
(3 months after the confirmation of Ca!)



# Chemotherapy

- 06.11.2018p – 07.11.2018:
  - Herceptin 496mg
  - Docet. 126 mg
- 21.12.2018p – 22.12.2018:
  - Herceptin 544 mg
  - Docet. 134 mg
- 01.04.2019p – 02.04.2019:
  - Herceptin 552 mg
  - Docet. 135 mg
- 24.04.2019p – 25.04.2019:
  - Herceptin 552 mg
  - Docet. 135 mg
- 20.05.2019p – 22.05.2019:
  - Herceptin 552 mg
  - Mesna 600 mg
  - Cyclophosphamidum 1 079 mg
  - Epirubicin 162 mg
- 21.06.2019p – 22.06.2019:
  - Herceptin 420 mg
  - Doxorubicin 109 mg
  - Cyclophosphamidum 1 086 mg



# Treatment Dynamics

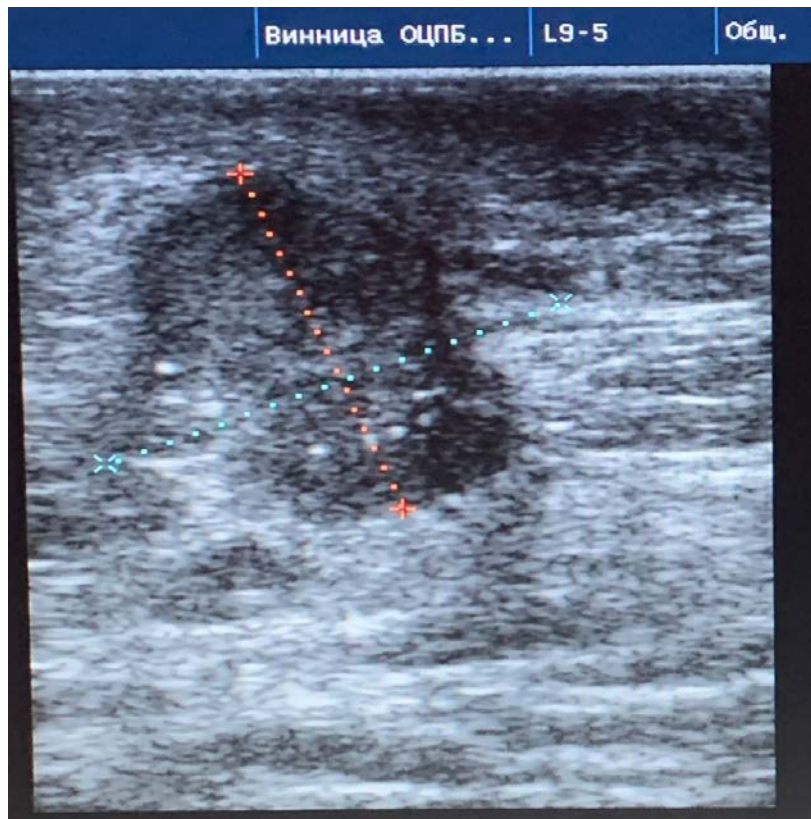
- The patient's examination at each visit did not show any objectively positive changes; breast is deformed, nipple is inverted, the structure is bulging and dense.
- Left axillary lymph node is elevated and painful
- Oncologists plan to intensify the chemotherapy protocol





# Sonography (21.06.2019)

## Breast



## Axillary lymph node





# Breast - general appearance





# Conclusions

- If it does not disturb you – it does not mean that it is ‘absent’
- Breast cancer affects the female body irrespective of age and HIV status
- *After 40 years of age women should examine their breasts themselves and see a doctor every year, and have mammography every 1-2 years*
- *A woman abuses herself if she delays a visit to a doctor for months, if she feels stress and permanent fear*





# THANK YOU FOR ATTENTION!





# QUESTIONS

