

## UFHCC Research Day 2017 | Abstract Template

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### LIST ALL AUTHORS and AFFILIATIONS – underline presenting author

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### TITLE

Cancer Screening and Healthy Behavioral Practices among HIV Patients in Florida

### HYPOTHESIS:

Cancer screening practices and healthy behavioral choices of people living with HIV/AIDS are different by biological gender and years since HIV diagnosis.

### BACKGROUND/AIMS:

Antiretroviral therapy and population based interventions has led to the increased survival of people living with HIV. Therefore prevalence of age related chronic conditions including non-AIDS related malignancies are in rise among aging HIV population. Healthy behaviors such as smoking cessation, adherence to recommended alcohol consumption limits, normal body mass index, physical activity and adherence to recommended cancer screening are known to reduce cancer risk but the evidence on the prevalence of these behaviors among HIV-infected individuals is extremely limited. We investigated the prevalence of healthy behaviors and gender-specific cancer screening in a cohort of HIV-infected individuals in Florida, by gender and time since diagnosis.

### METHODS:

We included a total of N= 517 individuals living with HIV from the Florida Cohort Study (2015-2017) which recruits individuals with HIV diagnosis through county health departments and community clinics in Florida. Data were obtained from the follow up questionnaire, electronic medical record abstraction and Enhanced HIV/AIDS Reporting System (eHARS). The prevalence of cancer screening for individuals at the recommended age of screening (cervical cancer, breast cancer, prostate cancer and colorectal cancer) and healthy behaviors (body mass index, smoking, alcohol use and physical activity) was described overall as well as by gender and years since HIV diagnosis ( $\leq 13$  years vs.  $>13$  years). Prevalence across strata was compared using chi-square test or Fisher's exact test where appropriate.

### RESULTS & CONCLUSIONS

In the analysis by gender, females were more likely to be obese than males (57% vs. 22%,  $p < 0.0001$ ). Among males, the prevalence of overweight/obesity was significantly higher in those who had been diagnosed with HIV for more than 13 years (overweight 42% vs. 28%; obese 25% vs. 20%,  $p = 0.02$ ). Among males at the recommended age of screening, 66% reported never having an anal pap smear, 39% reported never having colonoscopy, and 39% reported never having prostate cancer screening. Among females, 51% reported never having an anal pap smear, 48% reported never having colonoscopy, 9% reported never having cervical pap smear and 14% reported never having mammograms. Among males, the prevalence of never having colonoscopy was marginally higher in those who had HIV for  $\leq 13$  years (51% vs. 31%,  $p = 0.05$ ). Among females, the prevalence of never having mammogram was marginally higher among those who have had HIV for  $>13$  years (19% vs. 9%,  $p = 0.06$ ).

Adherence to cancer screening practices and healthy behaviors could reduce chronic disease burden, including cancer. Based on our results, conducting long-term tailored interventions based on biological gender can potentially benefit individuals living with HIV.