Supplemental online content for:

Evaluating Antiretroviral Therapy Initiation in HIV-Associated Malignancy: Is There Enough Evidence to Inform Clinical Guidelines?

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eAppendix 1: Evaluating Common Practice Surrounding the Initiation of Antiretroviral Treatment (ART) in HIV-Infected Cancer Patients
Evaluating Common Practice Surrounding the Initiation of Antiretroviral Treatment (ART) in HIV Infected Cancer Patients

Thank you for contributing and supporting this project. We hope that the data gained from this survey will be able to help establish better understanding of the current clinical practices associated with initiation of ART in cancer patients and assist in determining for which cancers (if any) there is equipoise on the timing of ART initiation. We hope to subsequently conduct an interventional trial examining timing of ART initiation in cancer patients and need your assistance in asking the correct questions.

If you have any questions please contact the study coordinator Linda Oseso at loseso@uw.edu.

1. What is your medical specialty?
   - Oncology
   - Infectious Disease
   - General medicine, but treat HIV-infected cancer patients

2a. In what type of practice do you work?
   - Private Practice-clinic
   - Private hospital-based practice
   - Academic Institution
   - Stand alone cancer center

2b. In which countries do you practice?
   - United States
   - Botswana
   - Kenya
   - Malawi
   - South Africa
   - Uganda
   - Zimbabwe
   - Other __________________________________

Other

3. Of the cancer patients you treat what proportion have HIV?
   - less than 10%
   - 10-25%
   - 25-50%
   - 50-75%
   - 75-100%
   - None

KAPOSI SARCOMA (KS)

Do you routinely treat patients with Kaposi Sarcoma (KS)?
   - Yes
   - No

4. If you were referred an ART-naive patient with Kaposi Sarcoma (KS), when would be the optimal time to start ART?
   - Start ART prior to chemotherapy
   - Start ART and chemotherapy concurrently
   - Start ART after one cycle of chemotherapy
   - Start ART after two cycles of chemotherapy
   - Start ART after more than 2 cycles of chemotherapy
   - Other

Other

How many WEEKS prior to chemotherapy would you start? __________________________________

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4a. Would the optimal timing of ART initiation in ART-naive KS patients depend on their CD4 count?

- Yes
- No

If yes, how does the CD4 count influence your decision making?

4b. Would any of the following factors modify your decision on when to start ART in KS patients?

- Cancer stage/presence of metastatic disease
- Concurrent opportunistic infections
- Possibility of drug-drug interactions
- Possibility of Immune Reconstitution Inflammatory Syndrome (IRIS)
- Other

Other

4c. Does the HIV viral load (VL) influence your decision on when to start ART in an ART-naive person with cancer?

- Yes
- No

Which most closely reflects the HIV viral load cutoff that you use?

- 10000 cp/ml
- 50000 cp/ml
- 100000 cp/ml
- 500000 cp/ml
- Other

Other

4d. Would you be willing to enroll your cancer patients in a clinical trial in which their timing of ART initiation was randomized (All patients would receive ART, latest 2 months after initiating chemotherapy)?

- Yes
- No

Breast Cancer

Do you routinely treat patients with Breast Cancer?

- Yes
- No

5. If you were referred an ART-naive patient with Breast Cancer, when would be the optimal time to start ART?

- Start ART prior to chemotherapy
- Start ART and chemotherapy concurrently
- Start ART after one cycle of chemotherapy
- Start ART after two cycles of chemotherapy
- Start ART after more than 2 cycles of chemotherapy
- Other

Other

How many WEEKS prior to chemotherapy would you start?

- Other

5a. Would the optimal timing of ART initiation in ART-naive Breast Cancer patients depend on their CD4 count?

- Yes
- No

If yes, how does the CD4 count influence your decision making?
5b. Would any of the following factors modify your decision on when to start ART in Breast Cancer patients?

- [ ] Cancer stage/presence of metastatic disease
- [ ] Concurrent opportunistic infections
- [ ] Possibility of drug-drug interactions
- [ ] Possibility of Immune Reconstitution Inflammatory Syndrome (IRIS)
- [ ] Other

Other

5c. Does the HIV viral load (VL) influence your decision on when to start ART in an ART-naive person with cancer?

- [ ] Yes
- [ ] No

Which most closely reflects the HIV viral load cutoff that you use for Breast Cancer patients?

- [ ] 10000 cp/ml
- [ ] 50000 cp/ml
- [ ] 100000 cp/ml
- [ ] 500000 cp/ml
- [ ] Other

Other

5d. Would you be willing to enroll your cancer patients in a clinical trial in which their timing of ART initiation was randomized (All patients would receive ART, latest 2 months after initiating chemotherapy)?

- [ ] Yes
- [ ] No

Lung Cancer

Do you routinely treat patients with Lung Cancer?

- [ ] Yes
- [ ] No

6. If you were referred an ART-naive patient with Lung Cancer, when would be the optimal time to start ART?

- [ ] Start ART prior to chemotherapy
- [ ] Start ART and chemotherapy concurrently
- [ ] Start ART after one cycle of chemotherapy
- [ ] Start ART after two cycles of chemotherapy
- [ ] Start ART after more than 2 cycles of chemotherapy
- [ ] Other

Other

How many WEEKS prior to chemotherapy would you start?

__________________________

6a. Would the optimal timing of ART initiation in ART-naive Lung Cancer patients depend on their CD4 count?

- [ ] Yes
- [ ] No

If yes, how does the CD4 count influence your decision making?

6b. Would any of the following factors modify your decision on when to start ART in Lung Cancer patients?

- [ ] Cancer stage/presence of metastatic disease
- [ ] Concurrent opportunistic infections
- [ ] Possibility of drug-drug interactions
- [ ] Possibility of Immune Reconstitution Inflammatory Syndrome (IRIS)
- [ ] Other

Other
6c. Does the HIV viral load (VL) influence your decision on when to start ART in an ART-naive person with cancer?

- Yes
- No

Which most closely reflects the HIV viral load cutoff that you use for Lung Cancer patients?

- 10000 cp/ml
- 50000 cp/ml
- 100000 cp/ml
- 500000 cp/ml
- Other

Other

6d. Would you be willing to enroll your cancer patients in a clinical trial in which their timing of ART initiation was randomized (All patients would receive ART, latest 2 months after initiating chemotherapy)?

- Yes
- No

Non-Hodgkin lymphoma (NHL)

Do you routinely treat patients with non-Hodgkin lymphoma (NHL)?

- Yes
- No

7. If you were referred an ART-naive patient with non-Hodgkin lymphoma (NHL), when would be the optimal time to start ART?

- Start ART prior to chemotherapy
- Start ART and chemotherapy concurrently
- Start ART after one cycle of chemotherapy
- Start ART after two cycles of chemotherapy
- Start ART after more than 2 cycles of chemotherapy
- Other

Other

How many WEEKS prior to chemotherapy would you start?

7a. Would the optimal timing of ART initiation in ART-naive NHL patients depend on their CD4 count?

- Yes
- No

If yes, how does the CD4 count influence your decision making?

7b. Would any of the following factors modify your decision on when to start ART in NHL patients?

- Cancer stage/presence of metastatic disease
- Concurrent opportunistic infections
- Possibility of drug-drug interactions
- Possibility of Immune Reconstitution Inflammatory Syndrome (IRIS)
- Other

Other

7c. Does the HIV viral load (VL) influence your decision on when to start ART in an ART-naive person with cancer?

- Yes
- No

Which most closely reflects the HIV viral load cutoff that you use?

- 10000 cp/ml
- 50000 cp/ml
- 100000 cp/ml
- 500000 cp/ml
- Other

Other
7d. Would you be willing to enroll your cancer patients in a clinical trial in which their timing of ART initiation was randomized (All patients would receive ART, latest 2 months after initiating chemotherapy)?

- Yes
- No

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**Hodgkin Lymphoma (HL)**

Do you routinely treat patients with Hodgkin lymphoma (HL)?

- Yes
- No

8. If you were referred an ART-naive patient with Hodgkin lymphoma (HL), when would be the optimal time to start ART?

- Start ART prior to chemotherapy
- Start ART and chemotherapy concurrently
- Start ART after one cycle of chemotherapy
- Start ART after two cycles of chemotherapy
- Start ART after more than 2 cycles of chemotherapy
- Other

Other

How many WEEKS prior to chemotherapy would you start?

______________________________

8a. Would the optimal timing of ART initiation in ART-naive HL patients depend on their CD4 count?

- Yes
- No

If yes, how does the CD4 count influence your decision making?

________________________________________

8b. Would any of the following factors modify your decision on when to start ART in HL patients?

- Cancer stage/presence of metastatic disease
- Concurrent opportunistic infections
- Possibility of drug-drug interactions
- Possibility of Immune Reconstitution Inflammatory Syndrome (IRIS)
- Other

Other

8c. Does the HIV viral load (VL) influence your decision on when to start ART in an ART-naive person with cancer?

- Yes
- No

Which most closely reflects the HIV viral load cutoff that you use?

- 10000 cp/ml
- 50000 cp/ml
- 100000 cp/ml
- 500000 cp/ml
- Other

Other

8d. Would you be willing to enroll your cancer patients in a clinical trial in which their timing of ART initiation was randomized (All patients would receive ART, latest 2 months after initiating chemotherapy)?

- Yes
- No
Gastrointestinal Tumors (adenocarcinomas or squamous cell carcinomas of the GI tract)

Do you routinely treat patients with gastrointestinal tumors (adenocarcinomas or squamous cell carcinomas of the GI tract)?

- Yes
- No

9. If you were referred an ART naive patient with gastrointestinal tumors (adenocarcinomas or squamous cell carcinomas of the GI tract), when would be the optimal time to start ART?

- Start ART prior to chemotherapy
- Start ART and chemotherapy concurrently
- Start ART after one cycle of chemotherapy
- Start ART after two cycles of chemotherapy
- Start ART after more than 2 cycles of chemotherapy
- Other
- I don't/haven't treated this cancer in HIV-infected patients

Other

How many WEEKS prior to chemotherapy would you start?

__________________________________________

9a. Would the optimal timing of ART initiation in ART-naive gastrointestinal tumors (adenocarcinomas or squamous cell carcinomas of the GI tract) patients depend on their CD4 count?

If yes, how does the CD4 count influence your decision making?

__________________________________________

9b. Would any of the following factors modify your decision on when to start ART in patients with gastrointestinal tumors?

- Cancer stage/presence of metastatic disease
- Concurrent opportunistic infections
- Possibility of drug-drug interactions
- Possibility of Immune Reconstitution Inflammatory Syndrome (IRIS)
- Other

Other

9c. Does the HIV viral load (VL) influence your decision on when to start ART in an ART-naive person with cancer?

Which most closely reflects the HIV viral load cutoff that you use?

- 10000 cp/ml
- 50000 cp/ml
- 100000 cp/ml
- 500000 cp/ml
- Other

Other

9d. Would you be willing to enroll your cancer patients in a clinical trial in which their timing of ART initiation was randomized (All patients would receive ART, latest 2 months after initiating chemotherapy)?

- Yes
- No
Cervical Cancer

Do you routinely treat patients with Cervical Cancer?

- Yes
- No

10. If you were referred an ART naive patient with advanced cervical cancer, when would be the optimal time to start ART?

- Start ART prior to chemotherapy
- Start ART and chemotherapy concurrently
- Start ART after one cycle of chemotherapy
- Start ART after two cycles of chemotherapy
- Start ART after more than 2 cycles of chemotherapy
- Other

Other

How many WEEKS prior to chemotherapy would you start?
________________________

10a. Would the optimal timing of ART initiation in ART-naive advanced cervical cancer patients depend on their CD4 count?

If yes, how does the CD4 count influence your decision making?

________________________

10b. Would any of the following factors modify your decision on when to start ART in patients with advanced cervical cancer?

- Cancer stage/presence of metastatic disease
- Concurrent opportunistic infections
- Possibility of drug-drug interactions
- Possibility of Immune Reconstitution Inflammatory Syndrome (IRIS)
- Other

________________________

10c. Does the HIV viral load (VL) influence your decision on when to start ART in an ART-naive person with cancer?

Which most closely reflects the HIV viral load cutoff that you use for patients with advanced cervical cancer?

- 10000 cp/ml
- 50000 cp/ml
- 100000 cp/ml
- 500000 cp/ml
- Other

________________________

10d. Would you be willing to enroll your cancer patients in a clinical trial in which their timing of ART initiation was randomized (All patients would receive ART, latest 2 months after initiating chemotherapy)?

- Yes
- No
Overall Comments

11. Other comments on timing of ART in patients receiving chemotherapy:

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