

Cancer prevention: Knowledge, attitudes, and practices of people living with HIV In Argentina

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BACKGROUND

- Antiretroviral therapy has extended the life expectancy of people living with HIV (PLHIV).
- This has lead to an aging population resulting in a rising incidence of non-AIDS-defining cancers.

This study examined knowledge, attitudes, and practices in relation to cancer prevention among PLHIV in Buenos Aires, Argentina.

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Limited knowledge of cancer risk and presence of myths. Existence of multiple barriers, both structural and individual-related, for access to screening. Need for more information from the infectious disease specialists.

METHODS

A **focus group** (FG) was conducted in November 2024, with 13 PLHIV:

- 4 cisgender men who have sex with men (MSM).
- 6 transgender women (TGW).
- 3 cisgender women (CW).

Participants provided informed consent. The inclusion criteria were: 1) being a PLHIV, 2) being ≥18 years old, and 3) living in Buenos Aires. The FG lasted 90 minutes. The content was transcribed and analyzed using Hamilton’s rapid analysis.

Predefined **categories** were used for the analysis:

- Knowledge of prevention, screening, risk factors, and information sources.
- Attitudes and beliefs.
- Practices (behaviors and barriers), and recommendations.

RESULTS

Knowledge

Participants reported limited knowledge of **cancer risk factors** and screening but lacked knowledge of the recommended age for screening and the implications of familial cancer burden.

Sources of information

Key sources of information included their treating physician, usually an infectious disease specialists (IDS), Google, and artificial intelligence tools.

Younger MSM, who were more knowledgeable, emphasized the need for **accessible and reliable information**, referencing science communicators as key facilitators.

Practices

Some participants mentioned that it is beneficial to adopt **healthy habits** for a good quality of life, but they did not believe it was directly related to cancer prevention.

Barriers included limited appointment availability, long waiting times and difficulties building trust with non-IDS providers for sensitive discussions and exams, particularly proctological.

Other barriers were: socioeconomic vulnerability, fear of having other diagnoses than HIV, stigma and discrimination related to HIV and gender identity, and taboos around proctological health.

Attitude

A **myth** emerged, especially in TGW, suggesting that avoiding thoughts of illnesses could prevent them from developing.

Some participants noted a significant gap in cancer awareness beyond breast cancer, highlighting the need for **broader visibility and education efforts** in cancer prevention.

CONCLUSIONS

Significant **knowledge gaps and persistent myths** about cancer prevention were observed. These, along with structural and individual-related barriers to healthcare highlight the urgency to **enhance health information, address misinformation, and foster stigma-free healthcare environments**.

Targeted awareness **campaigns** on non-gynecological cancers and improved **access to preventive care** are critical for enhancing PLHIV’s overall quality of life.

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