

Structural Barriers May Prevent Cancer Care for People Living With HIV

Those living in communities with lower income and education levels were less likely to receive lifesaving cancer treatment.

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People living with HIV are less likely to receive potentially lifesaving cancer treatment if they live in communities with lower income levels and educational attainment, according to a new national study led by researchers from [Moffitt Cancer Center](#).

In the study, [published in Cancer](#), researchers looked at cancer treatment records for more than 31,000 adults with HIV who were diagnosed with one of 14 common cancers between 2004 and 2020. They found that 16.5% of them did not receive the recommended first-line curative treatment for their cancer. This gap in care was strongly linked to where the patients lived.

“Our findings show that where someone lives, specifically the income and education level of their community, can play a critical role in whether they get the cancer care they need,” said [Jessica Islam, PhD](#), lead author of the study and assistant member in the [Cancer Epidemiology Program](#) at Moffitt. “This isn’t just about access to treatment facilities. It’s about the larger social and economic structures that shape health outcomes. Creating interventions to address these factors is essential to closing the gap in cancer care for people with HIV.”

Patients with HIV living in ZIP codes with the lowest levels of education were 27% less likely to receive curative cancer treatment compared to those in the highest education areas. Similarly, those in the lowest income communities were also 27% less likely to receive treatment, even after accounting for age, sex, cancer type, stage at diagnosis and treatment facility.

Most patients in the study were male (68%), aged 60 or older (43%), and from the Southern U.S. (39%). Lung cancer, lymphoma, colorectal cancer and prostate cancer were the most commonly diagnosed.

“These disparities suggest that structural factors, not just individual health or medical complexity, may be driving inequities in cancer care for people with HIV,” said [Amir Alishahi Tabriz, MD, PhD](#), co-author of the study and assistant member in the [Health Outcomes and Behavior Program](#) at Moffitt. “We need to ensure that every patient, regardless of ZIP code, has equal access to life-saving cancer treatment.”

The study highlights the need for policies and community-level interventions that address the social factors of health, such as access to education and economic opportunity, to ensure equitable cancer care for all patients, regardless of HIV status.

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