

Hodgkin lymphoma in the Swiss HIV Cohort Study.

[Clifford GM](#), [Rickenbach M](#), [Lise M](#), [Dal Maso L](#), [Battegay M](#), [Bohlius J](#), [Boffi El Amari E](#), [Karrer U](#), [Jundt G](#), [Bordoni A](#), [Ess S](#), [Franceschi S](#); [Swiss HIV Cohort Study](#).

Collaborators (48)

[Battegay M](#), [Bernasconi E](#), [Böni J](#), [Bucher HC](#), [Bürgisser P](#), [Calmy A](#), [Cattacin S](#), [Cavassini M](#), [Dubs R](#), [Egger M](#), [Elzi L](#), [Fischer M](#), [Flepp M](#), [Fontana A](#), [Francioli P](#), [Furrer H](#), [Fux C](#), [Gorgievski M](#), [Günthard H](#), [Hirsch H](#), [Hirschel B](#), [Hösli I](#), [Kahlert C](#), [Kaiser L](#), [Karrer U](#), [Kind C](#), [Klimkait T](#), [Ledergerber B](#), [Martinetti G](#), [Martinez B](#), [Müller N](#), [Nadal D](#), [Paccaud F](#), [Pantaleo G](#), [Rauch A](#), [Regenass S](#), [Rickenbach M](#), [Rudin C](#), [Schmid P](#), [Schultze D](#), [Schüpbach J](#), [Spec R](#), [Taffe P](#), [Telenti A](#), [Trkola A](#), [Vernazza P](#), [Weber R](#), [Yerly S](#).

International Agency for Research on Cancer, Lyon, France. clifford@iarc.fr

Hodgkin lymphoma (HL) risk is elevated among persons infected with HIV (PHIV) and has been suggested to have increased in the era of combined antiretroviral therapy (cART). Among 14,606 PHIV followed more than 20 years in the Swiss HIV Cohort Study (SHCS), determinants of HL were investigated using 2 different approaches, namely, a cohort and nested case-control study, estimating hazard ratios (HRs) and matched odds ratios, respectively. Forty-seven incident HL cases occurred during 84,611 person-years of SHCS follow-up. HL risk was significantly higher among men having sex with men (HR vs intravenous drug users = 2.44, 95% confidence interval [CI], 1.13-5.24) but did not vary by calendar period (HR for 2002-2007 vs 1995 or earlier = 0.65, 95% CI, 0.29-1.44) or cART use (HR vs nonusers = 1.02, 95% CI, 0.53-1.94). HL risk tended to increase with declining CD4(+) cell counts, but these differences were not significant. A lower CD4(+)/CD8(+) ratio at SHCS enrollment or 1 to 2 years before HL diagnosis, however, was significantly associated with increased HL risk. In conclusion, HL risk does not appear to be increasing in recent years or among PHIV using cART in Switzerland, and there was no evidence that HL risk should be increased in the setting of improved immunity.