

## Anonymous retrospective HIV testing in Chinese patients with non-Hodgkin's lymphoma

*To the Editor*—The prevalence of human immunodeficiency virus (HIV) infection and acquired immunodeficiency syndrome (AIDS) reported in Hong Kong has been low compared to the West and other Asian countries.<sup>1</sup> In the West, non-Hodgkin's B-cell lymphoma is commonly seen in patients with AIDS<sup>2</sup> and is one of the AIDS-defining illnesses in 3% to 6% of cases.<sup>3</sup> From January 1984 to June 1998, only four cases of non-Hodgkin's lymphoma (NHL) were diagnosed as being an AIDS-defining illness from a total of 349 reported cases in Hong Kong.<sup>1</sup>

Unlinked anonymous screening detects HIV in specimens that have been collected for other purposes for which consent has been obtained; all identifying information is removed prior to testing, so there is no possible method of tracing a result to an individual.<sup>4</sup> Unlinked anonymous screening for HIV has been performed in Hong Kong since 1990 and consequently, the true number of cases of AIDS and HIV infection has been estimated to be three and 10 times greater, respectively, than the reported figures.<sup>5</sup>

It is thus possible that there have been more cases of AIDS-associated NHL because most patients are not offered testing for the presence of HIV. The aim of this study was to investigate retrospectively and anonymously the seroprevalence of HIV in Chinese patients with aggressive NHL who attended the lymphoma clinic at the Department of Clinical Oncology at the Prince of Wales Hospital (PWH) from 1990 to 1994.

Currently, HIV testing is not part of the investigative protocol for NHL at the PWH. Testing is done with the consent of the patient if a risk factor such as homosexuality or risky sexual behaviour, intravenous drug use, or a history of blood transfusion can be identified. Between 1990 and 1994, 160 Chinese patients older than 16 years who had histologically confirmed intermediate or high-grade NHL (according to the International Working Formulation) attended the lymphoma clinic at the PWH and subsequently received chemotherapy. Stored serum samples were available from 130 of these patients for analysis. The study protocol was approved by the Ethics Committee of the Faculty of Medicine, The Chinese University of Hong Kong. We

feel that these patients are likely to represent typical NHL patients in Hong Kong (Table), because the referral procedure at the PWH is not selective. In addition, the patients come from a variety of sources such as general practitioners, other hospitals in the New Territories, and other services at the PWH.

All 130 serum samples were initially tested by using an enzyme immunoassay (EIA) [HIV-1/HIV-2 Third Generation Plus EIA; Abbott Laboratories, Illinois, US]. Only one sample tested positive for HIV by EIA. This specimen was then tested by Western blotting (HIV Blot 2.2; Genelabs Diagnostics, Singapore) and found to be negative for HIV.

In the absence of specific risk factors or unusual presentation such as primary central nervous system lymphoma, offering routine testing for HIV in patients with NHL in Hong Kong does not appear to be indicated and is unlikely to contribute to patient care.

**Table. Characteristics of 130 Chinese patients who attended the lymphoma clinic at the Prince of Wales Hospital and subsequently received chemotherapy (1990-1994)**

Characteristic	No.*
Age (years) (Mean [range])	53.5 (16.0-83.0)
Sex (No. [%])	
Male	82 (63)
Female	48 (37)
Disease (No. [%])	74 (57)
Extranodal	56 (43)
Nodal	
Cancer stage (No. [%])	
I	34 (26)
II	48 (37)
III	26 (20)
IV	21 (16)
Not known	1 (1)
B symptoms present (No. [%])	24 (18)
Histological subtype (No. [%])	
Diffuse large cell	83 (64)
Diffuse mixed small- and large-cell	17 (13)
Diffuse small cell	6 (5)
Large-cell immunoblastic	5 (4)
Burkitt's	1 (1)
Not classified	18 (14)

\* Mean (range) or No. (%), as appropriate

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## References

1. Primary AIDS-defining illnesses. Hong Kong STD/AIDS Update 1998;4:1-8.
2. Levine AM. Acquired immunodeficiency syndrome-related lymphoma. Blood 1992;80:8-20.
3. Denton AS, Brook MG, Miller RF, Spittle MF. AIDS-related lymphoma: an emerging epidemic. Br J Hosp Med 1996; 55:282-8.
4. World Health Organization. World Health Organization Global Programme on AIDS. Unlinked anonymous screening for public health surveillance of HIV infection-proposed recommended guidelines. Geneva: WHO; 1989.
5. Lee SS, Lo YC, Wong KH. The first one hundred AIDS cases in Hong Kong. Chin Med J (Engl) 1996;109:70-6.

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