

Cancer Therapies Treatment Selector

Charts revised October 2019. Full information available at www.hiv-druginteractions.org

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	ATV/c	ATV/r	DRV/c	DRV/r	LPV/r	DOR	EFV	ETV	NVP	RPV	MVC	BIC/F/TAF	DTG	EVG/c/F/TAF	EVG/c/F/TDF	RAL	ABC	FTC or 3TC	F/TAF	TDF	ZDV
Anti-tumour Antibiotics																					
Bleomycin	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	
Daunorubicin	↔ a	↔ a	↔	↔	↔ a	↔	↔	↔	↔	↔ a	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔ b	
Doxorubicin	↔ a	↔ a	↔	↔	↔ a	↔	↔	↔	↔	↔ a	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔ b	
Epirubicin	↔ a	↓ a	↔	↓	↓ a	↔	↑	↔	↔	↔ a	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔ b	
Alkylating Agents																					
Carboplatin	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔ c,d	↔	↔	↔	↔	↔ b	
Chlorambucil	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔ b	
Cisplatin	↑	↑	↑	↑	↑	↑	↔	↔	↔	↔	↔	↑↑ e	↔	↑ d	↔ c,d	↔	↑↑ f	↑↑ g	↔ c,d	↔ b	
Cyclophosphamide	↓ g	↓ g	↓ g	↓ g	↓ g	↔	↓ h	↓ h	↓ h	↔	↔	↔	↔	↓ g	↓ g	↔	↔	↔	↔	↔ b	
Dacarbazine	↔	↓ g	↔	↓ g	↓ g	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔ c	↔	↔	↔	↑	↔ b	
Dactinomycin	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔ b	
Ifosfamide	↑ i	↑ i	↑ i	↑ i	↑ i	↓ h	↓ h	↓ h	↓ h	↓ h	↑ or ↓ j	↔	↑ c,i	↑ c,i	↔	↔	↔	↔	↔	↔ c	↔ b
Oxaliplatin	↔ ▼	↔ ▼	↔	↔	↔	↔	↔	↔	↔	↔	↔ k	↔	↔ k	↔	↔ c	↔	I	↔	↔ c	↔ b	
Procarbazine	↔	↓ g	↔	↓ g	↓ g	↔	↓ g	↔	↓ g	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔ b	
Antimetabolite Agents																					
Capecitabine	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↑?	↔	↑?	↑?	↔	↑?	↑?	↑?	↔ b	
Cytarabine	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔ b	
Fluorouracil	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↑?	↔	↑?	↑?	↔	↑?	↑?	↑?	↔ b	
Gemcitabine	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔ b	
Mercaptopurine	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔ b	
Methotrexate	↔ m	↔ m	↔ m	↔ m	↔ m	↔ m	↔ m	↔ m	↔ m	↔ m	↔ m	↑ c,m	↔ m	↔ m	↑ c,m	↔ m	↔ m	↔ m	↑ c,m	↔ b,m	
Plant Alkaloids																					
Docetaxel	↑	↑	↑	↑	↑	↔	↓	↓	↓	↑?	↑?	↔	↑	↑	↑	↔	↔	↔	↔	↔ b	
Etoposide	↑	↑	↑	↑	↑	↑	↔	↓	↓	↔	↔	↔	↑	↑	↑	↔	↔	↔	↔	↔ b	
Irinotecan	↑ n,o	↑ n,o	↑ n	↑ n	↑ n	↔	↓ p	↓ p	↓ p	↔	↔	↔	↑ n	↑ n	↔	↔	↔	↔	↔	↔ b	
Paclitaxel	↑	↑	↑	↑	↑	↑	↓	↑	↓	↔	↔	↔	↓ q	↓ q	↓	↑	↑	↓	↔	↔ b	
Vinblastine	↑	↑	↑	↑	↑	↑	↓	↓	↓	↓	↓	↓	↑	↑	↑	↓	↔	↔	↔	↔ b	
Vincristine	↑	↑	↑	↑	↑	↑	↔	↓	↓	↔	↔	↔	↑	↑	↔	↔	↔	↔	↔	↔ b	
Tyrosine Kinase Inhibitors																					
Dasatinib	↑ ▼	↑ ▼	↑	↑	↑ ▼	↔	↓	↓	↓	↑?	↑?	↔	↑	↑	↑	↔	↔	↔	↔	↔	
Erlotinib	↑	↑	↑	↑	↑	↑	↔	↓	↓	↔	↔	↔	↑	↑	↑	↔	↔	↔	↔	↔	
Gefitinib	↑	↑	↑	↑	↑	↑	↔	↓	↓	↔	↔	↔	↑	↑	↑	↔	↔	↔	↔	↔	
Imatinib	↑	↑	↑	↑	↑	↑	↑	↑↑	↑↑	↑↑	↑↑	↑↑	↑	↑	↑	↔	↔	↔	↔	↔ b	
Lapatinib	↑ ▼	↑ ▼	↑ ▼	↑ ▼	↑ ▼	↑ ▼	↔	↓	↓	↑?	↑?	↑?	↑	↑	↑	↔	↔	↔	↔	↔	
Nilotinib	↑ ▼	↑ ▼	↑ ▼	↑ ▼	↑ ▼	↑ ▼	↑	↑	↑	↑↑	↑↑	↑↑	↓ q	↓ q	↑	↑	↑	↔	↔	↔	
Pazopanib	↑ ▼	↑ ▼	↑ ▼	↑ ▼	↑ ▼	↑ ▼	↔	↓	↓	↑?	↑?	↑?	↔	↔	↑	↑	↔	↔	↔	↔	
Sunitinib	↑ ▼	↑ ▼	↑ ▼	↑ ▼	↑ ▼	↑ ▼	↔	↓	↓	↔	↔	↔	↑	↑	↑	↔	↔	↔	↔	↔	
Others																					
Bortezomib	↑▼	↑▼	↑	↑	↑▼	↔	↓	↓	↓	↔?	↔?	↔	↔	↑	↑	↑	↔	↔	↔	↔ b	
Cetuximab	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	
Everolimus	↑	↑	↑	↑	↑	↑	↔	↓	↓	↔	↔	↔	↑	↑	↑	↔	↔	↔	↔	↔	
Sorafenib	↔ r ▼	↔ r ▼	↔ r	↔ r	↔ r ▼	↔	↓	↓	↓	↔?	↔?	↔	↔	↑ r	↑ r	↔	↔	↔	↔	↔	
Tamoxifen	↑ i	↑ i	↑ i	↑ i	↑ i	↑ i	↓	↓	↓	↓	↓	↓	↓ q	↓ q	↑ i	↑ i	↔	↔	↔	↔	
Temsirolimus	↑	↑	↑	↑	↑	↑	↔	↓ g	↓ g	↓ g	↑	↑	↑	↑	↑	↔	↔	↔	↔	↔	

Colour Legend

- No clinically significant interaction expected.
- These drugs should not be coadministered.
- Potential interaction which may require a dose adjustment or close monitoring.
- Potential interaction predicted to be of weak intensity. *No a priori* dosage adjustment is recommended.

Notes

- a Cytostatic agent may induce cardiac toxicity including arrhythmias and/or non-specific ECG abnormalities; caution is warranted in presence of other drugs with potential effects on PR and QT intervals.
- b Potential additive hematological toxicity
- c Potential additive nephrotoxicity
- d The cytostatic agent may impair renal function: monitor creatinine clearance and adjust NRTI dosage accordingly (may require a change from a single tablet regimen).
- e Coadministration may increase concentrations of cisplatin and FTC. Close monitoring of renal function is recommended.
- f Concentrations of cisplatin and FTC or 3TC may increase. Close monitoring of renal function is recommended.
- g Concentrations of parent drug decreased but concentrations of the active metabolite increased.
- h Concentrations of parent drug decreased but concentrations of the active metabolite and toxic metabolite increased.
- i Concentrations of parent drug increased but concentrations of the active metabolite decreased which may result in decreased efficacy.

Abbreviations ATV atazanavir DRV darunavir LPV lopinavir /c cobicistat /r ritonavir DOR doravirine Efv efavirenz ETV etravirine NVP nevirapine RPV rilpivirine MVC maraviroc
BIC bictegravir DTG dolutegravir EVG elvitegravir RAL raltegravir ABC Abacavir F or FTC emtricitabine 3TC lamivudine TAF tenofovir alafenamide TDF tenofovir DF ZDV zidovudine

Text Legend

- ↑ Potential increased exposure of the cancer drug
- ↓ Potential decreased exposure of the cancer drug
- ↔ No significant effect
- ▼ One or both drugs may cause QT and/or PR prolongation.
ECG monitoring is advised if coadministered with atazanavir or lopinavir; caution is advised with rilpivirine as supratherapeutic doses of rilpivirine (75 and 300 mg once daily) were shown to prolong the QT interval.
- ◊ Potential QT and/or PR prolongation due to the cytostatic agent. Use with caution; ECG monitoring recommended.
- j Coadministration may affect bictegravir concentrations. In addition, ifosfamide and tenofovir alafenamide may show additive renal toxicity.
- k The oxaliplatin effect may be potentially antagonised due to its reduced entry into the tumour cell arising from the inhibition of OCT2.
- l No interaction is expected with FTC, but concentrations of oxaliplatin and 3TC could increase if coadministered. Monitor side effects.
- m Use in HIV patients is contraindicated by some manufacturers.
- n Concentrations of SN-38 (active metabolite) increased.
- o Coadministration is contraindicated in the atazanavir US product label, but the European product label recommends patients should be closely monitored for adverse reactions related to irinotecan.
- p Conversion of SN-38 to inactive metabolite increased.
- q Coadministration may decrease bictegravir concentrations, but no effect on emtricitabine or tenofovir alafenamide is expected.
- r Poor tolerability has been observed in patients on ritonavir-containing regimens. (A similar effect may also occur with cobicistat-containing regimens.)