

Cancer Therapies Treatment Selector

Charts revised March 2021. 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	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
D Daunorubicin	↔ ^a	↔ ^a	↔	↔	↔ ^a	↔	↔	↔	↔	↔ ^a	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔ ^b
D Doxorubicin	↔ ^a	↔ ^a	↔	↔	↔ ^a	↔	↔	↔	↔	↔ ^a	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔ ^b
E Epirubicin	↔ ^a	↔ ^a	↔	↔	↔ ^a	↔	↔	↔	↔	↔ ^a	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔ ^b
Alkylating Agents																					
C Carboplatin	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
C Chlorambucil	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
C Cisplatin	↑	↑	↑	↑	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
C Cyclophosphamide	↓ ^g	↓ ^g	↓ ^g	↓ ^g	↓ ^g	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
D Dacarbazine	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
D Dactinomycin	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
I Ifosfamide	↑ ⁱ	↑ ⁱ	↑ ⁱ	↑ ⁱ	↑ ⁱ	↓	↓ ^h	↓ ^h	↓ ^h	↓	↓	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
O Oxaliplatin	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
P Procarbazine	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Antimetabolite Agents																					
C Capecitabine	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
C Cytarabine	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
F Fluorouracil	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
G Gemcitabine	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
M Mercaptopurine	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
M Methotrexate	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Plant Alkaloids																					
D Docetaxel	↑	↑	↑	↑	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
E Etoposide	↑	↑	↑	↑	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
I Irinotecan	↑ ^{n,o}	↑ ^{n,o}	↑ ⁿ	↑ ⁿ	↑ ⁿ	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
P Paclitaxel	↑	↑	↑	↑	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
V Vinblastine	↑	↑	↑	↑	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
V Vincristine	↑	↑	↑	↑	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Tyrosine Kinase Inhibitors																					
D Dasatinib	↑	↑	↑	↑	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
E Erlotinib	↑	↑	↑	↑	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
G Gefitinib	↑	↑	↑	↑	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
I Imatinib	↑	↑	↑	↑	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
L Lapatinib	↑	↑	↑	↑	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
N Nilotinib	↑	↑	↑	↑	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
P Pazopanib	↑	↑	↑	↑	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
S Sunitinib	↑	↑	↑	↑	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Others																					
B Bortezomib	↑	↑	↑	↑	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
C Cetuximab	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
E Everolimus	↑	↑	↑	↑	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
S Sorafenib	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
T Tamoxifen	↑	↑	↑	↑	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
T Temsirolimus	↑	↑	↑	↑	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
T Trastuzumab	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
T Trastuzumab emtansine	↑	↑	↑	↑	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔

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 <i>a priori</i> dosage adjustment is recommended.

Text Legend

↑	Potential increased exposure of the cancer drug	↑↑	Potential increased exposure of HIV drug
↓	Potential decreased exposure of the cancer drug	↓↓	Potential decreased exposure of HIV 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.		

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 haematological 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.
- 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).
- s Coadministration not recommended due to the potential for an increase in exposure and toxicity of DM1 (an active component of emtansine).