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Title: Anticancer chemotherapy combined with anti-tuberculosis treatment: A systematic review

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Body: Introduction Lung cancer (LC) and anticancer chemotherapy are clinical conditions associated with increased risk for active tuberculosis (TB). Aim To evaluate the currently available literature concerning, clinical characteristics and treatment responses of active TB in LC patients. Method Systematic review of case-control studies and case series published since 1952 (introduction of isoniazid in clinical practice) reporting serial cases of active TB complicating LC. Results TB was usually present when neoplasms first appeared. In such a case the disease confined to the upper lobes, with or without cavitation, or was spread to lymph nodes. When TB appeared later in the course of the cancer, after anticancer chemotherapy, was extended and disseminated. Clinical/radiological characteristics of TB and LC resembled each other. Survival was poor in LC patients with TB as compared to those without TB. The mean overall mortality associated with TB was 22.6%. There were no differences in treatment responses and/or toxicity of the anti-tuberculosis medication when combined with anticancer therapy. Variations in prognosis and mortality were associated with co-factors like cyclic versus long-term continues use of chemotherapy, severity and duration of neutropenia and malnutrition. Most authors suggest a regimen based on first-line anti-tuberculosis drugs. Conclusion There is an overlap in clinical characteristics of TB and LC. Anticancer chemotherapy is not an obstacle in anti-tuberculosis treatment. However, poor survival and high mortality rates were observed. Any eventually interactions between anti-tuberculosis and anticancer medication affecting the efficacy of the latter disserve further studying.