Kaposi’s sarcoma patient profile in the cohort of the German Competence Network HIV/AIDS

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Background

• Kaposi sarcoma (KS) continuous to be the most common AIDS defining malignancy.
• A total of 487 patients with HIV-associated KS were documented in the patient cohort of the Competence Network for HIV/AIDS.
• The aim of this study is the acquisition and description of patients with HIV-associated KS from the cohort database of the Competence Network for HIV/AIDS.

Patients and Methods

• Study design: retro-/prospective, non-interventional multicenter study from 9 centers of the Competence Network for HIV/AIDS.
• Inclusion criteria:
  • Treatment-naive and pretreated man and women
  • HIV-1 diagnosis
  • Clinically and/or histologically proven KS
  • Age ≥ 18 years
• Data were collected using a standardised questionnaire in Excel format between May and August 2011.
• The socio-demographic and clinical baseline characteristics at the time of the initial KS diagnosis were described.
• Recurrence and survival probabilities were estimated by means of Kaplan-Meier curves.
• The influence factors for survival were analysed with multiple Cox-regression models. As potential risk factors for the mortality risk the CD4- and CD8 cell count and patients without ART before KS diagnosis had a significant lower mortality risk. (CD4 0.61 [0.39-0.96], without ART vs. ART 0.15 [0.04-0.63]).
• It was shown that about 80% of the patients had no recurrence after the therapies and 18 (8.1%) patients died, 3 from disseminated KS and 4 from opportunistic infections. Recurrence and survival probabilities were estimated by means of Kaplan-Meier curves (Figure 1 and 2).

Results

• In the period of 1987-2011 KS was diagnosed in 222 study participants.
• The baseline characteristics of KS patients were summarized in Table 1 and 2.

Tabel 1
Socio-demographic and clinical baseline characteristics of the study population (n=222)

| Gender (%) | male | 97.7 | female | 2.3 |
| Transmission risk (%) | MSM | 88.3 | intravenous drug users | 3.6 | heterosexual contacts | 4.5 | immigrants from high endemic regions | 1.4 | other/unknown | 2.2 |
| Median age at KS diagnosis -years (min-max) | 38.5 (23.4-76.8) |
| CDC stage before KS diagnosis (%) | A | 13.6 | B | 55.9 | C | 30.5 |
| Localisation of KS (%) | skin | 91.4 | oral mucose | 20.0 | stomach | 7.3 | intestine | 4.1 | other (esophagus, anus, larynx, trachea, lungs, pleura, lymph nodes) | 10.0 |
| Median CD4 cell count/mm³ (IQR) | 189, 33 | 166 (72-333) |
| Median HIV-RNA copies/ml (IQR) | 175, 47 | 37000 (1030-23500) |

Tabel 2
Clinical baseline characteristics of the study population (n=222)

| Antiretroviral therapy (ART) before KS diagnosis (%) | ART-naive | 57.2 | ART 0-6 months before KS | 16.7 | ART >6 months before KS | 22.0 |
| Breaks in ART before KS | 2.7 | ART status unknown | 1.4 |
| Therapy of KS (%; n=198, 24 missings, multiple choices possible) | ART only | 34.3 | Specific therapy in addition to ART | 65.7 |
| Chemotherapy | 43.4 | PLD | 82.6 | of (Daunorubicin, Faromurubicin, BV, CHOP, CHOEP-R) | 10.5 |
| unknown | 7.0 | Local excision | 12.1 | Local radiation | 7.6 |
| Interferon-alpha | 7.1 | Other (retinoids, PDT, laser, cryotherapy, lymph drainage) | 8.6 |

• In addition it was shown by the Cox-model that patients with higher CD4 cell count and patients without ART before KS diagnosis had a significant lower mortality risk. (CD4 0.61 [0.39-0.96], without ART vs. ART 0.15 [0.04-0.63]).

Conclusions

• About half of the KS patients from the cohort of the German Competence Network for HIV/AIDS are described in this study.
• A low CD4 cell count at KS diagnosis is an important predictor for mortality.
• Immune reconstitution by ART is associated with a lower mortality risk.

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