Kaposi Sarcoma

Virginia C. Broudy, MD
Professor and Vice-Chair of Medicine, University of Washington
Chief of Medicine, Harborview Medical Center
Scripps Professor of Hematology

October 29, 2015

This presentation is intended for educational use only, and does not in any way constitute medical consultation or advice related to any specific patient.
AIDS-Defining Malignancies

- Kaposi sarcoma
- NHL – now has a higher incidence than Kaposi sarcoma in the US
- Primary central nervous system lymphoma
- Invasive cervical cancer
Non AIDS-Defining Malignancies

- Anal cancer (120 fold ↑)
- Hodgkin lymphoma (20 fold ↑)
- Hepatocellular cancer (5 fold ↑)
- Lung cancer (2 fold ↑)

Note: Risk of breast cancer, prostate cancer, colon cancer is not increased in HIV (+) people in comparison to HIV (-) people

JCO 27:884,2009
Kaposi Sarcoma

Kaposi sarcoma

No. of US Cases

Year


Cases with AIDS

Cases without AIDS

JAMA 305:1450,2011
Kaposi Sarcoma

- Most common malignancy in HIV worldwide; a major problem in Africa
- Mucocutaneous, lymph node, pulmonary, gastrointestinal involvement
- HHV-8 related
- HHV-8 is also implicated in Castleman disease and primary effusion lymphoma, and these may co-exist with Kaposi sarcoma
Kaposi Sarcoma: Symptoms

- Skin: Cosmetic
- Feet: Pain when walking
- Lungs:
  - Dyspnea
  - Cough
  - Hemoptysis
- Gastrointestinal:
  - Weight loss
  - Abdominal pain
  - Bleeding
Kaposi Sarcoma
Physical Exam

- Predilection for face (nose), oral cavity, feet
- Carefully inspect face, around eyes, around ears
- Look at hard palate and gums
- Examine lymph nodes
- Look at dorsal and plantar aspect of feet
- Look for woody lymphedema of legs
What Should You Do To Treat Kaposi Sarcoma?

1. Nothing. “It’s a cosmetic problem”
2. Institute ART
3. Local radiation therapy
4. Liposomal doxorubicin 20 mg/m² IV every 3 weeks
ART is the key to effective treatment of Kaposi sarcoma!
Kaposi Sarcoma Treatment

• Institute ART

• Over 3-6 months, Kaposi sarcoma lesions improve in 80% of patients (paler, flatter)

• Immune reconstitution inflammatory syndrome in some patients (progression of Kaposi sarcoma over 3 months after starting ART)
Two Forms of IRIS

- Temporary progression of Kaposi sarcoma
- Unmasking of previously subclinical Kaposi sarcoma
Immune Reconstitution Inflammatory Syndrome

- 417 people with KS starting ART in 3 African cohorts (SA, Zimbabwe, Mozambique) and 1 European cohort
- Incidence of IRIS in the African cohort 20% vs the European cohort 9.5%
- Risk factors were very high HIV viral load and detectable HHV8 viral load
Kaposi Sarcoma
Reasons to Consider Chemotherapy

- Appearance
- Symptomatic foot involvement
- Pulmonary involvement
- Gastrointestinal involvement
- Woody lymphedema
Stage-Specific Treatment of Kaposi Sarcoma
N = 469

• 303 patients with early stage (T0) KS (skin, lymph nodes, minimal oral KS) were treated with ART

• 166 patients with advanced stage (T1) KS (edema or ulceration, extensive oral KS, GI or pulmonary KS) were treated with ART plus liposomal doxorubicin
Excellent Ten Year Overall Survival!

- Early stage (T0) Kaposi sarcoma: 88%
- Advanced stage (T1) Kaposi sarcoma: 81%

- 15 of 469 patients died of Kaposi sarcoma
Early Stage (T0) KS Treated with ART Alone (ART Naive Group)
AIDS Malignancy Consortium Clinical Trials

- We are a core site for AIDS Malignancy Consortium clinical trials

- Bob Harrington, Manoj Menon, Jeff Schouten, Ginny Broudy, David Aboulafia, Ann Woolfrey, Corey Casper
AIDS Malignancy Consortium
Clinical Trials

- Cabozantinib for solid tumors, including Kaposi sarcoma
- R-EPOCH ± vorinostat for diffuse large B cell lymphoma
- AVD with brentuximab vedotin for Hodgkin lymphoma