Clinical Infectious Diseases 2008;47:410–417

Long-Term Prognosis of HIV-Infected Patients with Kaposi Sarcoma Treated with Pegylated Liposomal Doxorubicin

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Introduction. Incidence of Kaposi sarcoma (KS) in human immunodeficiency virus (HIV)–infected persons has dramatically decreased in the highly active antiretroviral therapy era. However, this tumor still represents the most common cancer in this population.

Objectives. The objectives of this study were to evaluate long-term prognosis of HIV-infected patients with KS who had received pegylated liposomal doxorubicin (PLD) and, more specifically, to assess tumor relapse rate, mortality, and cause of death in these subjects.

Design. This study was a retrospective review of all patients with KS who had received PLD in centers belonging to the Caelyx/KS Spanish Group. Kaplan-Meier analysis and univariate and multivariate Cox-regression analysis were used to assess the rate of and factors associated with relapse and death through January 2006.

Results. A total of 98 patients received PLD from September 1997 through June 2002. Median follow-up after initiation of treatment was 28.7 months (interquartile range, 6.6–73.2 months); during follow-up, 29 patients died (a mortality rate of 14.6% per year). In 9 patients (31%), the cause of death was related to the appearance of other tumors (including 7 lymphomas, 1 gastrointestinal adenocarcinoma, and 1 tongue epidermoid cancer). Death caused by progression of KS occurred in 3 cases. Death risk was inversely related to CD4+ cell counts at the end of follow-up (hazard ratio for every increase in CD4+ cell count of 100 cells/μL, 0.7; 95% confidence interval, 0.5–0.9). A relapse study was performed for 61 patients who had complete or partial response to PLD and who attended a control visit after treatment completion. After a median follow-up of 50 months (interquartile range, 17.2–76 months), 8 patients (13%) had experienced relapse; 5 of these patient experienced relapse within the first year after stopping PLD. The only factor that was independently related to risk of relapse was having a CD4+ cell count >200 cells/μL at baseline (hazard ratio, 6.2; 95% confidence interval, 1.2–30). Lower CD4+ cell count at the end of follow-up was marginally associated with relapse (hazard ratio for every increase in CD4+ cell count of 100 cells/μL, 0.7; 95% confidence interval, 0.6–1.01).

Conclusions. Treatment of KS with PLD in HIV-infected patients is followed by a low relapse rate, with most relapses occurring during the first year after stopping chemotherapy. However, the mortality rate in this population was high, in part because of an unexpectedly high incidence of other tumors, mainly lymphomas.