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A PROGNOSTIC INDEX FOR AIDS-ASSOCIATED KAPOSI SARCOMA IN THE ERA OF HAART

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BACKGROUND: We wished to develop a simple model for predicting outcome in individuals affected with AIDS-KS in the era of HAART.

METHODS: We performed univariate and multivariate Cox regression analyses to identify covariates predictive of overall survival on a cohort of 326 HIV- positive patients who developed KS since 1996.

RESULTS: In these individuals, a prognostic score from 0 to 15 can be calculated commencing at the number 10, incorporating S stage (the presence of another HIV-associated illness, +3 if the S stage is 1), age (+2 if age >50 years old at diagnosis), KS as a first ADI (3 if KS is the ADI) and CD4 cell count (1 for each increase of 100 cells/ μ l at diagnosis). Individuals with a prognostic score of 0, 5, 10 and 15 had 1-year survivals of 99.4%, 96.7%, 83.4% and 37.8% and 5-year survivals of 98.4%, 91.8%, 63.1% and 8.4%. Increasing the prognostic score by 1 increases the risk of death by 40% (HR 1.4, 95% confidence interval (CI) 1.28–1.53, bootstrapped [HR 1.39, 95% CI 1.25–1.51]) and the index has a concordance of 76.8% (95% CI 71.7–82.3%). The prognostic index, validated internally using a bootstrap procedure with resampled data, applied to individuals on and off HAART at KS diagnosis.

CONCLUSION: An accurate prognostic index can be obtained for individuals with AIDS-KS in the HAART era by combining age, S stage, KS as an ADI and CD4 count. This can be used to guide therapeutic options.

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