

## Kaposi Sarcoma: A Decade of Experience at the HIV Outpatient Program in Louisiana

### Introduction:

Kaposi sarcoma (KS) is an AIDS-defining malignancy associated with Human Herpesvirus 8 (HHV-8). It presents with a wide range of manifestations, from localized lesions to disseminated multi-system involvement. Initiation of antiretroviral therapy (ART) to achieve viral suppression is the cornerstone of KS management, with chemotherapy considered when appropriate.

In 2022, Louisiana ranked 4th in the United States for new HIV diagnoses. As of June 2025, nearly half (47%) of people with HIV (PWH) in Louisiana had an AIDS diagnosis. We describe the 10-year clinical trends and outcomes of PWH with KS receiving care at the HIV Outpatient Program (HOP) at University Medical Center New Orleans (UMCNO), a safety net hospital for the state of Louisiana.

### Methods:

We conducted an IRB-exempt, retrospective chart review of PWH followed at HOP who were diagnosed with KS between 2015 and 2025. Demographic variables included age at diagnosis, sex, ethnicity, HIV risk factor, and additional variables such as ART adherence, viral suppression status, staging of KS, Eastern Cooperative Oncology Group (ECOG) score, and 5-year overall survival were evaluated.

### Results:

A total of 37 PWH with KS were identified: 31 male, 3 female, and 3 transgender female. Most patients were African American and men who have sex with men (MSM). At diagnosis, 72% had CD4 count less than 200, and 89% were not virally suppressed. KS manifestations included cutaneous (26, 84%), mucosal (12, 39%), lymph node (8, 26%), respiratory (7, 23%), visceral (6, 19%), and bone involvement (2, 6%). Twenty-one patients (57%) received chemotherapy, most commonly doxorubicin (16), followed by paclitaxel (6). Twenty-one clients (57%) achieved remission, and the five-year survival was 57%.

Achieving viral suppression after KS diagnosis was associated with a 3.4-fold higher likelihood of remission (RR 3.39; 0.91–12.6) and an 83% lower risk of death (RR 0.17; 0.06–0.52). Chemotherapy use was associated with a 3.1-fold increased likelihood of remission (RR 3.05; 1.05–8.9). The combination of viral suppression and chemotherapy was associated with a 3.2-fold higher likelihood of remission (RR 3.24; 1.26–8.31).

### Conclusion:

This study characterizes KS among PWH in New Orleans, a unique city in the Deep South for the past decade. Although there was an apparent association between mortality and chemotherapy (and chemotherapy with viral suppression), all mortality cases in our study were determined not to be related to complications of KS. Findings highlight that ART adherence leading to viral suppression, along with appropriate chemotherapy, are critical components of effective KS management.