

SKIN CANCER (OTHER THAN MELANOMA)

PACLITAXEL AS FIRST OR SECOND-LINE TREATMENT FOR HIV-NEGATIVE KAPOSÍ'S SARCOMA: A RETROSPECTIVE STUDY OF 58 PATIENTS

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Background: Chemotherapy is the cornerstone for the management of diffuse, aggressive cutaneous and/or visceral Kaposi's sarcoma (KS), but there are no standard treatment guidelines. Paclitaxel has recently been approved as a second line treatment for AIDS-related KS, and since it is well tolerated in the elderly, there is much interest in its efficacy also in the treatment of non-AIDS related KS.

Objective: To assess the safety and effectiveness of intravenous paclitaxel in the treatment of non-HIV associated KS.

Materials and Methods: We conducted a retrospective database analysis of our departmental database in histologically proven, HIV-negative KS.

Results: A total of 58 patients treated with intravenous paclitaxel 100 mg weekly were identified. Among these patients, 11 patients underwent paclitaxel as first line treatment, whereas 47 received paclitaxel after other types of systemic chemotherapy. Fifty three (94,6%) patients achieved a partial or a complete remission after a mean of 13,5 (range 4-19) infusions. Disease progression was observed in two patients and one patient had a stable disease. Thirty-one (58,5%) of 53 responding patients are still stable after a mean of 19,1 months of follow-up, while 22 (41,5%) patients relapsed after a mean of 14 months. Paclitaxel was repeated in all relapsed patients for a mean of 11 infusions obtaining PR/CR in all cases. Tolerance was good except for one patient who discontinued the treatment because of a severe allergic reaction.

Conclusions: Low dose weekly paclitaxel is effective for the treatment of non-HIV related KS, both as first-line treatment, as well as for KS refractory to other types of chemotherapy. Moreover, paclitaxel is well tolerated and can be repeated without loss of efficacy.