

JUL 1 1968

Director
Division for Cancer Control

*Trace -
Wiley
Fischer
The is. definitely
The 20% are the
First reported
one from
Cancer
Center
Cancer
Survival
1968. R.*

Re: Kaposi's Sarcoma and Spontaneous Infarctions

Vincent T. DeVita, Jr., M.D.
Instructor, National Cancer Institute
Through: Director, National Institutes of Health

A recently discovered outbreak of certain illnesses presents an opportunity for the National Cancer Institute and the CDC to collaborate to address a problem of significant public health concern and scientific importance. The attached copies of the NCIH contain reports of 15 cases of thrombocytopenic purpura and 14 cases of Kaposi's sarcoma (KS) among homosexual men in the New York City and California. All patients tested had evidence of previous or current cytomegalovirus infection, while some were reported to be currently immunosuppressed. To date, we have received case reports from 101 patients with KS and/or various opportunistic infections without known underlying diseases. Forty-eight of 44 men with histopathologically diagnosed KS were less than 35 years of age and 10 were homosexual. Ten of these 44 men have died. Due to the unusual presentation and distribution of these 44 cases, it is not surprising that misdiagnoses, delays in diagnosis, and uncertainties about therapy have been frequently reported.

Currently, surveillance and epidemiologic studies are needed to define the scope of the KS problem. Studies designed to define possible etiologic, immunologic, and/or toxic roles in etiogenesis are also needed. These investigations could be coordinated with therapy trials.

The CDC has formed a multidisciplinary task force and has begun active surveillance and case investigation. Dr. James Green, coordinator of the task force, and others at CDC, have already been in communication with investigators in several NCI units. They have quickly learned of the depth of experience and expertise NCI has to offer—specific to KS as well as all areas of cancer investigation.

In order to encourage collaboration in current investigative efforts, we would appreciate it if you would name an NCI contact person to coordinate interagency communication with Dr. Green. (PH 134-1933).

William F. Hoag
William F. Hoag, M.D.
Assistant Surgeon General