

# MEMORANDUM

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
PUBLIC HEALTH SERVICE  
NATIONAL INSTITUTES OF HEALTH

TO THE RECORD

DATE: October 13, 1981

FROM : James J. Goedert, M.D.  
Family Studies Section, EEB/NCI



SUBJECT: Report from Workshop on Kaposi's Sarcoma, September 15, 1981

This conference brought together etiologic and therapeutic investigators to discuss the epidemic of immunosuppression and Kaposi's sarcoma (KS) in homosexual men. Dr. Bob Biggar's general discussion of the morning presentations and the virology-etiology workshop is attached. . .

The highlights of the meeting were the morning presentations by Dr. Jim Curran of the CDC and the New York University (NYU) group. Dr. Curran summarized the CDC investigation of 66 homosexual cases of KS (with or without unusual infections) and 58 cases with only unusual, and frequently fatal (66%), infections. All 124 cases occurred in otherwise healthy men since early 1979. Both case reporting and deaths have increased logarithmically over time, most noticeably during the past three months. Of the 124 cases, 72 are in New York City, 14 in San Francisco, 13 in Los Angeles, and 25 from other cities, mostly Atlanta. Active case seeking in many other areas makes reporting bias unlikely.

From NYU, Dr. Friedman-Kien described their experiences with some 9 homosexual KS patients. A report is in press in The Lancet (K. B. Hymes, et al.). They have extensive laboratory studies ongoing, only some of which he described. Almost all of their 9 KS patients were totally anergic, had elevated CF titers to CMV, and had inverted helper/suppressor T-lymphocyte ratios using monoclonal antibodies. (Although not brought up at the meeting, a very similar pattern was observed by our laboratory for both clinically affected and healthy normal male homosexual volunteers.) The NYU cases also had elevated CMV and EBV titers.

Dr. Friedman-Kien then turned the floor over to Dr. Pablo Rubenstein of the New York Blood Center, who reported that among some 19 cases with KS or immune suppression, there was an excess of HLA-Dr5 (61% versus 19.4% in controls,  $P = 0.0007$  after correction for multiple comparisons). I later learned that their 2 black KS patients did not have -Dr5; and reportedly, 5 CDC KS patients have been -Dr5 negative. Dr. Rubenstein has subsequently tested "classic" KS patients, and 5 of 7 were -Dr5 positive, versus 3 of 9 controls. Among the KS homosexuals, there was a nonsignificant excess of -Dr6 and nonsignificant deficiency of -Dr3.

Since the CDC is starting a case-control interview and serology study which will actively seek out all living KS cases who will each be matched to four controls from various groups, the afternoon epidemiology workshop focused on the need for and problems of a large cohort study of homosexual men. The two principal options seemed to be: (1) a large (10,000-30,000) retrospective cohort

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mortality study (modeled on occupational cohort studies), probably utilizing subscription rosters for gay publications; and (2) a smaller (2,000-3,000) cohort from the hepatitis-B vaccine trials, which are already assembled, are ongoing, and include stored sera. Both studies should probably be undertaken -- the former because it would be reasonably quick and would be large enough to determine whether other diseases (especially lymphomas) might be associated; the latter because the cohort could be more accurately characterized with regard to associated (non-morbid) diseases and sexual practices.

While lip service was paid to the need for broad collaboration, a constant theme of the meeting was how much was NOT said. None of the major institutions investigating the homosexual-Kaposi outbreak (i.e., CDC, NYU, Memorial, UCSF, UCLA, Stanford) openly discussed ongoing research, except as mentioned above. For instance, virus studies are in progress, at least at NYU and probably at Memorial, UCSF, and Stanford. Exactly what each institution is attempting is a mystery, but I learned that NYU has tumor growing in several nude mice. Immunologic studies are underway at UCLA, Stanford, and probably the rest; but the details are completely confidential. I know of no one doing tumor cytogenetics. The inhaled nitrites are being analyzed by CDC and at Stanford; and some weeks ago, Dr. Curran mentioned some small-scale animal studies with these chemicals. This would probably be a useful area for NIH laboratory scientists, particularly since it would complement our immunologic studies in homosexual men and since an NYU epidemiologist confidentially mentioned that nitrite inhalation probably will turn out to be a significant risk factor for KS in their case-control study.

Attachments

cc: Dr. J. F. Fraumeni, Jr.  
Dr. W. A. Blattner  
Dr. M. H. Greene  
Dr. William Wallen