

KAPOSI'S SARCOMA —

A Gay Cancer?

by Dan Leonard

This summer, reports of two rare diseases that reportedly affect male homosexuals were widely reported in the newspapers. The National Center for Disease Control formed a special task force to investigate both Kaposi's Sarcoma and Pneumocystis carinii, a parasitic, pneumonia-like disease.

No one has yet discovered why gay men are the victims of these diseases. Dr. Harold Jaffe, a member of the task force, said they plan to investigate links to previous diseases, immunization system disorders, sexual lifestyle, drug use, and other possible causes.

Both diseases have previously been associated with people with severe immune deficiencies caused by such factors as viral attacks and anti-cancer treatment. These seem to hold the most promise for researchers, Jaffe said.

One of the main areas of investigation involves a second type of infection common among gays. This virus, called CMV, causes mononucleosis-like symptoms and weakens the body's natural defenses against infection.

This virus, which is sexually transmitted, has been associated with, but has not been shown to cause the cancer.

Medical research into the problem is continuing. In New York City, fifteen members of Black and White Men Together participated in the first phase of a cancer research project, being conducted by the National Cancer Institute, into the cause of Kaposi's Sarcoma.

To add to the controversy, Dr. Dennis McShane, chairman of the newly formed American Association of Physicians for Human Rights, says there's no evidence of gay-related pneumonia or cancer. According to a report in *Gay News*, Dr. McShane says that members of the group have met with officials of the Center for Disease Control in Atlanta about the diseases. He notes the relationship between gay men and the diseases is only anecdotal; there's no real pathological evidence as of now, he maintains.

Quite naturally, there has been increasing concern among gay men in the past few

months about Kaposi's sarcoma. Highly informative technical articles have appeared in *Morbidity and Mortality Weekly Report*, July 3 and August 28; and *Oncology Times*, August 1981. This article will give some information about the symptoms and nature of this disease.

Heretofore, for Kaposi's sarcoma (KS) has been known as an extremely rare (2-6 cases per ten million people) mild cancer of the lining of the blood vessels in the skin of the lower leg and other sites away from the center of the body—penis, ears, lower arm, eyelid. There are also at first unnoticed internal changes.

It usually occurs in older men (23-90, with an average age of 63) and in some cases progresses to be fatal in 8-13 years. In these men early treatment of the first skin changes by x-rays is often curative.

However in the past two years, 44 cases have been described in much younger men (26-51 years old, with an average age of 39) in New York City and California who were also

gay or bi-sexual. Eight of these have died, with some deaths occurring within 24 months of diagnosis.

(NOTE: Pneumocystis pneumonia (PCP) has been observed as a companion or separate disease in many more gay men who apparently have a decreased resistance to bacterial and viral infections. When we combine the deaths from KS and/or PCP, the mortality rate is 40%.)

Some of these gay men had a history of hepatitis and or amebiasis.

Blood tests in twelve of the men showed some current or past exposure to cytomegalovirus (CMV), a virus that is related to some cancers. According to one study in San Francisco, 95% of gay men tested show evidence of CMV. This rate is twice as high as the rate for the whole population.

Dr. Robert Tomsick, a dermatologist at North Carolina Memorial Hospital emphasizes that this is an extremely rare disease and that gay men should be more

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RECOGNITION OF KAPOSI'S SARCOMA

Characteristic	Kaposi's	NOT Kaposi's	
		bruise	angiomas
COLOR	purplish (as small plum)	blue/black	red
LOCATION	lower leg Other sites away from the center of the body	anywhere	anywhere
DURATION	persist and enlarge	1-2 weeks (depending on severity)	persist but do not enlarge
TEXTURE	raised and rough	flat	almost flat, slightly rounded
PAIN	none	tender, sore	none
TREATMENT	radiation	warm compresses	usually none needed

R.S. Tomsick, Dermatologist, NCMH
D.L. Leonard, Gay Public Health Workers

the Front Page

"There is not one member of the gay community who hasn't benefitted positively from the changes over the last 30 years. Yet we still hear, 'I don't like the gay community here very much.' To which we must respond, 'But my dear you are the gay community!'"

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