New Jersey State Cancer Registry Data Brief – Kaposi Sarcoma

- Kaposi Sarcoma (KS) is a rare cancer that develops in cells that line lymph or blood vessels and is characterized by skin lesions on the legs or face.
- KS is most commonly seen in people with HIV/AIDS whose weakened immune systems are more vulnerable to infection with Kaposi sarcoma associated herpesvirus (KSHV).
- HIV/AIDS was first reported in the U.S. in 1981 and continued to increase in the population until 1987 when the first antiretroviral therapy (ART) was approved for HIV/AIDS treatment. In 1995 the FDA approved the first protease inhibitor that would be used in highly active antiretroviral therapy (HAART) which is more effective than ART alone in treating HIV/AIDS. The incidence of KS in NJ reflects the release of effective treatment for HIV/AIDS.

Data Source: NJ State Cancer Registry December 2017 file. Rates are per 100,000 and age-adjusted to the 2000 US population standard. Joinpoint analysis was used to calculate annual percent change (APC) incidence rates and identify points in time when incidence trends changed significantly. ^APC significantly different from zero at p<0.05.

KS increased significantly in NJ men from 1979-1988 (APC=22.8). HAARTs introduced in 1995 coincided with a significant decrease of KS incidence in NJ males from 1995-1999 (APC=-22.6). After the introduction of ARTs in 1987, the incidence of KS in NJ women decreased significantly after 1989 (APC= -4.6).
The average annual KS incidence rate from 1990-2015 is more than doubled in Black NJ residents compared to White NJ residents for both males and females. Female Asian or Pacific Islander NJ residents have the lowest KS average annual incidence rate, while Black male NJ residents have the highest.

References:
