Without the advent of ART, quickly shown that some patients with KS who received ART without chemotherapy had lesion regression.

All early “HAART” regimens contained protease inhibitors (PIs), which is what distinguished them from pre-HAART era.

The result was that some patients with KS who received ART without chemotherapy had lesion regression. This led to belief, by some, that PIs had special/specific activity in KS.

A number of studies suggest this may be the case. Inhibition of the cellular proteasome, which is what distinguished them from pre-HAART era.

• PIs more complicated, expensive, drug-drug interactions

Bone marrow suppression is a common side effect, which is why some patients may require chemotherapy.

It is challenging to identify patients with KS in early stages that are treated with ART alone:

While incidence of failure is high with ART alone, there is a wide range of outcomes in terms of survival or need for subsequent chemotherapy.

Overall high incidence of subsequent indications for chemotherapy and death

No evidence for superiority of PI-based ART (at least topiram) in terms of survival or need for subsequent chemotherapy.

This is despite ample biologic plausibility.

The results are consistent with this strategy.

Given the lack of chemo salvage, critical to optimize initial Rx

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