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Letter to the Editor

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THE COMMENTARY by Dr Nathan Clumeck on the role of oncologists in the current AIDS epidemic is quite timely and valuable [1]. Kaposi sarcoma (KS), non-Hodgkin's lymphoma, squamous cell carcinoma of the tongue and cloacogenic carcinoma of the anorectum have been reported with increased incidence in the U.S.A. and to a lesser extent in Europe among persons with HIV infection. One large series of patients with non-Hodgkin's lymphoma has been reported in France [2], while only sporadic cases have been reported so far in the rest of Europe [3–5].

In June 1986 a national multidisciplinary cooperative study group on AIDS and related tumours (Gruppo Italiano Cooperativo AIDS & Tumori: G.I.C.A.T.) was established in Italy. The G.I.C.A.T. was composed of oncologists from several research areas: epidemiologists, pathologists, basic researchers, immunologists and clinicians. The goals of G.I.C.A.T. were to define the incidence, morphological features and natural history of malignant lymphomas (ML) and other tumours in persons with HIV infection in Italy and to investigate the relationship between potential oncogenic viruses (EBV, cytomegalovirus, papillomavirus, herpes simplex II, HTLV-I etc.) and the development of tumours.

By April 1987, 61 cases of non-Hodgkin's lymphoma and 21 cases of Hodgkin's disease diagnosed in patients with HIV infection, mainly intravenous drug abusers, were retrospectively collected from different Italian centres [6]. Their clinicopathological characteristics, including unfavourable subtypes, advanced stage at presentation, extranodal involvement, low response rate and short median survival, were superimposable to those observed in American published series [7, 8], mainly composed of homosexual men.

With reference to KS, a study is focused on its characteristics in a group of intravenous drug abusers in Sardinia. In fact, preliminary results have shown that KS seems to affect more than 20% of the intravenous drug abusers with AIDS observed in Sardinia. In the same region the incidence of the classic form of KS (an HLA-DR5 associated tumour) is 30–40-fold higher than in other European regions [9].

Another field of investigation of G.I.C.A.T. was the AIDS-related lymphadenopathy syndrome, known as persistent generalized lymphadenopathy (PGL). Since PGL may simultaneously present with ML in an AIDS setting, the biological and pathological definition and their possible clinical differences have been evaluated. The relevance of such an approach will become even more apparent in view of the growing number of HIV infected persons, also unrelated to the known risk group for AIDS, who may present with a lymphadenopathy picture which simulates ML, both clinically and histologically. Although pathology, including immunohistology, represents the decisive diagnostic tool, selected biological, clinical and laboratory findings may contribute to a better preliminary differentiation of PGL from ML [10]. For instance, in the presence of HIV infection and histologically proven reactive hyperplastic condition in a peripheral node, a patient with mediastinal disease, high sedimentation rate, elevated

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LDH and fibrinogen values and anaemia, is most likely affected also by ML.

Prospective biological, molecular and pathological studies in PGL and AIDS-related ML has been recently undertaken on fresh abnormal tissues collected by a central registry within G.I.C.A.T. and promptly sent to research laboratories. In addition, prospective epidemiological and clinical studies are under way with the aid of specifically devised forms, also taking into account new therapeutic modalities.

In addition to ML and PGL, G.I.C.A.T. is focusing on tumours other than lymphomas and KS that have already been observed in association with HIV infection [11]. These tumours, in particular those thought to be caused by sexually transmitted viruses, are likely to increase in the next few years.

REFERENCES

1. Clumeck N. The epidemic of AIDS virus infection, what is the interest of oncologists? *Eur J Cancer Clin Oncol* 1987, **23**, 115–117.
2. Raphael M, Tulliez M, Bellefqih S *et al.* Les lymphomes et le SIDA. *Am Pathol* 1986, **6**, 278–281.
3. Lev HJ, Schneider J, Hardmeier T *et al.* Kaposi's sarcoma and malignant lymphoma in AIDS. *Virchows Arch A* 1984, **403**, 205–212.
4. Payan MJ, Gambarelli D, Routy JP *et al.* Primary lymphoma of the brain associated with AIDS. *Acta Neuropathol* 1984, **64**, 78–80.
5. Casadei GP, Gambacorta M. A clinico-pathological study of seven cases of primary high-grade malignant non-Hodgkin's lymphoma of the central nervous system. *Tumori* 1985, **71**, 501–507.
6. Monfardini S, Tirelli U, Vaccher E *et al.* for the Gruppo Italiano Cooperativo AIDS & Tumori (G.I.C.A.T.). Malignant lymphomas in patients with or at risk for AIDS in Italy. Abstract from the Third International Conference on Malignant Lymphoma, Lugano, 10–13 June 1987, No. 58.
7. Ziegler JI, Beckstead JA, Volberding PA *et al.* Non-Hodgkin's lymphoma in 90 homosexual men. *N Engl J Med* 1984, **311**, 565–570.
8. Di Carlo E, Amberson JB, Metroka C, Ballard P, Moore A, Mouradian J. Malignant lymphomas and the acquired immunodeficiency syndrome. *Arch Pathol Lab Med* 1986, **110**, 1012–1016.
9. Contu L, Lanasa G, Carcassi G *et al.* Immunogenetic and immunology of Kaposi's sarcoma. Abstract from the Third International Congress on AIDS, 16–18 May 1986, Cagliari, Italy.
10. Vaccher E, Tirelli U, Zagonel V. Clinical and laboratory findings in persistent generalized lymphadenopathy (PGL) versus malignant lymphoma (ML). Abstracts from the International Symposium of Immunobiology in Clinical Oncology and Immune Dysfunctions, Nice, 1987, No. 191, 4–7 April.
11. Tirelli U, Zagonel V, Vaccher E, Monfardini S for the Gruppo Italiano Cooperativo AIDS & Tumori (G.I.C.A.T.). Malignant tumours other than lymphoma and Kaposi sarcoma in AIDS setting. Abstract from the International Symposium of Immunobiology in Clinical Oncology and Immune Dysfunctions, Nice 1987, No. 192, 4–7 April.