

Evidence Discussion (ONC 31.10)

Evidence Summary: ONC 31.10 Kaposi Sarcoma

All eviCore imaging guidelines with regard to Kaposi Sarcoma are derived directly from NCCN guidelines for Kaposi sarcoma.

Initial staging

Most Kaposi Sarcoma (KS) is most often confined to skin, however it can sometimes be found in viscera, particularly in HIV-associated disease (Reid 2024, NCI 2024). To prevent under-staging and to assess the need for systemic therapy, CT of the chest, abdomen and pelvis with contrast are supported at initial diagnosis (Reid 2024).

Restaging/Recurrence

Routine advanced imaging is not supported if there is no visceral disease at diagnosis, but restaging CTs may be approved for patients with visceral disease on systemic therapy per the timeframes offered in eviCore GL ONC 1.2. Contrast CTs may also be approved to evaluate areas with specific signs and symptoms of new involvement (Reid 2024).

Surveillance

There is no data or expert consensus that supports routine surveillance imaging for Kaposi Sarcoma (Reid 2024).

References

- 1.Reid A,Gupta N, Paragh G,, et al. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Kaposi Sarcoma Verion 1.2024-November 7, 2023. All rights reserved. Accessed [June 21, 2024]. To view the most recent and complete version of the guideline, go online to NCCN.org
2. National Cancer Institute PDQ-Kaposi Sarcoma Treatment-Health professional version. Accessed June 21,2024. [Kaposi Sarcoma Treatment \(PDQ®\) - NCI \(cancer.gov\)](https://www.cancer.gov/types/skin/pdq/kaposi-sarcoma-treatment)