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Memorandum

Date February 17, 1982

From Chief, Consolidated Surveillance and Communications Activity
Epidemiology Program Office

Subject Analysis of Case-Control Study

To James W. Curran, M.D., M.P.H.
Coordinator, Task Force on Kaposi's Sarcoma and Opportunistic Infections
Through: Director, EPO *STB 2/17/82*

I have attached the list of important factors in the development of Kaposi's Sarcoma/Pneumocystis carinii that was determined using a second forward selection process for matched cases and controls. We intend to do a third (and final) forward selection process but will wait to complete factor analysis to do this. In addition, after we do the factor analysis, we want to sit down with the epidemiologists on the Task Force to complete the final selection of variables. Keewhan is planning to put together a memorandum to you to discuss the limitations of the data and caveats on interpretation of all the analytic runs and has set up a meeting with Mark Kramer to coordinate this effort. I would suggest providing the list of important factors or some part of it to the interagency committee on March 3. Sometime next week, we can discuss how we want to present these data. We should not plan on having the final selection before the March 3 meeting because we cannot predict the time it will take to complete the factor analysis. Incidentally, the cluster analysis package is in the mail to us from England. Unfortunately, it will take some time to learn how to use the package and apply it properly. Finally, I have also included an interpretation of some of the recoded variables on the table.

I look forward to discussing these things with you next week.

Stephen B. Thacker, M.D.

Attachments

Important Factors in the Development of Kaposi's Sarcoma/P. Carinii -
2nd Forward Selection (PECAN)

Friend (Homosexual)

<u>K.S.</u>	<u>All</u>
1. Syphilis	1. Syphilis
2. Psych pres drug (P)	2. Kwell use
3. Cortisone use	3. Other meds (P)

Clinics (Homosexual)

<u>K.S.</u>	<u>All</u>
1. No. partners in year	1. Parasite med (enteric)
2. Street drugs	2. Street drugs
3. Parasite med (enteric)	3. Other meds (P)
4. Visit Risk Country	4. Visit Risk Country
	5. (tie) FH-cancer (P)
	5. (tie) x Sex partners/year
	7. (tie) Alcohol Use (P)
	7. (tie) Years used poppers (P)

Private MDs (Homosexual)

<u>K.S.</u>	<u>All</u>
1. Kwell Use (P)	1. Other meds (P)
2. (tie) Age, 1st reg homo- sexual exper. (P)	2. (tie) FH-cancer (P)
2. (tie) Years used ethyl chl	2. (tie) Age, 1st reg homosexual exp (P)
4. Visit risk country (P)	2. (tie) Years used ethyl chl
5. Mononucleosis	5. (tie) Anal sex activities (P)
	5. (tie) Kwell use (P)
	7. Mononucleosis

Private MDs (Heterosexual)

<u>K.S.</u>	<u>All</u>
1. Years used poppers	1. Years used poppers

*(P) refers to a protective effect or inverse correlation

Interpretation of Selected Variables Used in the Second Forward
Selection Process--Case-Control Study
of Kaposi's Sarcoma/Pneumocystis Carinii

Syphilis - number of times had syphilis.

Psychotropic prescription drugs - ever used any of these drugs in the last ten years.

Cortisone use - ever used cortisone in the past ten years.

Parasitic med (enteric) - ever used any of the parasitic enteric drugs in the past ten years.

Number of partners in year - number of sexual partners in the past 12 months.

Street drugs - ever used heroin, cocaine, barbiturates, amphetamine, or quaaludes.

Visit risk country - ever visited East Central Europe, Italy, Caribbean, or Africa in past ten years.

Other prescription drugs - ever used any over-the-counter or prescription drugs other than antibiotics, psychotropic drugs, cortisone, anti-parasitic drugs, or hormones.

Average sexual partners per year - Total number of lifetime partners divided by years sexually active.

Alcohol use - ever drink alcohol.

Kwell use - ever used Kwell in the past ten years.

Mononucleosis - ever had mononucleosis in lifetime.

Other surgery - surgery not related to life-style or immunological disease.

Age, first regular homosexual experience - protective effect implies that persons who begin regular homosexual activities at a younger age were at greater risk of disease.