INFUSION OF DONOR LYMPHOCYTES IN LEUKEMIA PATIENTS RELAPSED AFTER BONE MARROW TRANSPLANTATION IS SUCCESSFUL IF T CELLS OF RECIPIENT ARE OF DONOR ORIGIN


The infusion of donor lymphocytes is increasingly used to treat patients with leukemia relapse after allogeneic bone marrow transplantation. Significant numbers of patients with chronic myeloid leukemia respond to this therapy, usually accompanied by graft-versus-host disease. Only a minority of patients with acute myeloid and no patients with acute lymphoid leukemia respond to donor lymphocyte infusion. Direct correlation of neutropoenia with the absence of graft-versus-host disease suggests that infused lymphocytes are neither reactive to the leukemic cells nor to normal tissue of these patients. In an attempt to answer the question why some patients respond while others do not, we determined the genetic origin of T cells present in 19 relapsed patients at the time of donor lymphocyte infusion. All patients who had T cells of donor origin, developed complete remission. In contrast, all but two patients with T cells predominantly of recipient origin failed to respond. T cells responding patients showed cytoxicity in vitro against target cells of recipient origin including leukemic blasts. T cells of nonresponding patients did not show cytoxicity in vitro against target cells of recipient origin. These findings demonstrate that the origin of T cells at the time of relapse is an important prognostic parameter. If T cells are of donor origin, complete remission occurs upon infusion of donor lymphocytes. This led us to hypothesize that autologous T cells of nonresponding patients may destroy infused donor lymphocytes, thus explaining treatment failure.

THE RECOMBINANT GAMMA-INTERFERON AND RETROPLACENTAR POLIHBOLIN IN SYSTEMIC VASCULITIS IMMUNOTHERAPY. V Chomovoi. Liviv Medical Institute, Regional Diagnostic Center, and Internal Clinical Hospital, Liviv, Ukraine.

Clinically-immunologically 27 systemic vasculitis patients (SV) were observed. In cultural immunologic investigation - their immunocompetent cells sensitivity to Gamma-interferon (GI) and retroplacentar polihbolin (RP) was estimated. Complex immunotherapy GI and RP was applied to this patient group according to special schemes during one year. The control group made 43 patients with SV, who got traditional glucocorticoid therapy. The immunological analysis globally evidenced an increment of NK and activated T cells number. These findings demonstrated that: the origin of T cells at the time of relapse is an important prognostic parameter. If T cells are of donor origin, complete remission occurs upon infusion of donor lymphocytes. This led us to hypothesize that autologous T cells of nonresponding patients may destroy infused donor lymphocytes, thus explaining treatment failure.

INDUCTION OF SPECIFIC CYTOTOXIC T CELLS AGAINST LEUKEMIC CELL LINES USING DENDRITIC CELLS FROM CORD BLOOD CD34+ CELLS. U937, K562, K562 with senescent myelogenous leukemia, phytohaemagglutinin membrane- and fermentative properties, enhanced, n-meroglobin level and DR-lymphocytes number increase was estimated. The immunologic values of dynamic - less then a year period shoved, the globulin level and DR-lymphocytes number increase - was estimated. The agocytosis-menibrane and fermentative properties improvement, a year. After 4 treatment weeks - hyperimmunocomplexemia lowering, ph- positive class I antigen, U937 or HUT 102. K562-class 1+ cells were prepared hy

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