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

Ukraine.

I. Vynograd, V. Chopyak, V. Orel, B. Burachinsky.

Wellcome), placentar immunoglobulin (Biopharm) were used in 26 patients with hemorrhagic vasculitis with Lassa fever, Lviv. Laboratory of Virology, Lviv Medical Institute.

Interferon (Healdiran, Sanitas) and acyclovir (Zovirax) were used for main disease stabilisation. Was estimated in 62.9% and 46.8% in A and B groups correspondingly. The treatment, begun in prodromal period of herpes-positive patients with hemorrhagic vasculitis was most effective and contributed to main disease stabilisation.

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THE RECOMBINANT GAMMA-INTERFERON AND RETROPLACENTARY POLIHLIN IN SYSTEMIC VASCULITIS IMMUNOTHERAPY

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Clinically-immunologically 27 systemic vasculitis patients (SV) — were observed. In cultural immunologic investigation — their immunocompetent cells sensitivity to Gamma-interferon (GI) and retroplacentary polihlein (RP) — was estimated. Complex immunotherapy GI and RP — was applied to this patient group according to special scheme during one year. The control group made 43 patients with SV, who got traditional glucocorticoid therapy. The immunologic and hemocoagulative monitoring — was carried out in patients during a year. After 4 treatment month — hypotension, intractable low levels of thrombocytes-, membranous and fermentative properties improvements, — microglobulin level and DR-lymphocytes number increase — was estimated. The immunological values of dynamic — loss a year period showed, the minimal antibodies level, fibrogenin—lowering, B-microglobulin status stabilisation, specific lymphocytes sensibilisation lowering to inulin antigen, CD4/CD8 ratio normalisation — was estimated. Thus, the applied immunotherapy leads to mutual balancing of clinic-immuno-hemostasiological status in systemic vasculitis patients.

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THE COMBINED IMMUNOTHERAPY OF HEPATIC INJURIES IN PATIENTS WITH HEMORRHAGIC VASCULITIS

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The investigation of combined therapy effectiveness of 26 patients with hemorrhagic vasculitis with hepatic injuries was carried out. Recombinant alpha interferon (Resiliden-Salixten), acetylovor (Zovirax, Wellcom) and placenter immunoglobulin (Choprofram) were applied. The virologic diagnosis was carried out by method of direct immunofluorescence of smears — implants from place of injury and detection of antagens by MIFA, in 25 patients Hepatitis simplex virus (HSV) — of A group, in 14 — Varicella zoster virus (VZV) — of B group, 15 patients. Every day until 200, 0 or 500, 0 and 0, 5 mg/kg oral - 10 days), residurine (1 mmol 150, 0 — 3 days), placenter immunoglobulin (25 mg/kg x once in 2 days — 20 days) contributed to more easy clinical flow. The abortive form was estimated in 64,0% of A group and 47,4% of B group. The main symptoms decrease was estimated in 62,36 and 46,58 in A and B groups correspondingly. The treatment, begun in prodromal period of herpes-positive patients with hemorrhagic vasculitis was most effective and contributed to main disease stabilisation.

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ADAPTIVE IMMUNOTHERAPY WITH RECOMBINANT HUMAN IL-2 (HlL-2) AFTER AUTOLOGOUS STEM CELL TRANSPLANTATION (ASCT) FOR HIGH-RISK NEUROBLASTOMA (HR-NB).

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Objective. A phase II/III trial, with low doses of HIL-2 over a prolonged period of time, was carried out. The aim of the study was to evaluate immunomodulatory effects induced by IL-2 and its potential role in eradication or control minimal residual disease (MRD) in NB after high dose chemotherapy (HDCT) followed by ASCT.

Patient and method. From 1992 to 2000, 25 pts with HR-NB (1 in III CR, 2 in II VGPR, 2 in II CR, 1 in III VGPR, 0 in II VGPR, 0 in CR) received HIL-2 (Protelos, Aldesleukin), after a median (min-max) time of 91 (43-153) days from ASCT. Treatment schedule consisted of 2 cycles of 24-h iv for 5 days (2-4-6-8-8 MU/qd/ld respectively) followed by 11 monthly and 6 biannually cycles of rHIL-2 administered at 5 (2-4-4-4-5 MU/qm/ld), for a goal of 18 cycles.

Results. Were administered 25 cycles. Immunological analysis globally evidenced an increment of NK and activated T cells number. IFNp (25/25) and trombocytopenia (4/25), were the only rHIL-2 dependent toxicity observed during treatment or in ad administration. Pt stopped the iv phase for gram-positives, 1 pt reduced the dose because a feverish convulsion. 20/25 pts are alive and well with a median (min-max) follow up of 10 (2-50) months. 5 pts relapsed with a median (min-max) time of 13 (6-41) months, only one of these pts died for PD, 35 months after ASCT. Overall EFS at 3 years was 35%.

Conclusions. Adaptive immunotherapy with low doses of HIL-2 is feasible and seems to be effective in inducing activated immunocompetent cells proliferation and in controlling MRD after HDCT and ASCT in HR-NB.

(Supp. by Associazione Italiana Neuroblastoma)

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