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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. N.Vynograd, I.Vynograd, V«Chopyak,* V.Orel, B.Burachinsky.

THE COMBINED IMMUNOTHERAPY OF HERPETIC INJURIES.IK. Wellcome), placantar immunoglobulin (*Biopharm*) were of 26 patients with hemorrhagic vasculitis with interferon (Healdiran,,Sanitas") and acyclovir (Zovirax); was estimated in 62.9% and 46.8% in A and B groups. Everyday acyclovir injection (200,0 mg/Kg x once in 2 days) contributed to more easy clinical flow.

The abortive form was estimated in 64,6% of A group and 47,4% of B group. The main symptoms decrease was estimated in 62,36 and 46,86 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.

ADAPTIVE IMMUNOTHERAPY WITH RECOMBINANT HUMAN IL-2 (HIL-2) AFTER AUTOLOGOUS STEM CELL TRANSPLANTATION (ASCT) FOR HIGH-RISK NEUROBLASTOMA (HR-NB). A. Persico, A. Prete, F. Lozziello, P. Alivizatos;**, V. Caraventa, ***, C. Messina, S. Fioretti, ***, M. Antonelli, T. Cordiro, F. Fucili, ***, A. Porzio, A. Buendel, ***, G. Paolucci. Pediatric Division of Hematology, University Hospital, University of Bologna, Italy.

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 induction or control minimal residual disease (MRD) in NB after high dose chemotherapy (HDCT) followed by ASCT.

Patient and method. From 1992 to 2996, 25 pts with HR-NB (1 in III CR, 2 in II VQFR, 2 in I VQF, 13 in I VQF, 7 in I CR) received HIL-2 (Proleukin, Aldesleucina), after a median (min-max) time of 91 (43-153) days from ASCT. Treatment schedule consisted of 2 cycles of 24-hr iv for 5 days (2-4-6-6-8 MU/lqdquid respectively) followed by 11 months and 6 bimonthly cycles of rHIL-2 administered as 5 (2-4-4-4-4 MU/mq/ml) for a goal of 18 cycles.

Results. We were administered 111 pts. Immunological analysis globally evidenced an increment of NK and activated T cells number. Iperplexin (2525) and trombozypoiesia (4625), were the only rHIL-2 dependent toxicity observed during by iv or in administration. 1 pt stopped the ip phase for gram-septis. I pt reduced iv dosage because a feverish convolution. 20/25 pts are alive and well with a median (min-max) follow up of 10 (2-50) months, 525 pts relapsed with a median (min-max) time of 1 (6-41) months, only one of these pts died for PD, 35 months after ASCT. Overall EFS at 3 years was 39%. Conclusion. 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 ABMT in HR-NB. (Sppp. by Associazione Italiana Neuroblastoma)

INDUCTION OF SPECIFIC CYTOTOXIC T CELLS AGAINST LEUKEMIC CELL LINES USING DENDRITIC CELLS FROM CORD BLOOD CD34+ CD14+ cells. R. Fujii, F. E. Rumor, R. Favre, R. De Bemardi, G. Paolucci. Pediatric Department of Bologna, Italy.

Adoptive immunotherapy with low doses of rHIL-2 is feasible and seems to be effective in inducing activated immunocompetent cells proliferation and in controlling MRD after HDCT and ABMT in HR-NB.