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


The investigation of combined therapy effectiveness of 26 patients with hemorrhagic vasculitis with herpes injuries was carried out. Reinduction of interferon (Resilid, Susten, Aclov), acyclovir (Zovirax, Wellcome), placental immunoglobulin (Chrophann) were applied. The virologic diagnosis was carried out by method of direct immunofluorescence of smears - imprints from place of injury and detection of anti-herpes by MIA, in 25 patients herpes simplex virus (HSV1) - of A group, in 14 - Varicella zoster (VZ) - of B group. ELISA was carried out by method of direct immunofluorescence of smears - imprints from place of injury and detection of anti-herpes by MIA, in 25 patients herpes simplex virus (HSV1) - of A group, in 14 - Varicella zoster (VZ) - of B group. The main symptomatic decrease in systemic vasculitis patients.

INDUCTION OF SPECIFIC CYTOTOXIC T CELLS AGAINST LEUKEMIC CELL LINES USING DENDRITIC CELLS FROM BLOOD OF ABL-CAR CARRIERS. Fujii S*, Fujimoto K*, Kawakita M, The Second Department of Internal Medicine, Kyushu University School of Medicine, Fukuoka, Japan.

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


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

Patient and method: From 1992 to 2996, 25 pts with HR-NB (1 in III CR, 2 in II VGPR, 2 in II VGPR, 13 in IV CR, 7 in I CR) received HhII-2 (Proleukin, Aldesleukin), after a median (min-max) time of 51 (43-153) days from ASCIT. Treatment schedule consisted of 2 cycles of 24-h iv for 5 days (2.4-6.4-8 MU/kg/qd respectively) followed by 11 monthly and 6 bimonthly cycles of HhII-2 administered as 5-6 (2.4-4.4-5.4 MU/kg/d) for a total of 12 cycles.

Results: We administered 73 cycles. Immunological analysis globally evidenced an increment of NK and activated T cells number. Interferon (250), and trombocytopenia (45%), were the only HhII-2 dependent toxicity observed during IV or SC administration. 1 pt stopped the IV phase for gram-negative sepsis, 20/25 pts were alive and well with a median (min-max) follow up of 10 (2-50) months, 52 pts were relapsed with a median (min-max) time of 13 (6-41) months, only one of these pts died for PD, 35 months after ASCIT. Overall EFS at 3 years was 35%.

Conclusion. Adoptive immunotherapy with low doses of HhII-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 Neuroblastomi).