body alemutuzumab (Campath-1H) as first-line treatment for patients with B-cell chronic lymphocytic leukemia (B-CLL). Blood 2002;100:768-73.


Alemutuzumab for treatment of lymphoproliferative disorders

Two papers in this issue of the journal regard alemutuzumab and its potential use in lymphoproliferative disorders. Golay and co-workers (page 1476) have investigated its mechanism of action in vitro against different neoplastic B cells. Their findings show that complement-mediated lysis is likely to be an important mechanism of action in B-cell chronic lymphocytic leukemia (CLL). In a perspective article, Nosari (page 1415) examines the infectious complications of using alemutuzumab in lymphoproliferative disorders and in the transplant setting. She concludes that alemutuzumab is a very useful drug, but requires strict monitoring and prophylaxis against infection.

In the last few years, there have been major advances in defining the risk of the individual patient with CLL and attempts to develop risk-adapted strategies. The reader may be interested in a number of articles on this topic that have been recently published in this journal and that can be downloaded for free at our website (www.haematologica.org). Alemutuzumab has considerable potential in the treatment of CLL, and appears already to have a place in a risk-adapted strategy. Its inclusion in combination therapies may allow the intent of therapy to be shifted from palliation towards cure. As any other effective drug it does, however, have side effects and must be employed with particular care.

References