Allogeneic stem cell transplantation for patients with resistant high-grade lymphoma: what is the potential of reduced-intensity conditioning?

In the January 2002 issue of *Annals of Oncology*, Bertz et al. showed nicely that allogeneic stem cell transplantation (SCT) using reduced-intensity conditioning (RIC) is an effective treatment for resistant low/intermediate-grade lymphoma [1]. They further concluded that allogeneic SCT might be a promising treatment option for non-Hodgkin’s lymphoma in general, and that RIC can be expected to be superior to conventional conditioning (CC) for that purpose. These two latter statements, however, appear to be a little too optimistic with regard to the data presented: apart from the Hodgkin’s patients, the RIC and CC cohorts are also heavily imbalanced for the distribution of the non-Hodgkin’s lymphoma subtypes. High-grade lymphomas account for 67% of the CC cases, but only 25% of the RIC cases, whereas low-grade/intermediate lymphomas comprise 63% of the RIC versus 0% of the CC cohorts. The fatality rate of the high-grade lymphomas is reported to be 75% after CC and 67% after RIC. Thus, it remains to be shown whether allogeneic SCT can improve the prognosis of resistant high-grade lymphoma, and whether this can be achieved by RIC regimens [2, 3]. In fact, the only two long-term survivors of high-grade lymphoma in the present series had received CC.

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References


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