

Editorial / Editorial

The Italian and Brazilian Hematology Association (AIBE): What and why *Associação Ítalo-Brasileira de Hematologia (AIBE) e os seus objetivos*

Gino Santini

It is my pleasure to be able to bring to the attention of the Brazilian Hematological Profession and Readers of the "Brazilian Journal of Medical and Biological Research" news of the "Associazione Italo-Brasiliana di Ematologia" (AIBE) which was founded on 2nd April 2004. I am particularly honoured to be the Italian co-ordinator working with the Brazilian co-ordinator Prof. Angelo Maiolino.

This Association brings together some of the most important personalities from Universities and Hospitals in the field of hematology. In Brazil, mention must be given to Prof. Ricardo Pasquini, who has special ties with Genova and is known throughout the world for his work on Aplastic Anaemia. The other Brazilians are Prof. Carmino De Souza (scientific co-ordinator), Prof. Nucci Marcio Luiz and Prof. Milton Artur Ruiz. Together with Prof. Maiolino many of them have carried out important national and international research on lymphoproliferative diseases, myeloma and related infectious diseases. Neither do the Italian members lack prestige. The names of Professors Corrado Tarella (scientific co-ordinator), Adolfo Porcellini, Teodoro Chisesi and Ignazio Majolino are well known for their research in the same field.

In the last 15 years, new genetic, molecular and immunological methods have improved our knowledge about the origin and development of lymphoproliferative disorders and their clinical therapy implications. CD38 expression, IGV_H gene mutation and ZAP-70 represent a new approach to CLL. Mantle-cell lymphoma can be considered a curable disease with the use of High-Dose Sequential Therapy (HDS) and high-dose therapy (HDT) plus autologous stem cell transplantation (ASCT).

The problem of follicular lymphomas remains a controversial issue. Single alkylating agents and different combination therapies have shown themselves unable to

reduce the possibility of relapse and modify patient outcome. Polymerase chain reaction can still detect persistent bcl-2 rearrangement in most of the patients in CR after treatment and it correlates with probability of relapse. When we consider younger patients we are required to improve the natural history of disease. Following these considerations, new drugs such as purine analogs in combination with alkylating agents and HDT followed by ASCT have been used as front-line therapy. Apparently these approaches compare favourably with conventional treatment in high-risk follicular lymphoma as defined by the International Prognostic Index (IPI). Anti-CD20 monoclonal antibody in combination with conventional chemotherapy have been shown to be able to improve clinical and molecular response but longer follow-up are needed to determine whether these regimens can achieve longer survival or possibly cure of this disease. More recently the non-myeloablative Allogeneic Transplantation has been shown to offer promising salvage therapy for patients with refractory or relapsed low-grade non-Hodgkin's lymphoma (NHL).

CHOP chemotherapy can still be regarded as the point of reference in aggressive NHL. Randomized studies showed that the addition of Anti-CD20 to CHOP for patients with newly diagnosed diffuse large B-cell NHL, significantly increases CR rate, decreases relapse and improves survival.

High-dose chemotherapy and ASCT has now become the standard care for eligible patients with recurrent, chemo-sensitive aggressive NHL. Primary refractory patients and resistant relapse are not good clinical indications and should be considered groups eligible for experimental phase II studies. There may also be a role in PR patients but new and larger randomized studies are

Correspondence: Prof. Gino Santini, MD
Chemoimmunotherapy Chief
Department of Hematology – San Martino Hospital
Ospedale S. Martino – Largo Rosanna Benzi 10
16132 Genova – Italy
Tel.: +39-10-555.2329/2686-5553078; Fax : +39-10-5556854
e-mail: gino.santini@hsanmartino.it

needed to clarify this question. Randomized studies did not show any improvement in the outcome of aggressive, advanced stage NHL treated with HDT and ASCT as front-line therapy in comparison with those treated with conventional chemotherapy, even in high-risk NHL patient. A very recent randomized study showed no advantage of HDT versus CHOP in terms of survival, but only in terms of event-free survival. Our randomized study comparing VACOP-B (plus HDS/HDT/ASCT as salvage therapy) versus VACOP-B plus HDS/HDT/ASCT in all cases, did not show any advantage using aggressive therapy as front-line therapy or only when needed, even in high-risk patients (in publication).

Finally, the gene profile in diffuse large B-cell lymphoma identifies subgroups of patients with different prognoses in spite of the risk defined by the IPI.

This brief summary analyses a whole series of problems concerning malignant lymphomas on which myself and my Group, the Non-Hodgkin's Lymphoma Co-operative Study Group, and the Brazilian Group have been working with such enthusiasm over the last years. This represents the starting point of a wider collaboration. Many of us felt the need to confirm our mutual respect and enthusiasm by setting up the AIBE.

There is no doubt that we will continue to unite our human and technological resources to examine and improve our understanding about hematological disease. This has been our aim during our clinical and biological research in the past. I am certain it will remain our principal objective for the future.

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