

High Dose Chemotherapy and Autologous Transplantation for Non-Hodgkin's Lymphoma

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Abstract

Although 40% of patients with aggressive non-Hodgkin's lymphoma (NHL) can have long term disease-free survival with initial anthracycline-containing chemotherapy, the remainder will not go into a complete remission or relapse at a later time with the need for further therapy. Conventional salvage chemotherapies in these patients will obtain a 30% complete remission rate. However, there are very few long-term disease-free survivors with conventional salvage chemotherapy alone. The use of high-dose care for patients with chemotherapy sensitive relapsed NHL. In this patient group, 45% of patients can expect to be alive and disease-free years after the transplant. Methods to improve the outcomes with transplantation and to extend its usefulness to other high-risk patients are ongoing. Current strategies include the use of transplantation in first complete remission for high-risk patients, the addition of monoclonal antibodies, radioimmunoconjugates, or vaccines to the transplant regimen to enhance the outcome, or the use of multiple cycles of stem cell transplantation. In preliminary trials, some of these modifications appear to improve the outcome of transplantation. Large randomized trials will be needed to document that these modifications will improve the overall outcome for patients with aggressive NHL.
