Low-Grade Lymphomas

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EDITORIAL

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The recent FDA approval of rituximab, a monoclonal antibody, may herald a change in the outlook for the so-called "low-grade" lymphomas. Monoclonal antibodies had previously been FDA approved for diagnostic purposes (arcitumomab is used for scanning) and for non-neoplastic therapeutic purposes (abciximab is used for prevention of reocclusion after coronary angioplasty). Rituximab, a "humanized" monoclonal antibody, is the first to be approved for the *therapy* of neoplastic disease after a multicenter trial showed a 48% overall response among 166 patients with relapsed or refractory low-grade lymphoma (1). These preliminary results suggest that biological agents may provide a way to attack diseases which respond to but are not cured with chemotherapeutic agents alone, such as is the case with the low-grade lymphomas.

The review paper by McLaughlin published in this issue provides the necessary background information for the reader to be aware of the numerous approaches taken to treat the follicular lymphomas (the most common of the low-grade or indolent forms of the disease), but may provide a somewhat overoptimistic prognostic impression by emphasizing "plateaus after 5–7 years" for studies with median follow-up of less than 10 years (as must by force be the case for types of treatment initiated only in the last 5–10 years). This group of diseases, as the author points out, has a median overall survival well over 7 years, and the median duration of response to most first-line therapeutic modalities is usually more than 5 years. Some patients who achieve a negative PCR status for the *bcl-2* rearrangement subsequently reverted to a positive state, as pointed out by McLaughlin. We, therefore, caution anyone from using the term "cure" for this group of indolent disorders characterized by excessive survival of the neoplastic cells without necessarily an increase in their proliferation (2).

REFERENCES

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