Thrombogenic Properties of Prothrombin Complex Concentrates: Reply

To the Editor:

We agree with and support Dr. Elödi's basic tenets that prothrombin complex concentrates (PCC): (1) contain mixtures of factors IXa and Xa, as well as, perhaps, activated contact factors and activated factors of the extrinsic system (see our results); (2) may be potentially thrombogenic even in the presence of heparin; and (3) evolve additional potentially thrombogenic coagulation factors under certain conditions. These are the main points of our paper. In addition, Dr. Elödi presents evidence to indicate that the evolved factors, at least those evolved during incubation at ambient temperatures, include factors IXa and Xa, with factor IXa predominating under her conditions. The observed differences in the effect of phenyl methyl sulfonyl fluoride (PMSF) on factor IXa might be related to the conditions of incubation used (pH 6.5 versus 8.0). One wonders if the evolution of factor IXa observed by Dr. Elödi might have correlated better with the evolution of factor Xa if cofactors of factor X activation had been present or if the incubation had been continued for longer periods of time; but this is not important to the basic point that thrombogenicity of PCC may be enhanced even in the absence of exogenous cofactors.

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CHOP-Bleo in Advanced Non-Hodgkin Malignant Lymphoma

To the Editor:

The recent study by Rodriguez et al.1 implies, though it does not definitely state, that a five-drug regimen, “CHOP-Bleo,” offers improved remission rate and survival for patients with advanced non-Hodgkin lymphoma as compared to previous drug combinations. The population studied was, however, heavily weighted to patients with diffuse histiocytic and nodular poorly differentiated lymphocytic lymphoma; only 8 of 47 patients had other types of lymphoma.

Accumulating evidence does suggest the superiority of drug combinations that include Adriamycin for diffuse histiocytic lymphoma.2 The authors themselves admit that nodular poorly differentiated lymphocytic lymphoma responds well to many therapeutic combinations. Few conclusions can be drawn from the 8 patients with other histologic diagnoses.

I believe this study points out the need for randomized controls in comparing treatments of any tumor, especially the treatment of such a mixed bag as non-Hodgkin lymphoma. It would be dangerous to ascribe superiority to CHOP-Bleo over COP or any other regimen useful in treating “nonhistiocytic” non-Hodgkin lymphoma from the data presented. Without randomization, it therefore seems unjustified to recommend blanket use of such a myelotoxic regimen as CHOP-Bleo for all patients with non-Hodgkin lymphoma.

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REFERENCES

CHOP-Bleo in advanced non-Hodgkin malignant lymphoma [letter]

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