CORRESPONDENCE

The First Clinical Use of Donor Leukocyte Infusions for the Treatment of Leukemia Relapsing After Allogeneic Bone Marrow Transplantation

To the Editor:

Adoptive immunotherapy of leukemia relapsing after allogeneic bone marrow transplantation with infusion of immunocompetent donor cells has undoubtedly been one of the most important recent advances in the field of bone marrow transplantation (BMT) with a number of reports describing successful treatment over the last 2 to 3 years. In the latest of these reports, describing the largest number of patients from a number of centers belonging to the European Group for Blood and Marrow Transplantation, the authors state that "the first patients treated with transfusion of donor lymphocytes showed only mild or no GVHD," referring to a report by Kolb et al published in 1990. This is of course not quite accurate because the first group of patients receiving donor leukocytes for prevention or treatment of relapse after allogeneic BMT was treated at the Hadassah University Hospital in Jerusalem. The first patient ever to receive donor leukocytes for relapse following allogeneic BMT for acute lymphoblastic leukemia, treated by Slavin et al, was reported to be alive and well in 1992 and 1994, 5 and 8 years after donor cell infusion respectively.

None of the recent reports on successful application of adoptive immunotherapy published so far, regrettably including ours, have acknowledged the work of the Hadassah group, which in fact pioneered the approach of donor leukocyte infusions for treatment and prevention of relapse. Unlike the European Group report of Kolb et al, at least none of these five reports suggested, subtly or otherwise, that they had developed this therapeutic approach. A recent review of this therapeutic modality, while quoting a number of various sources, failed to acknowledge almost all the relevant work from the Hadassah group presented and published over the last few years. Authors may have their own reasons for selectively quoting (or not, as the case may be) previous work from other groups, but a rigorous peer-review process should be capable enough of identifying claims that may not quite be what they appear to be. Once a wrongful claim has been identified, the editorial process should be stringent enough to deal with it appropriately.

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REFERENCES

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