

References

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Autologous bone marrow transplantation for chronic myeloid leukemia

In this issue, Meloni *et al.* report on a clinical study showing that Ph negative hematopoietic progenitors can be collected from patients with chronic myeloid leukemia (CML) responsive to α -interferon (IFN- α) and can be used to rescue the hematopoietic activity after high dose chemotherapy (p. 707-715). It is well established that CML patients may have residual normal hematopoietic stem cells at clinical onset. Recently Frassoni *et al.* reported that normal hematopoietic progenitors are relatively well preserved in most newly diagnosed CML patients, but tend to decline rapidly with time. They also found that the normal hematopoietic reservoir is consistently pre-

served in patients given IFN- α early after diagnosis and achieving a stable cytogenetic response. Other studies have found that a previous treatment with interferon does not adversely affect the outcome of allogeneic bone marrow transplantation in chronic phase CML.

The autografting procedure adopted by Meloni and coworkers yielded some complete and durable cytogenetic remissions, i.e., very encouraging results. The authors, however, conclude with a word of caution, stating that patient selection is likely to be so important in their study that the results cannot be extrapolated to *average* patients. As for any other clinical problem, only prospective randomized studies will provide an answer to the question of whether autografting can prolong survival of CML patients.

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