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Stem cell transplantation for patients with solid tumors

In this issue, Nieto[1] analyzes the relative efficacy of high-dose chemotherapy with stem cell support compared to standard treatment for high-risk primary or metastatic breast-cancer. He concludes that high dose chemotherapy remains too important an option to be prematurely discarded after preliminary analyses of a portion of the data. Ongoing studies must mature and then the data will speak for itself.

Hematopoietic stem cells are used for other purposes in medical oncology. As underlined by Bregni,[2] the observation that the benefits of allogeneic bone marrow transplantation in hematology depend, to a large extent, on an immunologic effect, has opened the way to exploitation of the same effect in oncology. The transfer of allografting to the solid tumor area has opened a new field of clinical research, focused on the alloreactive T-cell, and more generally, on adoptive immunotherapy as a treatment modality for selected malignancies. Several solid tumors are susceptible to the graft-versus-tumor effect. We also know that T-cells can eradicate tumor cells of host origin, but are also responsible for graft-versus-host disease, which still represents a major problem in allogeneic transplant. Many efforts are being devoted to understanding the graft-versus-tumor effect, and more specific strategies are being developed to increase selectivity of the allogeneic transplant.

These issues were addressed at the meeting *Allogeneic Hematopoietic Cell Transplantation for Solid Tumors* held in Milan, Italy, on June 28, 2002. These papers[3-11] are available online on the journal's web site.

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