Reply to "Infliximab therapy in hematologic malignancies: handle with care" 2012;97(8):e26.

Frédéric Baron[1] and Theo de Witte[2]

[1]University of Liège, Liège, Belgium; [2]Radboud University Medical Centre Nijmegen, Nijmegen, The Netherlands.

Correspondence: Frédéric Baron, Hematology, CHU Sart-Tilman, 4000 Liège, Belgium. E-mail: f.baron@ulg.ac.be

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We are grateful for the comments of Stagno *et al.*[1] on potential toxicities of infliximab in patients with hematologic malignancies.

We agree that the occurrence of secondary malignancies could be a potential concern for infliximab use in patients with low-risk MDS, although none of the 43 patients included in our study developed a secondary malignancy.[2] Similarly, none of the 37 patients with low-risk MDS treated with infliximab (5 or 10 mg/kg i.v. every 4 weeks for 4 cycles) by Raza et al. developed a secondary hematologic malignancy.[3] Development of secondary malignancies is associated with many conditions characterized by chronic inflammation, auto-immunity and immune suppression even before the introduction of potent immunomodulators, such as infliximab.[4]

We share the concern of Stagno et al. about the high incidence of grade 3-5 infections in our study (30%).[1] Interestingly, grade 3-5 infections tended to be more frequent (41%) in patients randomized in the 3 mg/kg arm than in those randomized in the 5 mg/kg arm (19%).[2] Such a high incidence of infection was not observed in the Raza et al. study in which only one of 37 patients (3%) experienced a grade 3 infection.[3]

While the results of our study suggest that infliximab alone does not have sufficient activity in unselected patients with early MDS, we agree with Stagno *et al.*[1] that a combination of infliximab with other MDS active agents might offer interesting possibilities. Scott et al. have observed a high durable response rate in MDS patients treated with a combination of azacitidine and TNF-α blockade with etanercept, with a relatively low toxicity profile.[5] Similarly, a recent phase II study has shown encouraging results with a combination of anti-thymocyte globulin and etanercept in patients with low or intermediate 1 risk MDS.[6]

Finally, we agree with Stagno *et al.*[1] that any further trial assessing infliximab in MDS patients should assess potential toxicities associated with this drug, and in particular, severe infections.

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