Comment to "The outcome of peripheral T-cell lymphoma patients failing first-line therapy"

Bellei *et al*. must be congratulated for their recent study presenting a thorough work-up of the "real-world" outcome of patients with peripheral T-cell lymphoma (PTCL) who have failed first-line chemotherapy.[1] Among other findings, they elegantly address the question as to whether hematopoietic cell transplantation (HCT) can alter the dismal natural course of relapsed or refractory (R/R) PTCL. In contrast to previous studies following a similar design,[2,3] Bellei *et al*. were able to compare patients actually receiving HCT with those who were sensitive to salvage chemotherapy but not eligible for HCT, and with patients who were chemosensitive and eligible for HCT but who did not undergo HCT for any reason. The results suggest that it is indeed the HCT itself that provides the greatest survival benefit, rather than being transplant eligible or having chemosensitive disease.[1]

To fully understand the implications of these findings, however, two issues need some additional explanation. The first is the question of how transplant ineligibility was defined, and what the reasons were for not proceeding to HCT in chemosensitive transplant-eligible patients. The second question is related to the type of HCT. Since autologous and allogeneic transplantation represent two fundamentally different biological principles, with different efficacy in patients with R/R PTCL,[2,3] it seems of paramount importance to add information about which type of HCT was used in this study. The most likely scenario is that both types were used; in that case, a comparison by the type of transplant would be mandatory in order to help guide rational (and potentially life-saving) decision-making in this otherwise extremely unfavorable condition.

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