HODGKIN'S DISEASE AND NON-HODGKIN'S LYMPHOMA

NEW PERSPECTIVES IN IMMUNOPATHOLOGY, DIAGNOSIS, AND TREATMENT

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Volume 27

Hodgkin's Disease and Non-Hodgkin's Lymphoma

New Perspectives in Immunopathology, Diagnosis, and Treatment

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Preface

Malignant lymphomas have become the most intensively studied human cancers in recent years. Clinicians have used drugs and radiotherapy to treat lymphomas. We have had good results but have not had a good understanding of their basic biology. Now that we are beginning to understand some of the genetic and cellular interactions occurring in lymphomagenesis, we are also beginning to apply some of these concepts to the diagnosis and therapy of the lymphomatous diseases.

This conference was an important step not just for students of lymphoma but for all who are interested in cancer. Its purpose was to bring together the basic scientist and the clinical investigator who interact to provide an understanding of goals and resources in the search for better treatment for lymphoma patients.

A number of discoveries have been influential in clarifying newer concepts of lymphomagenesis. T- and B-cell markers on normal lymphoid cells, which can be used to distinguish between lymphoid malignancies, represent an important advance. Ultimately, these cell markers may be incorporated into a classification system that can be used for therapeutic selections and options. The study of oncogenes and other cytogenetic abnormalities that appear to be involved in intracellular functions, including the growth potential of tumor cells, may eventually explain cellular resistance to treatment. The discovery of the human T-cell leukemia virus, as a first definite link to an infectious etiology of human malignancy, may pave the way to finding other oncogenic viruses capable of tumor induction in humans. The acquired immune deficiency syndrome (AIDS), with its epidemiologic importance, has presented a unique opportunity to study lymphoid malignancy in the immunodeficient patient.

The study of lymphomas may yield further information about the causes of all malignancies. A number of major advances in the treatment of other cancers have followed developments in the treatment of hematologic malignancies. The development of combination chemotherapy, including MOPP, CHOP, alternating regimens, and combined modality programs, have prompted the development of similar approaches to treating other malignancies. It seems likely that newer therapies involving biologic response modifiers, with or without our current therapeutic modalities, also will be used first in lymphomas.

Our past has been marked by great advances in the treatment of patients with lymphatic malignancies; many patients currently enjoy long-lasting remissions and apparent cures. What the future holds in store will be based on directions we choose today. From what follows in this volume, it appears that the malignant lymphomas will continue to be in the forefront of contemporary cancer research. The lymphatic cancers today seem to offer the most instructive human tumor model systems where

basic research findings can be translated into new therapeutic approaches. This cooperation, leading from the laboratory to the bedside, should make the next five years in the study and treatment of malignant lymphoma particularly exciting and rewarding.

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