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EDITORIAL

Hairy Cell Leukemia (Leukemic Reticuloendotheliosis): Chemotherapy for Splenectomy Failures

IN THIS ISSUE OF *Blood*, Golomb and Mintz and Stewart et al. report that patients with progressive disease following splenectomy may benefit from chlorambucil therapy or from more aggressive treatment with an anthracyline drug, rubidazone. These reports, while dealing with only a few patients with this uncommon disease, encourage further judicious trials of chemotherapy in post-splenectomy patients with refractory disease. It should be emphasized that these papers do *not* suggest that chemotherapy be used as initial therapy, since chemotherapy is not without risk in these patients and may be harmful. Splenectomy is known to be beneficial in the majority of the patients, but about 25% of patients may not improve or will be benefitted only temporarily. This deterioration can be in the form of a leukemic phase with an increasing white blood cell count or severe granulocytopenia and thrombocytopenia.

Drs. Golomb and Mintz have evolved a therapeutic strategy for the treatment of these patients that emphasizes the variability in the progress of this disease. Some patients who are asymptomatic may not require treatment; when symptoms or pancytopenias occur, splenectomy still is the treatment of choice. Androgen therapy and leukophoresis as well as chemotherapy have been used in these refractory patients with occasional success. While the results of chemotherapy with rubidazone appear to be more convincing in the two patients treated by Stewart et al., the morbidity of marrow aplasia induced by this agent, and the fact that these two patients were under 40 yr of age, should caution investigators from using this approach in elderly patients or in hospital settings without good supportive care programs.

These reports raise many questions concerning the specificity of the chemotherapy employed, e.g., is rubidazone of greater benefit than adriamycin or daunorubicin? Is chlorambucil the alkylating agent of choice? Is there a subgroup of refractory patients more likely to respond? These and other questions may require cooperative studies between institutions to get valid answers.

Joseph R. Bertino, M.D.
Associate Editor, *Blood*
Yale University
School of Medicine
New Haven, Conn.