NEWS AND VIEWS

Leukemia Society, Inc.

The Leukemia Society, Inc., formerly the Robert Roesler de Villiers Foundation, established specifically for the purpose of encouraging research directed at finding a means for a preventive measure, control or cure of Leukemia, will award grants-in-aid to support research projects on Leukemia for the year 1956–57. Various amounts will be awarded depending upon the requirements of the investigators. Grants offered in 1956 will take into consideration requests covering more than one year. Renewal of grants at the termination of the initial period will also be considered. Applications may be made throughout the year. In order to be reviewed at the meetings of the Selection Committee on June 1 and September 1, 1956, and March 1, 1957, they should be received not later than May 15 and August 15, 1956, and February 15, 1957.

The Leukemia Society, Inc., will also accept applications for fellowships for studies in the field of Leukemia and allied diseases to be given during the year 1956–57, to be awarded by the Selection Committee on the dates of the meetings mentioned above.

Qualified investigators are encouraged to apply to:

LEUKEMIA SOCIETY, INC.
67 Wall Street
New York 5, N. Y.

European Society of Haematology. VIth Congress

Copenhagen, Denmark. August 26–31, 1957

The provisional subjects of the 6th Congress of the European Society of Haematology will be (1) immunohematology, blood groups, problems of blood transfusions, (2) serum proteins and their cellular origin, (3) fundamental aspects of hemorrhagic disorders, (4) physio-pathology and treatment of leukemias and related disorders, (5) pro-perdin.

The European Society of Haematology will cooperate with the International Society of Blood Transfusion. The Congress is open to all physicians and scientists interested in hematology. English, French and German are the official languages.

Dr. J. Bichel, Aarhus, Denmark, is president. Inquiries should be directed to the Secretary-General, Dr. Aa. Videbæk, Blegdamsvej 11, Copenhagen, Denmark.

Blood Research Foundation

The Blood Research Foundation, Inc., was established in Washington, D. C., on March 6, 1956. The purpose of the Foundation is to collect and disburse funds and equipment for the support of research in hematology. Because, at the present time, there are many sources of support for such research in the U. S. A., the primary intent of the Foundation is to support the research of hematologists in countries abroad where such support is needed, and where, by the nature of problems or materials at hand or by reason of the qualifications of the investigator, such support seems especially to be warranted. The Medical Advisory Committee of the Foundation consists of the following physicians and scientists:

Lt. Col. J. H. Akeroyd
Dr. Jeanne C. Bateman
Dr. Hill Carter
Lt. Col. William H. Crosby
Dr. William Dameshek
Maj. Gen. Albert Kenner
Dr. Barbara Moulton
Dr. Rudi Schmid
Dr. Max Strumia
Dr. H. J. Wheelwright

Application for support may be made to The Blood Research Foundation, Inc., Room 903, American Security Building, Washington 5, D. C.

Contributions to the Foundation may be addressed to the treasurer, Mr. J. W. Redmond, Room 903, American Security Building, Washington 5, D. C. Contributions are tax deductible.

News Letter—*Transfusion Centers in Italy*

In Italy the organization of a blood transfusion program has been stressed particularly in the last 3–4 years. Most of the hospitals in our country have now a blood preservation room; moreover the medical centers have special services connected with transfusions. The Blood Donors Association (A.V.I.S.) provides and coordinates the donors' organization throughout the country. Blood Banks have been created in every region; at the moment almost one hundred Banks are operating in Italy. The most important are: the National Center for Blood Transfusions in Rome, the Blood Bank of the Transfusion Center of the Army Medical School in Florence, the one at the Istituto Sieroterapico Milanese in Milan, the one at the City Hospitals in Rome, the one at the Istituto Sieroterapico Italiano in Naples, the one at the City Hospitals in Turin, the one operated by Italian Red Cross in Padua.

In particular, it seems of some interest to report the tasks and activities of the main centers in Italy, namely the Transfusion Center and Blood Bank of the Army Medical School in Florence, which is responsible for the military program, and the National Center for Blood Transfusions in Rome, which coordinates all the civil services.

Transfusion Center and Blood Bank of the Army Medical School in Florence. The set-up of this Transfusion Center is one of the most modern and efficient in our country. Its main tasks are the coordination of the transfusion service and programs of the Italian Army, the training of a highly specialized military medical and technical staff, the supervision, consultation and organization of the peripheral units and the study of all the organizational, scientific and technical problems. Its main activities at the moment are: (a) the collection of blood from army donors; (b) its preservation and transportation; (c) the preparation of blood derivatives especially frozen and lyophilized plasma for the supply of the Army and for the constitution of a national military reserve; (d) the organization of drives in the Army for increasing the number of military blood donors; (e) the study of some problems, mainly technical and organizational. In this respect, an interesting research on the transportation of fresh blood has been recently carried out.

The National Center for Blood Transfusions is supposed to have the best and most modern equipment and set-up in the country, matching the most important in the world. It will be closely connected with the National Institute of Hematology (both are under the Direction of Prof. G. Di Guglielmo) and therefore in the best position for the study of the scientific problems of blood transfusions.

Its main tasks are: (a) the coordination, consultation and supervision of all the peripheral centers; (b) the fabrication and general supply of standard transfusion apparatus, prepared by the best techniques and at low cost; (c) the preparation of blood derivatives for therapeutic and diagnostic use and the constitution of a national reserve of these derivatives in event of national emergencies or calamities.

At the moment, the activities of the National Center for Blood Transfusions are: (1) the fabrication of standard transfusion apparatus for blood withdrawal, preservation and transfusion, to be supplied not only to the same Center and its Mobile Units, but also to every registered blood bank and peripheral center, both civil and military; (2) the collection of blood both through the Center's donor group and through Mobile Units; (3) the organization of Hospital Centers for the collection of blood; (4) the production of long-lasting blood derivatives for therapeutic and laboratory use (desiccated plasma, plasma fractions, hemodiagnostic sera); (5) the organization of regular training courses for physicians and technicians in order to get a highly specialized staff, and of lecture tours to diffuse the knowledge of transfusion problems and techniques in our medical class; (6) technical help, advice and consultation concerning the equipment, set-up and organization of peripheral transfusion centers; (7) national drives for creating a "transfusion conscience" in our country; the supervision of local drives; (8) a central statistical service on blood

transfusions and related problems; (9) researches, study and information on transfusions. Connected with the Center is a highly specialized library with photostatic service available to every peripheral Unit.—*E. Malizia*

A German View of Japanese Hematology

My journey through all Japan in April 1955 started at Kyoto with the meeting of the 14th Japanese Medical Congress, which took place from the 1st to the 5th of April. This congress, scheduled every 4 years, assembles about 30,000(!) Japanese physicians. For this reason all the theaters, cinemas, and other large facilities at Kyoto had been taken over for the congress. All the medical sections had their meetings simultaneously. The congress was opened by an unusually solemn ceremony.

The Japanese hematologists had their sessions in a large hall, capacity about 1,000, and the place was crowded throughout the congress, i.e., the entire four days. Hematology obviously seems to be of particular interest to Japanese physicians. It is my opinion that this fact is mostly due to the pronounced visual talent of this people. Nowhere in the world can one find so many photographers as in Japan. Thus it is not surprising that there is a particular preference for morphology.

The hematologic subjects of the congress included the question of the regulating mechanism of the white blood cells. Japanese research on the nervous regulation of the blood was very thorough. For more than 20 years Professor Komyia (Tokyo) together with numerous co-workers has carried out extensive investigations in this field. His examinations proved the existence of very interesting neuro-regulatory connections, which seem to be responsible for the production of certain substances, which cause the formation of blood cells, the so-called hemopoietins.

The study of radiation injury as well as investigations with isotopes plays an important role in Japan. Kyoto has its own cyclotron for the production of isotopes. An entire afternoon was dedicated to questions regarding leukemia. An excellent review including all contemporary problems brought up in connection with leukemia was given by Hibino (Nagoya).

The pathologists Amano and Watanabe are the chief representatives for morphologic hematology with regard to pathologic-anatomic aspects. There is a special interest in the problems of aplastic anemias and their treatment. For this purpose a committee has been established in Japan, the Committee for Therapeutic Research of Aplastic Anemias. Striking results had been observed after splenectomy in such cases. The investigation of aplastic anemia is of particular interest for Japan, as this disease evidently occurs more frequently there than in our country; while, on the other hand, genuine pernicious anemia (Addison-Biermer anemia) is almost unknown in Japan.

After the closing of the congress I visited all the important universities of the country (i.e., the former Imperial Universities): those of Osaka, Kyushu, Hiroshima (Cure), Nagoya, Tokyo, and Sendai. In all those universities are groups which are very much interested in hematology. The members of these circles are from various medical sections, such as pathology, internal medicine, surgery, etc., thus the conditions are the same as in Germany. They are not "professional hematologists" but scientists interested in hematology from all medical sections who meet at colloquies. Likewise the research work is distributed to several institutions. The laboratories are equipped very efficiently. At Tokyo a big new central laboratory will be established, naturally including a large hematological department.

At Hiroshima, which has been rebuilt almost completely, a great number of Japanese physicians are working in the American Institution for A-bomb investigations (Atomic Bomb Casualty Commission). It has outstanding equipment and is engaged with large scale statistical examinations of the survivors of the A-bomb catastrophe, by means of numerous Hollerit outfits and statisticians. Of course this has revealed up to now not much news with the exception of a certain statistical increase of leukemias within the zone of A-bomb radiation.

Among the older internists of Japan who have a circle of hematological disciples, Pro-

fessor Katsunuma of Nagoya university ought to be mentioned. He studied in Germany and became well known through his monograph about oxydase reactions. A great number of famous names are worth mentioning but the space allotted is too small for that. Yet even these few lines may show that a great deal of research in hematology is done in Japan and that this work has produced a large number of valuable publications, which the western world has to take into consideration. At all the universities where I had the opportunity to pay a visit, hematologic questions were discussed for hours within a large community. It was surprising to observe how much profound hematologic work had been done after the war in that new Japan. The Japanese medical research work has survived the fatal collapse of 1945, and like phoenix out of its own ashes it has come to powerful life again.—*Ludwig Heilmeyer, Professor*

Letter to the Editor—*Criteria for the Evaluation of Response to Treatment in Acute Leukemia*

The Clinical Studies Panel of the Cancer Chemotherapy National Service Center believes that a precise definition of response to treatment in acute leukemia will allow better comparison of results among patients treated by different drugs and by different physicians. Criteria for evaluation of response are appended. Since they represent an initial attempt at codification, errors of omission or commission may be present. The Panel believes that observation of these criteria in practice and in published reports will provide a basis for more meaningful interpretation of response to drugs currently in use, and to new agents which may come under study. Constructive criticism of these criteria is invited, and if modifications are adopted by the Panel, they will be submitted to this journal.

Criteria for the Evaluation of Response (1, Excellent; 2, Fair; 3, Poor) to Therapy of Acute Leukemia

A. Marrow (per 200 cells counted)

1. Absence of cells that can be individually identified as leukemic, and reduction in the number of blasts to less than 5 per cent of total nucleated cells for adults and 10 per cent for children, with lymphocytes to less than 10 per cent for adults and 20 per cent for children. There should be essentially normal appearing granulopoiesis, erythropoiesis, and thrombopoiesis both qualitatively and quantitatively, except for morphologic changes definitely attributed to the medication employed.

2. Definite improvement in the marrow as evidenced by an increase in normal myelopoiesis (leukopoiesis, erythropoiesis and megakaryocyte regeneration) for 2 weeks or longer to more than 30 per cent of total nucleated cells and a reduction in the number of leukemic cells, lymphocytes and blasts to less than 70 per cent.

3. No improvement, or improvement less than that sufficient to qualify for A2.

B. Peripheral blood

1. Return to and maintenance for more than 1 month of:
   a. hemoglobin at values greater than 12 grams/100 cc. for adults, or 11 grams for children under 15 years, or 10 grams for infants under 2 years.
   b. circulating granulocyte levels in excess of 200/mm^3 for adults, or 1500/mm^3 for children.
   c. return of platelet counts to levels greater than 100,000 for adults and children.
   Factors other than leukemia that may alter this (e.g. drug toxicity) do not invalidate hematologic remission if after correction the above values obtain.

2. Significant improvement in the peripheral blood, as evidenced by an increase in normal granulocytes to levels as in B1b. and maintenance of hemoglobin at levels of 9 grams or better for more than one month.

3. No change, or less than B2.

C. Physical findings

1. Subsidence of all evidence of leukemic infiltration (spleen, lymph nodes, bone tenderness, and others if present).

2. Significant (50% or more) reduction in physical measurement of organ with greatest leukemic infiltration.
3. No change.

D. Clinical (Symptomatic)
1. No symptoms ascribable to leukemia.
2. Definite improvement though still symptomatic.
3. No improvement.

Complete Remission:
A1, B1, C1, and D1.

Partial Remission:
A1, or 2, B1 or 2, C1 or 2, and D1 or 2.

Clinical Remission:
D1 or 2.

Relapse: Complete Remission shall be considered terminated when:
a. Marrow: Number of leukemic cells increases to 20 per cent or more, or the total number of leukemic cells and lymphocytes exceeds 50 per cent.
b. Peripheral blood: Leukemic cells appear in excess of 10 per cent of the differential count, or the total number of leukemic cells and lymphocytes exceed 70 per cent.
c. Definite evidence of leukemic infiltration occurs.
d. Symptoms definitely ascribable to leukemia appear.

Harry F. Bisel, M.D.
Consultant and Executive Secretary
Clinical Studies Panel
Cancer Chemotherapy National Service Center

Meetings to be Held Next Month

International Society of Hematology—VI Congress
August 26–September 1

International Society of Blood Transfusion—VI Congress
September 3–5

Boston, Massachusetts