

Phase Ⅱ study of the efficacy and safety of the combination of arsenic trioxide, interferon alpha, and zidovudine in newly diagnosed chronic adult T-cell leukemia/lymphoma (ATL)

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Abstract

Adult T-cell leukemia/lymphoma (ATL) is resistant to chemotherapy and carries a dismal prognosis particularly for the acute and lymphoma subtypes. Promising results were obtained with the combination of zidovudine and interferon-alpha. Chronic ATL has a relatively better outcome, but poor long-term survival is noted when patients are managed with a watchful-waiting policy or with chemotherapy. In ATL cell lines, arsenic trioxide shuts off constitutive NF-κB activation and potentiates interferon-alpha apoptotic effects through proteasomal degradation of Tax. Clinically, arsenic/interferon therapy exhibits some efficacy in refractory aggressive ATL patients. These results prompted us to investigate the efficacy and safety of the combination of arsenic, interferon-alpha, and zidovudine in 10 newly diagnosed chronic ATL patients. An impressive 100% response rate was observed including 5 complete remissions, 4 complete remissions but with more than 5% circulating atypical lymphocytes, and 1 partial response. Responses were rapid and no relapse was noted. Side effects were moderate and mostly hematologic. In conclusion, treatment of chronic ATL with arsenic, interferonalpha, and zidovudine is feasible and exhibits an impressive response rate with moderate toxicity. Long-term follow up will clarify whether this will translate to disease cure. Overall, these clinical results strengthen the concept of oncogene-targeted cancer therapy. © 2009 by The American Society of Hematology.

Reaxys Database Information

Indexed Keywords

EMTREE drug terms: alpha interferon; arsenic trioxide; zidovudine; antineoplastic agent; organoarsenic derivative; oxide

EMTREE medical terms: adult; aged; anemia; article; cancer regression; CD4+ CD8+ T lymphocyte; cholestasis; clinical article; clinical trial; cytolysis; drug dose reduction; drug efficacy; drug fever; drug response; drug safety; drug withdrawal; fatigue; female; human; lymphocyte; male; nausea; neutropenia; phase Ⅱ clinical trial; priority journal; prospective study; side effect; T cell leukemia; thrombocytopenia; vomiting; chemically induced disorder; drug