LETTERS TO THE EDITOR

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Reader Comments on Patient-Specific Vaccine Therapy for Non-Hodgkin Lymphoma

We have read your excellent article, "Patient-Specific Vaccine Therapy for Non-Hodgkin Lymphoma" (Vol. 9, pp. 85–90), and thank you for this major contribution to the nursing literature. We had a few questions relative to nursing care.

The authors stated that clinical evidence suggests that dendritic cell stimulation may cause stimulation of autoimmune disease in patients with a history of autoimmune disease and that these patients should be observed for potential autoimmune adverse effects or excluded from this type of therapy (Bondanza et al., 2003). We note that the clinical evidence cited is from the murine model. The fear of stimulating disease using recombinant growth factors is reminiscent of early fears that colony-stimulating factors (CSFs) would cause stimulation of cancer or other diseases. We are interested to know if these cases have been documented in the human model.

What action would you take if white blood cells (WBCs) climbed to an abnormal level because of granulocyte-macrophage–CSF (GM-CSF)? What would be the patient consequences in this event, and how would you manage patients with higher than normal WBCs? Also, how would you manage side effects such as pruritis from vaccine administration techniques?

Thanks for your help.

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Reference

Bondanza, A., Zimmermann, V., Dell'Antonio, G., Cin, E., Capobianco, A., Sabbadini, M., et al. (2003). Cutting edge: Dissociation between autoimmune response and clinical disease after vaccination with dendritic cells [Electronic version]. *Journal of Immunology, 170,* 24–27. Retrieved March 30, 2005, from http://www.jimmunol.org/cgi/content/full/170/1/24

The Author Responds

A concern exists for increasing the risk of autoimmune disease anytime the immune system is stimulated. As you suggested, just as healthcare providers have been concerned about the risk with the use of growth factors, a risk also exists with patient-specific vaccines. Therefore, patients with a prior history of autoimmune disease have been excluded from the clinical trials that I have worked with personally. I am not aware of data that reported this specific risk. Current clinical trials and long-term follow-up of patients on this therapy are important to answer this question and to determine whether the risk, if any, is significant.

As you know, GM-CSF can cause an increase in WBCs; therefore, patients should be monitored closely for this. Personally, I have not seen elevated WBCs during vaccine therapy. However, our clinical trials support treatment modification if WBCs are elevated. This may include holding one or more of the doses of GM-CSF and, possibly, the patient-specific vaccine, should that be the protocol requirements. Because this therapy still is considered investigational, the true standard of care for these patients is being determined. Your questions are very good and show knowledge and concern to appropriately treat patients receiving this therapy.

Thank you for your comments. Please let me know if you have further questions with which I can help.

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