

The outcome of peripheral T-cell lymphoma patients failing first-line therapy: a report from the prospective International T-Cell Project

We are grateful to Peter Dreger for his comments¹ on our study focusing on the outcome of patients with peripheral T-cell lymphoma registered in the prospective International T-Cell Project who failed first-line chemotherapy.² The author recognizes the thorough work-up that has been carried out and reported in the paper, but has asked for additional details on the following two issues: i) how transplant ineligibility was defined and what were the reasons for not proceeding to hematopoietic cell transplantation (HCT) in chemosensitive, transplant-eligible patients; and ii) which type of transplant the patients analyzed received: autologous or allogeneic.

The T-Cell Project is totally an academic effort and not a sponsored clinical trial. This means that some information, such as eligibility for transplant, was collected in a very simple way, based on the treating physician's decision according to local guidelines. Moreover, our database did not capture data about the reason why the local physician did not put chemosensitive, transplant-eligible patients forward for HCT; although we cannot exclude the possibility that, in some instances, the availability of new drugs could have determined the clinician's decision to enroll the patients in ongoing interventional clinical trials.

With respect to the type of transplant: 76 (77%), 18 (18%) and 5 (5%) patients went forward for autologous, allogeneic myeloablative and allogeneic non-myeloablative transplantation, respectively. We conducted some additional analyses in order to rule out any bias according to the value of the two different types of transplant; however, the limited number of patients who went forward to allogeneic transplant did not allow us to reach any robust conclusions. Thus, no data on the topic were provided in the paper.

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