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Nota di contenuto	Contents; Contributors; 1. The history of immunotherapy for lymphoid malignancies; 2. Immunological markers of lymphoid malignancy; 3. Diagnostic and prognostic markers of lymphoid malignancies; the latest genetic, cytogenetic and haematological parameters; 4. CD20: B-

cell antigen and therapeutic target; 5. Rituximab and chemotherapy for non-Hodgkin's lymphomas: improved response and survival; 6. Rituximab and chemotherapy in elderly patients with lymphomas; 7. Maintenance therapy with rituximab; 8. Interferon-alpha in lymphoid malignancies
9. Radioimmunotherapy safety: radiation protection, administration guidelines, isotope comparison, and quality of life issues10. Radioimmunotherapy with Yttrium-90-labelled ibritumomab tiuxetan (ZevalinTM) for B-cell Hodgkin's lymphoma; 11. Radioimmunotherapy combinations with other therapies for non-Hodgkin's lymphoma; 12. 131I-Tositumomab therapy for the treatment ofl ow-grade non-Hodgkin's lymphoma; 13. CD52 as a target for immunotherapy; 14. Relapsed and refractory CLL: a clinical challenge
15. Optimising the use of alemtuzumab in CLL: new therapeutic end points, disease stratification and therapy earlier in the disease course16. Alemtuzumab in combination with other therapies in B-cell lymphoproliferative disorders; 17. The role of alemtuzumab in allogeneic stem cell transplantation; 18. Alemtuzumab in T-cell malignancies; 19. Epratuzumab: A new humanised monoclonal antibody to CD22; 20. Education and management of patients undergoing immunotherapy and radioimmunotherapy; 21. Antibody therapy for chronic lymphocytic leukemia; Index

Sommario/riassunto

Targeted therapies are the focus of much research in oncology. Encouraging results from the development of new monoclonal antibodies are revolutionizing clinical therapies and this is particularly the case for haematologic malignancies. The advent of immunotherapy heralds a new era particularly for patients who are refractory to more traditional therapies. Impressive results are evident using monoclonal antibodies (mAb) that a) bind with high specificity to cell-surface antigens, resulting in targeted killing of the malignant cells or b) are conjugated to radioisotopes, toxins, enzymes or drug