

## INTERFERON-ALPHA IN PEDIATRIC ONCOLOGY

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Cancer is one of the most important factor of childhood mortality. Despite of recent advances, 20-30% of children with cancer still succumb to death due to their disease even in the 21<sup>st</sup> century. Promising results were obtained with biologic response modifiers which enhance anti-cancer defense mechanismus of the body and may help to reverse disturbed differentiation/maturation processes. Interferon-alpha (IFN $\alpha$ ) is a well studied representative of biologic response modifiers however, its role in the pediatric oncology remains to be established.

I have performed a literature survey on anti-tumor effects and application of type-I interferons with a particular emphasis on rare childhood myeloproliferative disorders. Effects on proliferation and differentiation of IFN $\alpha$  were studied in vitro using leukemia/lymphoma cell lines of the B-cell lineage, umbilical cord blood-derived B-lymphocytes and bone marrow-derived mononuclear cells of a pediatric patient with essential thrombocythemia (ET). I have assessed the therapeutic application of IFN $\alpha$  in children with advenced cancer, associated with particularly unfavourable outcome.

IFN $\alpha$  has exerted a significant, dose-dependent inhibition both in primary and secondary colony formation of three leukemia/lymphoma cell lines of the B-cell lineage. The drug has enhanced, in parallel, programmed cell death. In contrast to leukemia/lymphoma cell lines however, IFN $\alpha$  has prevented spontaneous in vitro apoptosis in cord blood derived healty B-lymphocytes. In parallel with the robust inhibition of clonal proliferation of myeloid progenitor cells, IFN $\alpha$  treatment resulted in a long-lasting partial remission in a child with ET. In addition, 14/24 children with advanced cancer exhibited a favorable therapeutic response (CR or PR) upon IFN $\alpha$  treatment. The mild side effects, observed in most cases, allow the safe application of IFN $\alpha$  in pediatric patients. Severe complication, in form of Sweet syndrome, was observed only in two patients receiving IFN $\alpha$  therapy in combination with isotretinoin.

These results, together with the observations of other groups suggest, that IFN $\alpha$  is a promising agent in certain forms of childhood cancer.