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Editorial

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The advent of rituximab has dramatically changed the management of non-Hodgkin's lymphoma (NHL), with a corresponding improvement in patient outcomes. After many years in which treatment strategies in NHL remained fairly static, rituximab has been associated with prolonged survival in follicular lymphoma (FL) and an increased cure rate in diffuse large B-cell lymphoma (DLBCL). Initial trials in chronic lymphocytic leukaemia (CLL) also show considerable promise. An opportunity to reflect on these advances, examine recently available clinical data and share experience of clinical practice was provided by the '*Maintaining Life: Optimal Strategies to Improve Survival – Expert Investigator Forum 2007*'.

The meeting covered three key therapeutic areas, two of which – indolent NHL and aggressive NHL – have already seen substantial changes to the gold standards in clinical practice. In CLL, a recent flurry of investigation has led to exciting initial findings which bode well for the future.

During the first session, it became clear that rituximab is now the cornerstone of optimal treatment in FL. Its incorporation into chemo-therapy regimens during induction treatment and its use as monotherapy during subsequent maintenance treatment has been emphatically shown to extend progression-free and overall survival, giving patients realistic prospects of long-term disease control. Because of its recognised efficacy, a possible option for managing patient expectations in FL is to present induction and maintenance as a single treatment decision, in that rituximab is first given with chemotherapy and then alone. As well as evidence-based medicine, practical discussions regarding patient care have highlighted the favourable safety profile of rituximab, both as part of an induction regimen and in the long term during maintenance therapy.

In the next session, the biology of CLL was considered, with a focus on how prognostic markers and other patient factors can be used to inform treatment decisions. The introduction of rituximab to the treatment armamentarium has the potential to transform the outlook for newly diagnosed and relapsed patients with CLL, both in terms of extending progression-free and overall survival, and also by reducing adverse events and thus improving quality of life.

The programme concluded with

a series of presentations on aggressive NHL, which comprises a clinically and biologically heterogenous group of neoplasms. DLBCL is the most common of these, and the treatment goal for patients with DLBCL is cure with first-line treatment. A series of landmark studies have established eight cycles of rituximab in combination with CHOP chemotherapy as the gold standard for all patients with DLBCL. Since then, significant improvements in event-free and overall survival have been observed. Furthermore, rituximab-based immunochemotherapy has improved patient outcomes in non-DLBCL aggressive lymphomas, such as mantle cell lymphoma and Burkitt's lymphoma.

Together, the presentations during this meeting showed that the advent of rituximab has had a profound impact on patient outcomes, and initiated a re-evaluation of treatment paradigms in indolent and aggressive NHL. Several important and as yet unanswered questions were highlighted by faculty members over the course of the meeting. These are investigated in detail in this supplement and it is hoped that the insight provided may lay a foundation for the further optimisation of treatment in these areas in the future. Equally exciting are the ongoing efforts to establish new standards for treatment in CLL. Maintaining momentum in clinical research and practice should continue to yield tangible benefits for patients.