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Foreword:

MabThera – present and future: time to re-assess Proceedings of a symposium held in Montreux, Switzerland, October 2001

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MabThera (rituximab) represents a revolutionary advance in the therapy of hematological malignancies, demonstrating significant clinical efficacy without the toxicities associated with standard chemotherapy. Rituximab has been licensed for the treatment of relapsed indolent non-Hodgkin's lymphoma (NHL) and recently received European approval as a therapy in combination with cyclophosphamide, doxorubicin, vincristine and prednisone (CHOP) for patients with aggressive NHL. Taken together, the papers in this issue are a comprehensive review of current treatment of NHL and future prospects for rituximab as a therapy for different types of B-cell malignancies.

Rituximab is a human/mouse chimeric anti-CD20 monoclonal antibody that mobilizes host effector immune mechanisms to destroy $CD20^+$ B-cells. The first paper overviews the current understanding of the mechanisms of action of rituximab and the importance of applying this knowledge to develop effective treatments. Compared with chemotherapy, rituximab has an excellent tolerability profile, making it a good therapeutic option for patients with NHL. Evidence that rituximab improves patient response rates and may be used as both first-line and as salvage therapy for patients with indolent NHL is presented in the second paper. The rationale for combining rituximab therapy with cytokines or chemotherapeutic agents to improve patient outcome is also outlined. There is currently no consensus on standard treatment of indolent NHL, and the debate over the relative merits of conservative versus aggressive treatment options for the optimal management of indolent NHL is summarized in the next paper. The fourth paper evaluates the role of rituximab as a therapy for other B-cell disorders, including chronic lymphocytic leukemia, post-transplant lymphoproliferative disorders and Waldenström's macroglobulinemia. In a separate paper, the success of stem-cell transplantation as a potential cure for NHL and the use of rituximab as an *in vivo* purging agent to improve outcome are discussed. The preliminary results with rituximab suggest that this agent could play a pivotal role in improving the outcome after stem-cell transplantation in NHL. Finally, the potential of rituximab therapy in combination with conventional chemotherapy to increase efficacy against diffuse large B-cell lymphoma is reported. Indeed, the encouraging results outlined here led to the European approval of rituximab plus CHOP as a combination therapy for aggressive NHL.

As chairman of the symposium, I am pleased to introduce these articles, which highlight the underlying rationale for using rituximab as a treatment for NHL and other B-cell disorders, and the variety of ways in which rituximab can be incorporated into different management strategies.

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