

# Paolo Spiegel Award to the Best Paper on Aids and Cancer

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## ADMINISTRATION OF AN ANTI-INTERLEUKIN-6 MONOCLONAL ANTIBODY TO PATIENTS WITH AIDS AND LYMPHOMA

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Increased IL-6 production and expression by malignant cells of the IL-6 receptor has been evidenced in a subgroup of non Hodgkin's lymphomas, suggesting that this cytokine plays a role in lymphoma growth and in B clinical symptoms. In this study, the effect of the administration of an anti-IL-6 monoclonal antibody (mAb) was analyzed in 11 patients sero-positive for HIV-1 and suffering from an immunoblastic or a polymorphic large cell lymphoma. The antibody (BE-8, 10 to 40mg/day) was administered for 21 days. Neutralization of *in vivo* IL-6 effect was assessed by monitoring C reactive protein (CRP) levels in the serum. In 5 patients, the lymphoma progressed during treatment. Among them were the 2 patients in whom endogeneous IL-6 effect was not neutralized. Five patients experienced a stabilization, and one a partial remission. This effect on lymphoma growth lasted for 8 to 28 weeks. The anti-IL-6 mAb had a clear effect on lymphoma-associated fever, night sweats and cachexia. The mean body weight increase was  $1.4 \pm 0.5$  Kg between day 1 and day 21, and reached 12 Kg in 120 days in one patient who received 3 courses of treatment. The only side effect was a consistent but moderate thrombocytopenia. Immunization against the mAb was observed in only 2 cases. These results indicate that in this group of lymphoma growth of malignant cells is partially IL-6-dependent and that neutralizing endogeneous effect of IL-6 completely abrogates B clinical symptoms.