

Letter to the Editor

Comment on “Peripheral blood used in place of bone marrow aspirate for detection of translocation t(11;14) status during minimal residual disease monitoring is cost-effectiveness”

Dear Editor,

We read with great interest the article by De Martino et al 2015, accounting the quantitative detection of t(11;14) –bearing cells in Mantle Cells Lymphoma (MCL)¹. In this experimental study, the authors compare the quantitative amounts of Bcl-1/JH fusion products detected by quantitative-PCR (Q-PCR) in concurrent peripheral blood (PB) and bone marrow (BM) aspirate samples from 7 patients with MCL. Results are noteworthy; they propose that PB can be undependably used in place of BM aspirate for detection of t(11;14) status during minimal residual disease monitoring and capable for detection early molecular relapse, especially in those patients who have moderate to high levels of Bcl-1/JH copies.

In this scenario this original paper of Di Martino et al accounting the oncologist needs to ensure that patients have the best quality of life possible at every stage of their cancer expedition². Moreover, it is true, that the available methods to provide early detection of relapse, must be cost-effectiveness³. It is well known that counseling performed before selected cancer treatment, provide lower overall medical costs and higher quality of life. In Europe, several National Institutes of Health provides to cover some of the costs but this may be changing⁴.

Recently, several methods to assess the quality of cost-effectiveness in the cancer managements have become available. A relevant example is the National Institute for Health and Clinical Excellence (NICE). NICE forms a diverse clinical Advisory Committee, which stimulates Pharma and Academic communities to produce a robust set of data, including the design and data source, for economic models of personalized healthcare⁵. NICE, also providing a method to measuring Quality-Adjusted Life-Years (QALYs); metrics that combine heterogenic information on outcomes, analytical, and cost-effectiveness for each treatment. In other way, the medical expertise to interpret these new fields are need^{6,7}.

We believe that the right way to face these challenges is based on a multidisciplinary treatment approach and to rationalize the costs of these procedures (invasive bone marrow aspirate versus peripheral blood)⁸. Based on these purpose, the clinician and the lab manager may join together to evaluate advantages and limitations, in terms of costs and applicability, of the most appropriate way to setting molecular monitoring of MCL tests.

Conflict of Interest

The Authors declare that they have no conflict of interests.

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D. Valente¹, A. Rainone²

¹Cetac Research Center, Caserta (CE), Italy

²Gruppo Oncologico Ricercatori Italiani, GORI ONLUS, Pordenone, Italy