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**Reply to “Infliximab therapy in hematologic malignancies: handle with care”  
2012;97(8):e26.**

We are grateful for the comments of Stagno *et al.*<sup>1</sup> on potential toxicities of infliximab in patients with hematologic malignancies.

We agree that the occurrence of secondary malignancies could be a potential concern for infliximab use in patients with low-risk MDS, although none of the 43 patients included in our study developed a secondary malignancy.<sup>2</sup> Similarly, none of the 37 patients with low-risk MDS treated with infliximab (5 or 10 mg/kg i.v. every 4 weeks for 4 cycles) by Raza *et al.* developed a secondary hematologic malignancy.<sup>3</sup> Development of secondary malignancies is associated with many conditions characterized by chronic inflammation, auto-immunity and immune suppression even before the introduction of potent immunomodulators, such as infliximab.<sup>4</sup>

We share the concern of Stagno *et al.* about the high incidence of grade 3-5 infections in our study (30%).<sup>1</sup> Interestingly, grade 3-5 infections tended to be more frequent (41%) in patients randomized in the 3 mg/kg arm than in those randomized in the 5 mg/kg arm (19%).<sup>2</sup> Such a high incidence of infection was not observed in the Raza *et al.* study in which only one of 37 patients (3%) experienced a grade 3 infection.<sup>3</sup>

While the results of our study suggest that infliximab alone does not have sufficient activity in unselected patients with early MDS, we agree with Stagno *et al.*<sup>1</sup> that a combination of infliximab with other MDS active agents might offer interesting possibilities. Scott *et al.* have observed a high durable response rate in MDS patients treated with a combination of azacitidine and TNF- $\alpha$  blockade with etanercept, with a relatively low toxicity profile.<sup>5</sup> Similarly, a recent phase II study has shown encouraging results with a combination of anti-thymocyte globulin and etanercept in patients with low or intermediate 1 risk MDS.<sup>6</sup>

Finally, we agree with Stagno *et al.*<sup>1</sup> that any further trial assessing infliximab in MDS patients should assess potential toxicities associated with this drug, and in particular, severe infections.

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