

Prof. Won Seog Kim: current and future treatment for malignant lymphoma

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Won Seog Kim (Figure 1) is Professor of Hematology and Oncology at Sungkyunkwan University School of Medicine, Seoul, Korea. Prof. Kim specializes in Malignant Lymphoma and has published more than 130 articles in academic journals, such as American Journal of Clinical Oncology, Annual Oncology, Cancer, Blood. The science editor of Translational Cancer Research is honored to have this chance to interview Prof. Kim during Post-ASCO meeting.

TCR: *Could you give a brief introduction of your presentation “Management of HBV carrier with B cell lymphoma in rituximab era” to our readers?*

Prof. Kim: One of the biggest issues after the introduction of rituximab is HBV reactivation, especially in the Asian area. There are not many HBsAg carriers but the percentage of anti-HBc IgG positive patients is around 40% to 70%, a little varying in different areas. Before rituximab era, we think that patients with anti-HBsAb are very safe from the hepatitis B; but now in rituximab era, the situation is totally different. We can meet fatal HBV reactivation from the patients with anti-HBc IgG. So that's the issue again. If HBV reactivated in anti-HBc IgG positive patients, the mortality is almost 50%. Therefore, we can lose patients because of hepatitis B, not of the lymphomas. We should monitor them very closely and use the anti-viral agent before the fulminant hepatitis. So this is the very important issue right now, especially in the Asian areas, we should take care of them.

TCR: *We noticed that you have more than 130 important publications so far. Could you please give us a general picture of the current status of the treatment of malignant lymphoma, especially from your research point of view?*

Prof. Kim: In the past years, I tried to understand the nature of the disease. Based on the knowledge, my interest is moving to new targeted agents. Those can have lower toxicities with higher efficacy. However, before daily use of



Figure 1 Professor Won Seog Kim.

these agents, we have to think about two different aspects. One is that we are having more and more new agents. So the treatment is now transferring from intensive chemotherapy to the one without conventional chemotherapeutic agents. At the same time, we have to think about the cost. In Asian countries, the resource of Medicare is limited. So we have to try to develop resource based Medicare guideline, to supply higher quality health care with limited resources to the Asian population.

TCR: *I know that you and your group have made great contributions. You have done a phase II trial of concurrent chemoradiotherapy (CCRT) followed by two cycles of L-asparaginase-containing chemotherapy for patients who were newly diagnosed with stages IE and IIE nasal extranodal NK/T cell lymphoma (ENKTL). What is the advantage of this treatment?*

Prof. Kim: The nasal ENKTL lymphoma is the No.1 T-cell lymphoma in the far eastern countries, especially in the south China. Before the emerging of current treatments' strategies, we can expect our 50% of the current early stage disease. And

in the advanced stage almost all patients died of the disease. But recently with the new treatment, we can cure the patients almost 70% to 80% and even in the advanced stage we can save 40% of the patients. It is a big advance than before. And another thing is nothing is expensive in this regimen. So it is cheap with a good outcome.

TCR: *Could you please give us a bit of the future development tendency of the treatment of malignant lymphoma?*

Prof. Kim: We should understand the biology of the malignant lymphoma more deeply because developing new therapies is based on the lymphoma biology. Current chemotherapy is not based on the biologic idea. We should do more and more deep research in the biologic aspect. That's the starting point of finding out the new targets and new targeted therapies. Nowadays, genomic research is very active in all cancer fields. We should get more knowledge from genomics.

TCR: *Thank you very much!*

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