Data from 405 previously untreated patients with non-Hodgkin's lymphomas were analyzed. All biopsies were histologically classified using Rappaport et al.'s criteria and Ann Arbor classification stages. It was concluded that both Rappaport and Ann Arbor classifications were useful guides to management and prognosis of non-Hodgkin's lymphoma. (The SC® indicates that this paper has been cited in over 475 publications.)

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In 1970 I returned to Stanford from a tour of duty with the US Air Force to begin a fellowship in medical oncology under the supervision of Saul Rosenberg. I was searching for a clinical research project and came upon this one through a series of unrelated events that proved to be fortuitous to my career.

Over the years, Henry Kaplan and Rosenberg had conducted elegant clinical trials in Hodgkin's disease and the non-Hodgkin's lymphomas. However, the results of the lymphoma studies were often puzzling at times and sometimes disappointing. I arrived at Stanford, Rosenberg and Kaplan had helped recruit Ronald Dorfman to join the Department of Pathology at Stanford.

With the availability of Dorfman, they conceived the idea of reviewing their cases of non-Hodgkin's lymphoma, including a thorough review of the pathologic material by Dorfman. Marshall Kadin, now a well-known hematopathologist, was given the unenviable task of compiling lists of patients for whom the pathology could be retrieved and reviewed. About the time that I arrived at Stanford, Kadin left, and his initial pathology review was turned over to another young hematopathologist, Hun Kim, Malcolm Bull, a fellow with Rosenberg, had begun to review the clinical material, but his presence elsewhere was requested by the Army.

Rosenberg felt that I should leap into the void and complete the review of the clinical material as my research project. Ultimately, 405 of these cases were suitable for full analysis.

For this project, Dorfman, Kadin, and Kim had decided to utilize the histologic classification system proposed by Henry Rappaport in 1956. This classification had not gained wide acceptance, primarily due to the lack of clinical correlation. As I proceeded with the study, it became apparent that definite patterns were emerging. I began to write a series of papers. The first three involved about half of the case material and, ultimately, five papers were published, including the paper in question.

The first public appearance of this work was at a large session of the American Society of Hematology in San Francisco in 1971. I nervously presented the data and several well-known oncologists seemed to be skeptical of the importance of our observations. I worked hard on two drafts of the manuscript. The second was edited by Kaplan, who always said that he was "simply translating [my] papers into English." However, he also told me at that time that this paper would become a classic.

Our work has been so frequently cited because almost all of the original observations from this carefully studied group of patients have been confirmed repeatedly by others, and none have been refuted. Over the years, the Rappaport classification has become the most widely used pathologic classification scheme for the non-Hodgkin's lymphomas. It has become the most widely used classification system in the world. It is clear that the work done by Rappaport and his colleagues is equivalent to our classification scheme.

Obviously, we have learned a great deal more about the biology and immunology of lymphomas since the emergence of several new subtypes of lymphoma have been defined. Nonetheless, most of our original clinical observations in this paper have been confirmed by the test of time and serve as a reliable basis for patient management as well as clinical research.

Finally, this work was of signal importance to me personally. With the encouragement and stimulation provided by Kaplan, Rosenberg, and Dorfman, I decided to pursue a career in academic medicine. In 1972 I left Stanford to join the faculty at the University of Arizona where I became professor of medicine in 1978 and chief of the section of hematology/oncology.