

Ten Best Readings Relating to Unusual Thoracic Tumors

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Robinson BW, Lake RA. Advances in malignant mesothelioma. *N Engl J Med.* 2005;353:1591-1603.

This article reviews the key advances in the understanding, diagnosis, and management of malignant mesothelioma that have occurred in the past 5 to 10 years.

Pass HI, Lott D, Lonardo F, et al. Asbestos exposure, pleural mesothelioma, and serum osteopontin levels. *N Engl J Med.* 2005;353:1564-1573.

Serum osteopontin levels can be used to distinguish persons with exposure to asbestos who do not have cancer from those with exposure to asbestos who have pleural mesothelioma.

Sung SH, Chang JW, Kim J, et al. Solitary fibrous tumors of the pleura: surgical outcome and clinical course. *Ann Thorac Surg.* 2005;79:303-307.

For malignant cases, complete surgical resection may be insufficient for the cure. Therefore, further study should be performed to define the role of preoperative and postoperative systemic treatment.

Asamura H, Kameya T, Matsuno Y, et al. Neuroendocrine neoplasms of the lung: a prognostic spectrum. *J Clin Oncol.* 2006;24:70-76.

This study of histologic subtypes of pulmonary neuroendocrine tumors reports that patients with typical carcinoid have a better prognosis than patients with other subtypes. High-grade neuroendocrine histology, however, indicates a poor prognosis regardless of tumor subtype.

Ryu JH, Moss J, Beck GJ, et al. The NHLBI lymphangioleiomyomatosis registry: characteristics of 230 patients at enrollment. *Am J Respir Crit Care Med.* 2006;173:105-111. Epub 2005 Oct 6.

The age range of women afflicted with pulmonary lymphangioleiomyomatosis is broader than previously appreciated. Also, the degree of pulmonary function can be variable, with one third of subjects having normal spirometry at enrollment into this registry.

Moses MA, Harper J, Folkman J. Doxycycline treatment for lymphangioleiomyomatosis with urinary monitoring for MMPs. *N Engl J Med.* 2006;354:2621-2622.

This case report describes an improvement on both clinical status and urinary matrix metalloproteinase (MMP) excretion in a woman with pulmonary lymphangioleiomyomatosis from treatment with the MMP-inhibiting antibiotic doxycycline.

Asimakopoulos G, Beeson J, Evans J, et al. Cryosurgery for malignant endobronchial tumors: analysis of outcome. *Chest.* 2005;127:2007-2014.

Cryosurgery is a safe method for palliation of endobronchial malignancies causing airway obstruction. Statistical analysis showed improvement of dyspnea, cough, and hemoptysis. Cryosurgery can be considered in patients with inoperable obstructive endobronchial carcinoma.

Luckraz H, Amer K, Thomas L, et al. Long-term outcome of bronchoscopically resected endobronchial typical carcinoid tumors. *J Thorac Cardiovasc Surg.* 2006;132:113-115.

In a selected group of patients, proximal polypoid typical bronchial carcinoid tumors can be treated endobronchially with good outcome.

Brambilla E, Travis WD, Colby TV, et al. The new World Health Organization classification of lung tumours. *Eur Respir J.* 2001;18:1059-1068.

This revised WHO classification (in comparison to 1981) includes changes in preinvasive tumors and in the subclassifications of adenocarcinoma, large-cell carcinoma, and neuroendocrine carcinoma. It also describes the new entity of carcinoma with pleomorphic, sarcomatoid, or sarcomatous elements.

Loehrer PJ Sr, Wang W, Johnson DH, et al. Octreotide alone or with prednisone in patients with advanced thymoma and thymic carcinoma: an Eastern Cooperative Oncology Group phase II trial. *J Clin Oncol.* 2004;22:293-299.

Octreotide alone has modest activity in patients with octreotide scan-positive thymoma. Prednisone improves the overall response rate but is associated with increased toxicity. Additional studies with the agent are warranted.