Breathe contributes to the ERS Action Plan for Thoracic Oncology

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Every year, 3.2 million Europeans are diagnosed with cancer. Lung cancer is the most common cancer in men, both worldwide and in the EU (European Union), killing ~240,000 EU citizens yearly. Both incidence and mortality differ by sex and vary considerably among EU member states [1] reflecting the patterns of the tobacco pandemic model. Smoking (active or passive) causes ~90% of all lung cancers. This makes lung cancer the single largest avoidable cause of death in the EU. Apart from avoiding inhalation of tobacco smoke, there is currently little or no evidence for other effective preventive strategies. In most EU countries, lung cancer incidence and mortality rates among men are higher than for women [1]. While these rates are now slowly declining in men, they are increasing in women. This observation is also linked to the smoking habits. In addition to lung cancer, malignant mesothelioma is an emerging thoracic neoplasm of poor prognosis, related to the asbestos epidemic [2].

In the last decades, numerous progresses have been made for the staging and the treatment of lung cancer. Positron emission tomography modified the diagnostic work-up and the initial evaluation of the tumoural extension, mainly for locoregional disease. An important modification of the international staging system in lung cancer [3] is now approved by the *Union Internationale Contre le Cancer* (UICC). The therapeutic approach of non-metastatic non-small cell lung cancer (NSCLC) evolved and resulted in improved survival. Adjuvant cisplatin-based chemotherapy for resected stage-II and -III NSCLC is currently a standard of care [4, 5] and concomitant chemo-radiotherapy demonstrated its superiority on a sequential approach in locoregional unresectable but irradiable neoplasms [4]. Above conventional chemotherapy, "targeted" therapies have shown their efficacy in selected populations. Small molecule epidermal growth factor receptor (EGF-R) tyrosine kinase inhibitors (TKI) (erlotinib, gefitinib) were initially developed as second-line therapy [6, 7]. In this setting, erlotinib was shown to increase survival, with the magnitude of benefit similar to that with second-line cytotoxic chemotherapy. Further studies have defined NSCLC patient subsets particularly likely to respond to treatment with these agents; these include women, nonsmokers, Asians and those with adenocarcinoma histology, a group with a higher prevalence of EGFR-mutated tumours. EGF-R TKI treatment, rather than chemotherapy, can now be proposed for the initial treatment of advanced non-small cell lung cancer patients with an activating mutation of EGF-R [8, 9].

Thoracic oncology became a strong pillar of the European Respiratory Society (ERS). Recently, the new ERS Thoracic Oncology Assembly (TOA; Assembly 11) set an action plan, called "Thoracic Oncology in Europe" [10]. This plan intends that thoracic oncology becomes a pillar of the ERS, dealing with all aspects of thoracic malignancies from basic science to patient care. To fulfil this objective, various activities are under development: realisation of clinical guidelines (fitness for radical therapy in lung cancer patients [11] and management of malignant pleural mesothelioma [2] are already published in *European Respiratory Journal*), creation of a

task force for an European Initiative for Quality Management in Lung Cancer Care, reinforcement of the good collaboration with other assemblies (Clinical Assembly, Cell and Molecular Biology Assembly, Occupation and Epidemiology Assembly and Thoracic Surgery Assembly). Moreover, another part of this plan is devoted to education especially by publishing not only research and state-of-the-art knowledge in its learned journals but also providing continuing medical education.

In this mind, a series of articles will be published in *Breathe* during the forthcoming issues. The purpose of these articles is mainly educational, translating recent scientific knowledge into relevant clinical practice. In the current issue, Anne Charloux (France) presents an article, dedicated to fitness for radical therapy. This will be followed in subsequent issues by articles from Walter De Wever (Belgium), on imaging techniques in lung cancer, and Felix Herth (Germany), on the best techniques for lung cancer staging (including mainly endoscopic procedures). There will also be an article on endobronchial therapy (Ronny Ohman, Lars Ek, Sweden) with articles by Thierry Berghmans (Belgium), who will give us an update on mesothelioma management, Ramon Rami Porta (Spain), who will resume the new TNM classification of lung cancer for clinical practice and Marianne Paesmans (Belgium), who will present an article on prognostic and predictive factors in lung cancer. Strong efforts have to be made to increase educational publications on thoracic oncology in Breathe. Therefore, we encourage all our members to contribute with suggestions for topics to be covered and to propose interactive oncological case reports for publication.

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