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Recommendations on systemic treatment of non-small cell lung cancer and malignant pleural mesothelioma

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Lung cancer causes about 1.2 million deaths worldwide annually. Poland is among the countries with the highest risk of lung cancer: about 22 thousand patients die annually from this disease in recent years. While the past two decades have seen a decrease in mortality among men in Poland, the numbers of deaths due to lung cancer among women have been on the rise, and in 2007 this cancer became the leading cause of cancer-related death among Polish women [1]. Non-small cell lung cancers account for about 85% of all primary lung neoplasms. In Poland and many other countries, in about 60% of the patients, non-small cell lung cancers are diagnosed in stages in which radical resection or radical radiochemotherapy can no longer be used. In the remaining patients, and a considerable percentage of patients with recurrent cancer following first-line treatment, systemic palliative management is one of the treatment options. Chemotherapy is also commonly used in malignant pleural mesothelioma, a disease characterised by an incomparably lower incidence rate but an equally unfavourable stage profile at diagnosis (fewer than 10% of the patients are eligible for radical surgery).

Systemic therapy (chemotherapy and molecular-targeted therapy) plays a significant and increasing role in the multi-specialist management of patients with non-small cell lung cancer: it is offered to a considerable percentage of patients undergoing resection in the early stages of the disease, it is utilised in combination with radiothera-

py in patients with locally advanced disease, and is the principal method of treatment in disseminated disease. The evolution of the applications and number of systemic therapy methods for the treatment of non-small cell lung cancer and, to a lesser degree, malignant pleural mesothelioma necessitates the development of guidelines which would bring order to and update the principles of using the available drugs. An additional factor which justifies the development of guidelines is the frequent launch of novel drugs and the complexity of problems associated with their use (including the rationale for their indications as well as the limitations resulting from their adverse effects).

The updated recommendations on the systemic management of non-small cell lung cancer and malignant pleural mesothelioma by a team of experts composed of oncologists, pulmonologists, and pathologists are a continuation of previous efforts [2, 3]. The current edition is the result of discussions among the members of the team led by Prof. Jacek Jassem, who drew up a final document in the form of a consensus [4]. This does not change the fact that in the numerous fields of application of systemic treatment of non-small cell lung cancer there are still many controversial issues which require resolution on the basis of prospective research studies. One such unresolved issue is the use of molecular predictors of the benefits resulting from adjuvant chemotherapy or the optimal use of antiangiogenic drugs.

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Compared to the previous consensus, the current one has been expanded: as a result of the evolution of knowledge on the genetic and molecular background of non-small cell lung cancer, information has been added on the pathologic and molecular diagnostics and on the relevant therapeutic implications. More attention has therefore been devoted to obtaining tissue material for testing and for pathologic and molecular assessment.

The development of a set of recommendations cannot be the only activity undertaken in this field: it is necessary to disseminate the guidelines as broadly as possible and to ensure that they are followed in the clinical practice. The authors of the present guidelines hope that the recommendations will be accepted and followed by physicians involved in the management of patients with non-

small cell lung cancer. At the same time, the authors are aware of the fact that appropriate conditions must be created for the implementation of modern and state-of-the-art treatment.

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