Thymic Epithelial Tumors (TETs) are rare neoplastic diseases, but the most common anterior mediastinal tumors in the adulthood. TETs are classified according to the World Health Organization (WHO) histopathological classification, which distinguishes thymomas from thymic carcinomas (tumors category which also includes thymic neuroendocrine ones). Their rarity, along with the lack of randomized clinical trials (RCTs) make TETs’ global management still questioned, and only few clinical recommendations currently exist.

The interest to the thymic disorders management has never been so strong as in the last few years. A huge number of articles about biology, associated parathyroid syndromes, radiological tumor’s appearance, surgery, induction/adjuvant medical therapy and radiotherapy have been published especially after 2014. These reflect of single Institution, multicenter experiences, or are the results of retrospective societal databases. These datasets are commonly used to investigate the biological aggressiveness of the rare thymic tumours as well as their prognostic correlates.

Some recent examples of their usage and their effectiveness are the outcome of aggressive neoplasms (Thymic Carcinomas or Neuroendocrine Thymic tumors as well as their comparison), tumor's size as valuable predictor for complete resection and possible recurrence's development, the role of Myasthenia Gravis (MG) in thymomas outcome and, finally, the multimodality approach importance definitive demonstration while treating advanced lesions.

Last but not least, historically more than 15 different TETs’ staging systems have been proposed and used, the most common of which were the Masaoka one and its update by Koga and Colleagues. Few years ago, under the International Association for the Study of Lung Cancer (IASLC) aegis, the need for a new TNM based staging system was evident, in accordance with other solid tumors. Therefore, merging the International Thymic Malignancy Interest Group (ITMIG), the European Society for Thoracic Surgeons (ESTS) and the Japanese Association for Research on the Thymus (JART) datasets, a retrospective analysis of the outcome of several thousand treated patients worldwide made the new TNM system final processing possible. Nowadays this represents the official staging system for thymic tumors.

The new prospective societal datasets development (ITMIG & ESTS, particularly) will furthermore improve our knowledge on some specific issues concerning TETs’ treatment, and result are expected in few years. In particular, they will be focused on the optimal MG surgical management, the role of minimally-invasive procedures (VATS, robotic, transcervical or subxiphoid approaches), the role of lymphadenectomy, the correct indication for induction/adjuvant treatments in locally-aggressive lesions as well as the importance of personalised medicine, following the recent identification of molecular alterations occurring in the KIT, vascular endothelial growth factor receptors (VEGFRs) and mammalian target of rapamycin (mTOR) signalling pathways. This is the future.

This book is the result of the Authors’ tremendous effort in collecting and making available all that was recently published on TET’s diagnosis and management: they deserve a very major credit for putting this on.

Also AME Publishing Company, once again, demonstrated its extreme entrepreneurship, believing in the project and carefully curing it with a meticulous print apparel. The reading of this book should be suggested to all the researchers of thymic disorders and I’m sure this book will become a landmark text on this field.

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