



# ITMIG 2018—Prof. Edith Marom: ITMIG is an innovative, young society open to all from all disciplines

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## Editor's note

The 9th International Thymic Malignancy Interest Group Annual Meeting (ITMIG 2018) was held from October 24th to 27th, 2018 in Seoul, Korea. This important conference highlighted the latest scientific and clinical developments related to the management of thymic malignancies and brought together established scientists and clinicians from all over the world who have an interest in the field of thymic oncological research. It was a great honor for the editorial team of *Mediastinum* to conduct a brief interview with Prof. Edith Marom during the meeting (*Figure 1*).

## Expert introduction

Prof. Edith Marom is currently working at the Department of Diagnostic Radiology, the Chaim Sheba Medical Center, Tel Hashomer, Israel, affiliated with the Tel Aviv University. Previously, she had worked as professor at the University of Texas MD Anderson Cancer Center from 2002 to 2014. She received her medical degree from the Sackler School of Medicine, the Tel Aviv University, and has been in practice for more than 20 years.

## Interview (*Figure 2*)

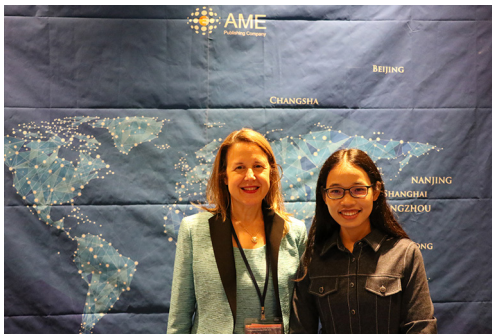
*Mediastinum: What are the important progress of ITMIG and highlight of the meeting this year?*

**Prof. Marom:** First of all, ITMIG made substantial progress since its inception. I mean just connecting people together from all domains, whether it's radiation oncology, diagnostic oncology, thoracic surgery, pathology or medical oncology, facilitated multidisciplinary discussions and enabled combining data together. Of the many projects this created, I think the greatest accomplishment is the creation of the retrospective and prospective database. It enabled us to create the TNM staging, which is finally database-driven, and more clearly correlated with overall survival. But we now have to look forward to the next missions over the next decade.

After the creation of the TNM staging, we are now in the process of helping disseminate this TNM staging. ITMIG members are lecturing about this system. It has been disseminated in writing worldwide, so that people have started using it and have been getting used to it. We are now sending out a survey to find out how they feel about it, to plan the new process for the next staging system because these staging systems are updated every 10 years.

In addition to surveying clinicians about the use of this TNM system, we are checking with radiologists and pathologists how reproducible is the implementation of this TNM staging. There was a committee meeting dealing exactly with that. People tend to think that pathology is a black and white discipline, but in actuality it is not. In general, when establishing a TNM system, we may at times decide on basing some of the staging elements that at the microscopic level are very difficult to implement, difficult for the pathologist to see, leading to disagreement between pathologies. We are currently assessing reproducibility and agreement between pathologists, working on any discrepancies so that we can see what is actually good or consistent with this TNM dissemination and if it is applicable to clinical practice, so that we can learn from this and see how to improve as we move forward.

As for the highlights of the meeting, so far, we are in the first day of the meeting and we have had a very successful imaging session. There are many issues when dealing with thymic malignancies. One of the major issues is the fact that the TNM staging determines treatment, yet is only established post operatively, by the pathologist. However, treatment decisions are made prior to surgery: one has to determine who is an operative candidate and who requires neoadjuvant therapy because of locally invasive disease and who does not. For that we rely on preoperative imaging. Yet there was no large-scale study, assessing thousands of patients, using multiple imaging modalities looking at that. So, in today's session, we gathered the experts in the field of imaging thymoma. There was a great interest in this session. The lecture hall was packed and we had more than half an



**Figure 1** Prof. Edith Marom and the interviewer.



**Figure 2** Interview with Prof. Edith Marom (1).

Available online: <http://www.asvide.com/article/view/28938>

hour of questions. Because there are so many issues within imaging, the imaging approach differs from one institution to the other. I think it was very conducive to hear the different approaches, to clarify some issues and it opened up new opportunities with great new ideas for future studies. We are going to see even more progress going on and the meeting was fantastic to get this collaboration. This is the essence of what ITMIG is all about, getting collaboration around the world, increasing the numbers so that we can learn something. This is an orphan disease and we haven't had any large-scale imaging or pathology study yet to try to make a leap forward with the knowledge that we have. I hope this meeting will help us reach that goal.

**Mediastinum:** *Being elected as the new president of ITMIG (2018–2020), what would be your design or goals for the society?*

**Prof. Marom:** ITMIG has its own structure, the way the

society was formed and it has been working well. My goal is to try to increase the collaborative work, and to have new studies going on to further thymic research. I think the number 1 greatest asset of ITMIG is the people of course, and their collaboration. The number 2 asset is the database. Without this database, without having more people place more patients into the database, without conducting research based on it and collaborative research; we are going to miss our goal. So, my goal is to try to promote more of that so that we can move forward.

Another goal, is finding a way to support our studies. We are basically conducting studies without any financial assistance. We have to try to get people involved to help. Patients are desperate for the results of these studies, because right now treatment is based on notions, and not enough data. So, if we can get support of the whole community, I hope we can to push forward more and more projects, and help us learn how to approach and treat this disease better. So, these are my goals basically.

**Mediastinum:** *What are the opportunities and challenges of ITMIG's further development?*

**Prof. Marom:** Right now, we are at the begging of a pilot study, which I consider an opportunity in progress. We have a great cooperation already between pathologies in several continents. Multiple countries are already working together; pathologists, radiologists and thoracic surgeons are working together. The opportunity is that we are doing it and the downside is that I would like to see it move faster. So, the challenge is getting some monetary support and additional time for people to devote more time for research and have support to do more. But it is ongoing. It is very important to disseminate this information so that people are aware of the work that is been done. As we get more results, we will publish new and updated guidelines so that people will know: both clinicians and patients. That will serve the community of those that are treating patients. Out there in the community, people may not see as many thymomas. Such data will be very helpful. Those are the challenges and opportunities.

**Mediastinum:** *What are the main controversial issues in the field of thymic malignancies?*

**Prof. Marom:** Like in most cancers, the issue is that most of the studies are retrospective. To get great data, we would

need prospective studies. So, the closest we have right now is the prospective database, which is fantastic because of the data that is gathered is gathered in a prospective fashion, so it is guided, more complete and I hope it would be better than the retrospective study.

There are many controversial issues in the treatment and decision-making in thymoma because there are no large-scale prospective studies looking at treatment of disease. One of the greatest issues is the disagreement between people on when to treat with radiation therapy. That issue has not been resolved and that is the issue that requires actually a prospective study where half of the patients will get radiation at certain stages and the others will not. But such a study requires large-scale funding, larger than that found at the institutional level, such as can be found for example with NIH grants or large societal funding. We have not been able to get a grant for that so far. We really hope we do because until that happens it would not be clear to us exactly at what point it is advantageous to treat with radiation and when not to.

**Mediastinum:** *Would you say something to call on more colleagues or more collaborative efforts in ITMIG?*

**Prof. Marom:** I would love to have any person at any level, students, residents, fellows, attendants, professors to come and join ITMIG. This is an innovative, young society open to all from all disciplines and very welcoming. We have multiple opportunities for studies, for ideas, for education and we would love to have more join and I would love to have more patients come and help us. We need help, we need help in disseminating the information, we need help in helping us gather some finances for research. Everybody works at ITMIG as a volunteer, on their free time, doing their own thing together, just to try to further the knowledge of this disease. We are highly motivated. We need everybody's help and the collaboration is key.

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1. Lu A. Interview with Prof. Edith Marom. *Asvide* 2018;5:913. Available online: <http://www.asvide.com/article/view/28938>

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