ITMIG 2018—Dr. Jeanne B. Ackman: TNM staging system has made huge progress for the diagnosis and treatment of thymic tumors

Received: 08 December 2018; Accepted: 10 December 2018; Published: 19 December 2018.
doi: 10.21037/med.2018.12.06
View this article at: http://dx.doi.org/10.21037/med.2018.12.06

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 interest in the field of thymic tumor research. The meeting was a great success. It was a great honor for the editorial team of Mediastinum to conduct a brief interview with Dr. Jeanne Ackman who shared with us the progress and the current challenges of TNM staging system for diagnosis and treatment of thymic Tumors.

Expert introduction

Jeanne B. Ackman (*Figure 1*), MD, FACR is Director of Thoracic MRI and Radiologist at Massachusetts General Hospital. She is an Assistant Professor at Harvard Medical School. Prior to these appointments, she performed general radiology in private practice for ten years. She currently serves as an item writer on the American Board of Radiology Certifying/Maintenance of Certification (MOC) Committee and as a contributing member of the Expert Panel on Thoracic Imaging 1 for the American College of Radiology Appropriateness Criteria. Her academic interests include thoracic MRI and imaging of the thymus. She has written many research papers, review articles, and textbook chapters in these subject areas and has received many awards for her service as a peer reviewer for academic journals.

Figure 1 Dr. Jeanne B. Ackman, MD, FACR.

Interview

Mediastinum: Could you please summarize the essence or the highlight of your report about "Clinical TNM Staging of Thymic Epithelial Malignancies" and give some take-home messages to our readers?

Dr. Ackman: This TNM classification is the first ever issued for thymic epithelial tumors. ITMIG was a big contributor to this endeavor, providing its database and tremendous expertise. One of the take-home messages with this new staging system is that tumor size does not in fact matter very much, so the tumor descriptor is based on the degree of invasion exclusively, not size. The lymph node or N descriptor refers exclusively to superficial (N1) and deep (N2) lymph nodes in the prevascular (N1) and visceral (N2)

spaces of the mediastinum and medial (N1) and lateral (N2) to the common carotid arteries in the neck. The metastasis or M descriptor refers to pleural and pericardial metastases as M1a and more distant metastases as. M1b is universally considered unresectable. M1a disease is often resectable.

Mediastinum: In this regard, what remains controversial or problematic in this field?

Dr. Ackman: One of the next steps is to determine how the TNM Staging Classification System can be used for prognosis. We need to do more research to determinate its value. In its favor, this particular classification system was based on a much larger group of patients than previous classification.

Mediastinum: What is your personal expectation for the breakthrough in this field in the future?

Dr. Ackman: I hope we will get better and better at distinguishing different types of thymic masses from each other. Magnetic resonance imaging (MRI) has a tremendous amount to offer in this regard. We find it particularly helpful in differentiating various thymic lesions—for example, thymic cysts and thymic hyperplasia from thymic tumors. We at ITMIG may work on developing an imaging algorithm to assist referring health care providers in their choice of appropriate imaging for thymic disease.

Mediastinum: What do you think is the key to your current success and achievement you have gained now?

Dr. Ackman: I have developed a passion for sharing that which thoracic MRI contributes towards patient care—its ability both to distinguish various thymic lesions (and other thoracic lesions), prevent unnecessary diagnostic intervention and surgery, and guide the surgeon in terms of approach, when needed. This passion motivates me to do related research, write, lecture, and continue to build the thoracic MR program at our institution.

doi: 10.21037/med.2018.12.06
Cite this article as: Cao C. ITMIG 2018—Dr. Jeanne B. Ackman: TNM staging system has made huge progress for the diagnosis and treatment of thymic tumors. Mediastinum 2018;2:65.

Mediastinum: Do you have any suggestions for the young medical workers in this field?

Dr. Ackman: Throughout training and beyond, it is good to keep current and be open to new ways of doing things, when these new approaches are better for the patient.

Acknowledgments

Funding: None.

Footnote

Provenance and Peer Review: This article was commissioned by the editorial office, *Mediastinum*. The article did not undergo external peer review.

Conflicts of Interest: The author has completed the ICMJE uniform disclosure form (available at http://dx.doi.org/10.21037/med.2018.12.06). CC is an intern of AME Publishing Company (publisher of the journal). The author has no other conflicts of interest to declare.

Ethical Statement: The author is accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

(Science Editor: Candy Cao, Mediastinum, med@amegroups.com)