

Preface

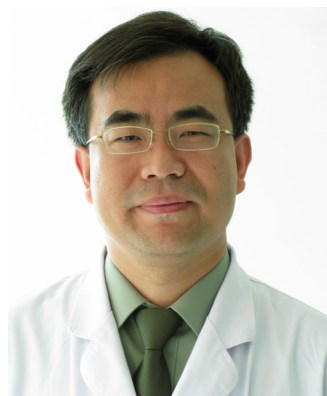
Lung adenocarcinoma is the most common histological subtype of lung cancer all over the world, accounting for nearly 40% of lung cancer, even in young people and in tumors detected in screening low-dose computed tomography programs. Over the past decade, the great advances in clinical, radiological, molecular biological and pathological aspects have been made in lung cancer field, mainly focusing on lung adenocarcinoma. In order to satisfy the current clinical practice and research communication, the previous 2004 WHO lung adenocarcinoma classification urgently needs to be revised.

In 2011, a new lung adenocarcinoma histological classification was published jointly by the International Association for the Study of Lung Cancer, the American Thoracic Society, and the European Respiratory Society. For the first time, this new classification was not developed by pathologists alone, but the specialists in respiratory, oncology, radiology, surgery and molecular biology were involved in the program.

The most significant innovation of this new classification is that the revision was developed by a multidisciplinary approach with close integration of clinical, radiologic, molecular, and imaging features. Therefore, the new classification is a new challenge for the pathologist and all clinicians involved in the care of patients with lung cancer. With the good understanding of this new classification, it is believed that the era of personalized medicine truly comes to the real-world clinical practice.

Since the new IASLC/ERS/ATS lung adenocarcinoma classification has not been widely realized and applied in clinical practice in some undeveloped areas, such as in China, this issue of *Journal of Thoracic Disease (JTD)* provides in-depth introductions of this new classification with multidisciplinary perspectives. The background of this reclassification is described in detail, including recent advances in radiology, molecular biology, oncology and surgery. The correlations between histological morphology, genomic status, prognosis and treatment strategies are also introduced. In addition, some controversies and doubts concerning this classification, including the elimination of the BAC term, are discussed in this issue.

This issue is aimed at popularizing the new concepts of the new lung adenocarcinoma classification, and improving the medical care capability. However, discovery and revision in this field are ongoing, and we are at the beginning of this journey, not its end. With deepening understanding of the disease, the diagnosis and treatment for patients with lung adenocarcinoma will be more accurate.



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