Preface

Pulmonary metastasectomy: beyond the tip of the iceberg

Pulmonary metastasectomy is one of the most common procedures undertaken by thoracic surgery departments worldwide. It is performed to treat lung metastases from primary malignancies with the goal of radically resecting all lung metastases disclosed by preoperative staging CT scan and by intraoperative manual palpation.

This procedure has gradually gained popularity among thoracic surgeons, mainly since publication of the results of the International Registry of Lung Metastases and several retrospective series of lung metastasectomies (1).

The latest evidence–based medicine approach has raised several questions about the true impact of pulmonary metastasectomy on oncologic prognosis, and the prognostic role of tumor histology and biology, number and site of lung metastases and disease-free interval.

The major limit to adequate clinical evaluation of the efficacy of lung metastasectomy is the lack of information on the clinical course of patients who could potentially benefit from pulmonary metastasectomy but who are not offered the procedure, as resectable patients are almost always submitted to surgical resection (2).

An answer will probably emerge from the ongoing pulmonary metastasectomy in colorectal cancer (PulMiCC) trial, the first randomized trial comparing pulmonary metastasectomy with active monitoring for lung metastases in patients with successfully treated for colorectal cancer. Trial patients are randomized to undergo surgery or ablation according to clinical judgment of the most suitable procedure (interventional arm) or active monitoring alone or a non-interventional therapy the clinical team considers appropriate (non-interventional arm) (3).

However, the results of the PulMiCC trial—where to date over 420 patients have been enrolled and more than 80 randomized—will not be known for at least a decade and will not be extended to other neoplasms (4). For these reasons, to date and in the near future, the scientific bases for daily clinical practice in the field of pulmonary metastasectomy will still rely on surgical retrospective series from high volume centers. This consideration led us to ask our colleagues to report their experience on pulmonary metastasectomy, providing us with additional data to offer our patients the best available surgical treatment for lung metastases.

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