

Clinical practice guidelines for malignant pleural mesothelioma

Nico van Zandwijk

Asbestos Diseases Research Institute, Gate 3, Hospital Rd, Concord, NSW 2139, Australia

J Thorac Dis 2013;5(6):724-725. doi: 10.3978/j.issn.2072-1439.2013.12.50

The most common type of mesothelioma is malignant pleural mesothelioma, a nearly invariably lethal tumour of the pleura. Very seldom diagnosed prior to the advent of widespread asbestos mining in the early to mid twentieth century, this disease has sharply risen in incidence over the last five decades (1). The worldwide consumption of asbestos has peaked in the 1980s consequent to the call for an asbestos ban in several developed countries. However, in recent years the use of this carcinogenic mineral and its products seems to get an unprecedented popularity in Eastern Europe, Asia and South America (2). The tragic consequences of increased asbestos use in these parts of the world are that many more mesothelioma cases will be diagnosed in the future and that a major carcinogenic legacy is left behind for next generations. Asbestos has also been characterized as a time-bomb due to the long latency between first asbestos exposure and occurrence of disease (3).

Experienced clinicians are aware that malignant pleural mesothelioma is difficult to diagnose and the consequent underreporting is prominent especially in developing countries (4). Malignant pleural mesothelioma is a disease that comes with distressing symptoms and is very difficult to treat. Very likely this is the source of therapeutic nihilism that is so frequently encountered among health professionals.

Different forms of clinical practice guidelines have been published in the last ten years, but none of them has used a rigid/structured approach of systematic review of the literature on the basis of general search terms and specific patient-oriented questions as required by the Australian National Health and Medical Research Council (NHMRC) (5-12).

The guidelines becoming available through *Journal of Thoracic Disease* (JTD) are unique as they are based on a systematic review of the literature and every relevant publication discovered

in the world literature, was reviewed and scored by a minimum of three independent medical specialists virtually excluding any bias.

The purpose of these guidelines is clear. They are providing a set of concise evidence-based recommendations for the diagnosis, treatment and care of patients with malignant pleural mesothelioma. Although they were written to be used in an Australian context they will lend themselves also to be translated in health care settings outside of Australia. The team who voluntarily invested a significant amount of time in this project considered it a privilege to focus on better diagnostics, better treatment and care for those unfortunate victims of a hideous man-made disease called malignant pleural mesothelioma.

Acknowledgements

Disclosure: The author declares no conflict of interest.

References

1. Stayner L, Welch LS, Lemen R. The worldwide pandemic of asbestos-related diseases. *Annu Rev Public Health* 2013;34:205-16.
2. Delgermaa V, Takahashi K, Park EK, et al. Global mesothelioma deaths reported to the World Health Organization between 1994 and 2008. *Bull World Health Organ* 2011;89:716-24, 724A-724C.
3. Linton A, Vardy J, Clarke S, et al. The ticking time-bomb of asbestos: its insidious role in the development of malignant mesothelioma. *Crit Rev Oncol Hematol* 2012;84:200-12.
4. Park EK, Takahashi K, Hoshuyama T, et al. Global magnitude of reported and unreported mesothelioma. *Environ Health Perspect* 2011;119:514-8.
5. Procedures and requirements for meeting the 2011 NHMRC standard for clinical practice guidelines. version 1.1 ed. Melbourne: National Health and Medical Research Council, 2011.
6. Scherpereel A, Astoul P, Baas P, et al. Guidelines of the European Respiratory Society and the European Society of Thoracic Surgeons for the management of malignant pleural mesothelioma. *Eur Respir J* 2010;35:479-95.
7. ESMO Guidelines Working Group, Manegold C. Malignant pleural mesothelioma: ESMO clinical recommendations for diagnosis, treatment and follow-up. *Ann Oncol* 2007;18 Suppl 2:ii34-5.
8. Stahel RA, Weder W, Lievens Y, et al. Malignant pleural mesothelioma:

Corresponding to: Nico van Zandwijk, Professor, MD, PhD, FRACP, FCCP, Director. Asbestos Diseases Research Institute, Gate 3, Hospital Rd, Concord, NSW 2139, Australia. Email: nico.vanzandwijk@sydney.edu.au.

Submitted Dec 16, 2013. Accepted for publication Dec 28, 2013.

Available at www.jthoracdis.com

ISSN: 2072-1439

© Pioneer Bioscience Publishing Company. All rights reserved.

- ESMO Clinical Practice Guidelines for diagnosis, treatment and follow-up. *Ann Oncol* 2010;21 Suppl 5:v126-8.
9. Rice D, Rusch V, Pass H, et al. Recommendations for uniform definitions of surgical techniques for malignant pleural mesothelioma: a consensus report of the international association for the study of lung cancer international staging committee and the international mesothelioma interest group. *J Thorac Oncol* 2011;6:1304-12.
 10. Lianes P, Remon J, Bover I, et al. SEOM guidelines for the treatment of malignant pleural mesothelioma. *Clin Transl Oncol* 2011;13:569-73.
 11. Pinto C, Ardizzoni A, Betta PG, et al. Expert opinions of the first italian consensus conference on the management of malignant pleural mesothelioma. *Am J Clin Oncol* 2011;34:99-109.
 12. Ettinger DS, Akerley W, Borghaei H, et al. Malignant pleural mesothelioma. *J Natl Compr Canc Netw* 2012;10:26-41.



Cite this article as: van Zandwijk N. Clinical practice guidelines for malignant pleural mesothelioma. *J Thorac Dis* 2013;5(6):724-725. doi: 10.3978/j.issn.2072-1439.2013.12.50