

With great pleasure I present this special issue of *Translational Lung Cancer Research (TLCR)* dedicated to the 4th European Lung Cancer Conference (ELCC) held in Geneva, Switzerland from 26 till 29 March 2014. This was an excellent conference with state of the art presentations and a thorough update on all aspects of thoracic oncology.

Progress in lung cancer diagnosis and management is progressing at a fast pace and thoracic oncology remains a fascinating research subject. However, a lot of problems need to be addressed and many controversial issues remain for which little evidence is available at the present time. Internationally renowned speakers and lung cancer specialists who gave a presentation at the meeting, agreed to contribute to this special issue of *TLCR* comprising many timely and important subjects.

The National Lung Screening trial demonstrated that computed tomographic (CT) screening for lung cancer reduced relative lung cancer mortality compared with screening by chest radiography (1). After publication of these results CT-screening for lung cancer became a hotly debated topic: which subpopulations really benefit and should screening be generalized? Swati Gulati and James Mulshine review recent lung cancer screening trials and guidelines with particular attention to common points and differences. Potential biomarkers for screening are discussed by Gabriella Sozzi and Mattia Boeri. These represent a stimulating way to improve the accuracy of screening and reduce the rate of overdiagnosis. However, further validation is required.

Currently, an individualized approach to lung cancer is advocated resulting in patient-tailored therapy. To this end determining prognosis of our patients relative to stage is important. To provide a better insight in potentially valid factors that can be used in clinical practice, the most relevant mutations, prognostic protein markers and gene expression signatures are discussed by Chang-Qi Zhu and Ming-Sound Tsao.

Surgical resection remains a major treatment modality and complete resection is an important prognostic factor on the condition that the criteria established by a working group of the International Association for the Study of Lung Cancer (IASLC) are fulfilled (2). New treatment options are currently available which include stereotactic radiotherapy and radiofrequency ablation. The question whether surgery is still the best management option is addressed by Aurel Ottlakan, Nicola Martucci and Gaetano Rocco. Whether sublobar resection is an oncologically valid procedure for early-stage lung cancers remains a hotly debated subject, especially for tumors ≤ 2 cm. This topic is thoroughly discussed by H. Sakurai and H. Asamura.

Quality assurance and periodic evaluation of the diagnostic and treatment algorithms we apply to our patients are new issues in thoracic oncology. Patients' opinion is increasingly important to evaluate final results and an Italian multicenter survey to evaluate the opinion of patients and their physicians on targeted therapies is presented by Silvia Novello and colleagues.

A special session was dedicated to complications of treatment modalities for lung cancer and their current management. I discuss complications specifically related to lung resection. Severe postoperative problems may occur, especially after extensive resections as pneumonectomy and technically complex procedures. Prevention remains crucial as treatment of these complications is often challenging and requires prolonged hospital care. Subsequently, an overview of esophagitis and radiation pneumonitis after radiotherapy including their management is presented by Charlotte Billiet, Stephanie Peeters and Dirk De Ruysscher.

A new topic in thoracic oncology is oligometastatic disease. Although still hotly debated, surgery might be part of a general treatment algorithm and its current role is discussed by Eric Vallières.

I sincerely hope you will appreciate the different contributions and find them useful for your daily practice. Our lung cancer patients and their family will certainly be grateful and will highly appreciate your dedication to this dreadful disease.

References

1. National Lung Screening Trial Research Team, Aberle DR, Adams AM, et al. Reduced lung-cancer mortality with low-dose computed tomographic screening. *N Engl J Med* 2011;365:395-409.
2. Rami-Porta R, Wittekind C, Goldstraw P, et al. Complete resection in lung cancer surgery: proposed definition. *Lung Cancer* 2005;49:25-33.

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