CORRESPONDENCE

Malignant Pleural Mesothelioma—Incidence, Etiology, Diagnosis, Treatment and Occupational Health

by Dipl.-Biol. Volker Neumann, Dr. rer. nat. Stefan Löseke, Prof. Dr. med. Dennis Nowak, Prof. Dr. med. Felix J. F. Herth, Prof. Dr. med. Andrea Tannapfel in volume 18/2013

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Conflict of interest statement

The authors declare that no conflict of interest exists.

Surgical Therapeutic Options

We congratulate Neumann et al. on their review article about malignant pleural mesothelioma (MPL) (1). However, the surgical therapeutic options require rectification:

For the purposes of palliative treatment, video-assisted thoracoscopic surgery (VATS) with drainage of effusion and talc pleurodesis may be sufficient.

The authors presented only the palliative approach of pleurectomy and decortication (P/D), which merely helps to expand the trapped lung. No significant effect on long-term survival has been observed for this intervention.

In “extended” P/D or radical pleurectomy (RP), the diaphragm and/or pericardium are resected simultaneously (2, 3). Total visceral and parietal pleurectomy yields maximal cytoreduction. In patients with infiltration of the diaphragm, pericardium, and/or pulmonary parenchyma, these structures can be resected simultaneously. For multimodal therapeutic approaches, larger studies have shown a median survival after extended P/D or RP of 23 to 32 months (3, 4). For stage 1, the median survival is not 22 months, as explained in the article, but actually 23 to 40 months (3).

In sum, surgery-related mortality and morbidity have been notably reduced in recent years thanks to extended P/D and RP. It has become possible to offer RP, which is less physically demanding for patients, to more patients, and multimodal therapeutic approaches have improved long-term survival. The prerequisite, however, is that patients be treated in an experienced center with a multidisciplinary expert panel, including certified thoracic surgeons. The risk is that, on the basis of the current article, patients with pleural mesothelioma will be left to their own devices and will possibly not receive effective treatment, including thoracic surgery.

DOI: 10.3238/arztebl.2013.0660a

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In Reply:

We completely agree with the first issue raised by Dr. Bölükbas, that video-assisted thoracoscopic surgery (VATS) with drainage of effusions and talc pleurodesis can be sufficient in the context of palliative treatment. We do mention this in our article, albeit with less emphasis, when we mention the use of thoracoscopy with pleurodesis to control symptomatic pleural effusions and lessen pain as a palliative treatment option. Regarding other issues raised we refer readers to the work of Bölükbas and Schirren. They present the possibilities of radical pleurectomy as a surgical therapeutic option in detail. Our review article was intended to familiarize readers with the status quo regarding diagnostic evaluation, occupational health, and possible therapeutic options for pleural mesothelioma disorders. It was not the intention of our article to provide an evaluation and assessment of different therapeutic options. Rather, and we make that explicit in our article, in patients with pleural mesothelioma it is essential to consider and examine the full range of therapeutic options. For this reason it is crucial that the affected patients be referred to specialized institutions where oncology and surgery dovetail in close interdisciplinary collaboration. This is the only way to guarantee that patients receive the best possible treatment, in which the latest surgical techniques, such as radical pleurectomy, are used increasingly, and which may yield further increases in survival times.

We hope that these explanations have alleviated our correspondents' concerns. For the patients, all attempts at further steps should aim at providing effective treatment, and, ultimately, hopefully curative treatment.

DOI: 10.3238/arztebl.2013.0660b

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Conflict of interest statement

Dipl.-Biol. Neumann, Dr. Löseke, Prof. Nowak, and Prof. Tannapfel have served as paid medicolegal consultants for casualty insurance carriers and legal courts for the pathological diagnosis of mesothelioma and the determination of a causal link to asbestos exposure in individual cases.

Prof. Herth states that he has no conflict of interest.