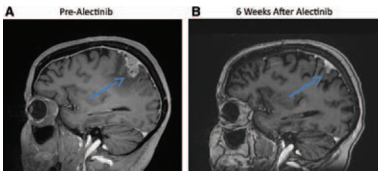
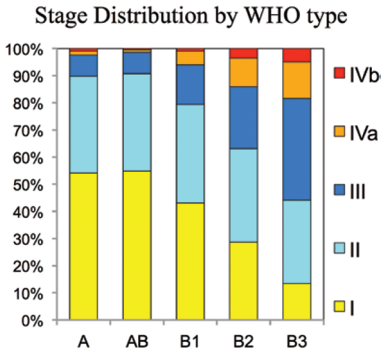
IN THIS ISSUE

- **Alectinib Salvages CNS Relapses in ALK-Positive Lung Cancer Patients PreviouslyTreated with Crizotinib and Ceritinib**



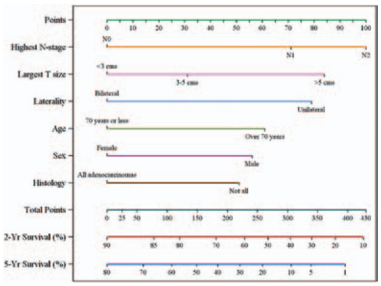
This brief report described the treatment with the next-generation anaplastic lymphoma kinase (ALK) inhibitor alectinib in 4 ALK-positive non–small-cell lung cancer (NSCLC) patients with leptomeningeal metastases (LM), who had both prior crizotinib and ceritinib treatments. In this series, alectinib was given at a starting dose of 600 mg twice daily, via single-patient, compassionate use protocols at two institutions. Significant clinical and radiographic improvements in LM were found in three out of four patients treated with alectinib. Stable intracranial disease was observed in the fourth patient for 4 months before disease progression. This study demonstrated that alectinib is active in ALK-positive NSCLC patients with LM, despite prior exposure to both crizotinib and ceritinib. Further prospective studies of alectinib in ALK-positive patients with LM are warranted. Clinical trials evaluating novel ALK inhibitors, for instance those rationally designed to minimize drug efflux and optimize CNS penetration, should include CNS-specific cohorts and/or prospective assessment of intracranial response. (p. 232)

- **The Impact of Thymoma Histotype on Prognosis in a Worldwide Database**



This study examined 4221 thymomas with World Health Organization histotype information along with the demographic and geographic distribution from the International Thymic Malignancy Interest Group retrospective database, and analyzed the association of thymoma histotypes with survival and recurrence. One of the new findings was geographic differences, for instance a lower incidence of type A and B2 thymoma in Asia. The most common type is B2 (28%), whereas the least common one is A (12%), with B2 significantly more frequent in Europe and the US. No differences are found in sex distribution. Older age is significantly associated with type A and AB (64 and 57 years, respectively). Early stage is observed in type A (90% stages I–II) and AB versus B1 to B3 (38% B3 are stage III). Univariate analysis showed that stage I/II tumors of type A and AB have significantly lower recurrence (1–2%) versus B1 to B3 (2–7%). Multivariate analysis demonstrated that age, stage, and resection status are the greatest independent prognostic factors in survival and recurrence, whereas histology is an independent prognostic factor in recurrence but not survival for stages I and II in type AB versus B1, B2, and B3. (p. 367)

- **Prognostic Nomogram to Predict Survival After Surgery for Synchronous Multiple Lung Cancers in Multiple Lobes**



The authors sought to evaluate the prognostic significance of adenocarcinoma histology and to develop a prognostic nomogram for postsurgical patients with synchronous multiple non–small-cell lung cancers involving multiple lobes. They conducted a pooled analysis of six datasets that included 467 patients without extra-thoracic metastasis, who had resected synchronous lung cancers in multiple lobes. The data showed that 54.2% of patients had solely adenocarcinoma histology, in which a better median survival was observed versus their counterparts (67.4 versus 36.2 months; $p < 0.001$). Multivariate analysis also demonstrated bearing exclusively adenocarcinoma histology is an independent predictor of a better survival (hazard ratio, 0.61). Other survival predictors include N0, T-size less than or equal to 3 cm, bilateral cancers, age less than 70 years, and women. They developed a nomogram incorporating these factors, which was well calibrated with a moderate to good discrimination (Harrell C-statistic, 0.70), could be used to predict survival with acceptable accuracy. The findings revealed the prognostic significance of a few characteristics in this patient population, particularly the presence of exclusively adenocarcinoma histology that correlates with good prognosis. This could be useful in clinical decision making and future studies. (p. 338)

- **Endobronchial Ultrasound Versus Mediastinoscopy for Mediastinal Nodal Staging of Non–Small-Cell Lung Cancer**

This prospective trial compares the diagnostic performance of endobronchial ultrasound-guided transbronchial needle aspiration (EBUS-TBNA) to that of mediastinoscopy in patients with non–small-cell lung cancer (NSCLC). Eligible patients had histologically proven NSCLC and suspicious N1, N2, or N3 metastasis. EBUS-TBNA was given to 138 patients, whereas both EBUS-TBNA and mediastinoscopy were given to 127 patients. N2/N3 disease was found in 59.1% of the patients. The diagnostic sensitivity, specificity, accuracy, positive predictive value, and negative predictive value (NPV) of EBUS-TBNA on a per-person analysis were 88.0%, 100%, 92.9%, 100%, and 85.2%, respectively, whereas those of mediastinoscopy were 81.3%, 100%, 89.0%, 100%, and 78.8%, respectively. There were significant differences between EBUS-TBNA and mediastinoscopy in sensitivity, accuracy, and NPV ($p < 0.005$). The authors concluded that the diagnostic performance of EBUS-TBNA was superior to mediastinoscopy for mediastinal staging of cN1–3 NSCLC. EBUS-TBNA should be the first-line procedure in this patient population because of its superior sensitivity and being less invasive. (p. 331)