

this result should be interpreted with caution because only 30 patients in the study had EGFR-mutated tumors and the 95% confidence intervals for the HRs were wide (upper limit >1) and overlapping; however taking account of this promising data, bevacizumab combined with EGFR-tyrosine kinase inhibitor is attractive for patients with EGFR mutations and randomized studies are warranted.

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## Techniques of Surgery and Radiotherapy for Multimodal Treatment of Pleural Mesothelioma

#### To the Editor:

The place of extra pleural pneumonectomy (EPP) in the treatment of

N0-1 epithelioid mesothelioma with curative intent is still debatable. Postoperative hemithoracic radiotherapy has been recommended, since the publication of Rusch in 2001. Nevertheless, peritoneal or contralateral pleural recurrences are frequent in the literature.

We read with interest the article by Rice et al.<sup>1</sup> in the August issue of the journal that the recommendations of the International Association for the Study of Lung Cancer and the International Mesothelioma Interest Group concerning EPP state that “in cases where the pericardium and/or diaphragm are not involved by tumor, these structures may be left intact.” In our consecutive series of 15 patients, we preserved the pericardium and the diaphragm to avoid peritoneal or pericardial seeding of the tumor.<sup>2</sup> Polyglactin woven mesh was used to reinforce the denervated diaphragm to lower it, open the pleural sac, and facilitate radiotherapy. There were no postoperative deaths. Preservation of the diaphragm and pericardium seems to facilitate the postoperative course without increase of recurrences in these areas.

For the last 4 years, we have routinely performed a laparoscopy, a contralateral thoracoscopy, and a mediastinoscopy during the same anesthesia, 1 week before EPP. During this period, 10 laparoscopies were carried out and 3 peritoneal invasions were detected which excluded resection for those patients.

As stated by Chi et al.<sup>3</sup> in the June issue of the journal, local control remains poor despite conventional adju-

vant hemithoracic radiotherapy. This can be improved by the delivery of adjuvant intensity-modulated radiotherapy and especially helical tomotherapy which we adopted for the last five patients in our series.<sup>4</sup>

In our opinion, this current strategy should minimize postoperative mortality, local recurrences, and peritoneal and contralateral pleural seeding.

We noted the disappointing results following EPP in the small MARS feasibility study,<sup>5</sup> but in the EPP arm, 5 patients had no surgery, it was completed satisfactorily in only 16 of 24 patients, 4 patients died perioperatively, and only 8 received conventional radiotherapy, and it is too early to draw conclusions from this study.

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Disclosure: The author declares no conflicts of interest.

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