We have read and appreciated the comments of Lococo et al. [1] regarding our recently published article ‘Is lobectomy really more effective than sublobar resection in the surgical treatment of second primary lung cancer?’ [2], and it is our pleasure to reply.

The new and revised adenocarcinoma classification issued by the International Association for the Study of Lung Cancer, the American Thoracic Society and the European Respiratory Society [3] should help the thoracic surgical community to update and focus the therapeutic strategy, particularly in the field of early stage disease, but also for second primary lung cancer, where the debate between lobar and sublobar resection is still alive and controversial [4].

Although most of our adenocarcinoma patients had an invasive pattern, we agree with the suggestion of Lococo et al. about the opportunity to reclassify all adenocarcinoma.

After the publication of the classification by Travis et al. [1], a complete review of all our adenocarcinoma histopathological blocks is currently being undertaken, and epidermal growth factor receptor mutations are regularly being assessed in all new diagnoses of adenocarcinoma, regardless the stage; we hope this will help us to better understand our surgical results, even more accurately plan the therapeutic strategy and to contribute with further experience to the application and introduction of this new classification.

REFERENCES


