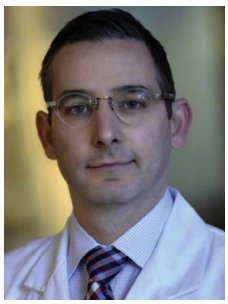
Preface
Malignant Pleural Mesothelioma



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Editor

Malignant pleural mesothelioma (MPM) is a highly fatal malignancy of the pleura that has defeated standard-of-care therapy for decades. The most common cause of MPM is industrial/environmental exposure to asbestos in approximately 80% of cases, although it can result from radiation and is occasionally idiopathic. The 3 common histologic subtypes of MPM are epithelial (60%), biphasic (30%), and sarcomatoid (10%), and patients with epithelial MPM generally have better survival than those with nonepithelial histology. Although MPM is a rare disease (0.6% of annual cancer deaths), its worldwide incidence is projected to rise due to continued asbestos exposure from manufacturing, accidents, and abatement. The public health hazard in the United States persists in incidents ranging from asbestos-abatement projects to the September 11, 2001 destruction of the World Trade Center, which exposed millions of individuals to airborne asbestos. Asbestos use is not regulated in most countries, and exposure of Americans and others to asbestos continues via international travel, trade, and military deployments. After a latency period of 15 to 60 years following asbestos exposure, MPM grows rapidly along the parietal and visceral pleura, invades the lung, heart, and mediastinum, and results in death. Surgery is a pillar in the treatment of MPM, and in combination with systemic therapy and/or radiotherapy, extends survival. Because of its unique growth pattern, however, principles of surgery for MPM are unique when compared with most other solid tumors. For example, R0 resection is not possible in MPM, and macroscopic complete resection, an R1 resection, is the objective of surgery for MPM. In this issue of *Thoracic Surgery Clinics*, experts in the field review the state of the art in MPM.

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Thorac Surg Clin 30 (2020) xi
https://doi.org/10.1016/j.thorsurg.2020.08.008