The articles presented in this issue of Cancer Control highlight some encouraging developments that have recently emerged in the treatment of non-small-cell lung cancer and mesothelioma. Controversy has continued for many years regarding the futility of offering chemotherapy to patients with metastatic lung cancer. While the benefits of therapy for this disease remain limited, chemotherapy clearly can provide palliative and survival benefits to patients with metastatic non-small-cell lung cancer. Also, several of the new chemotherapeutic agents have shown significant activity in this disease and hold promise for even better results in the near future.

The issue of adjuvant chemotherapy after resection of lung cancer also remains controversial. However, a recent meta-analysis has shown a survival benefit, and again there is hope of improved results with some of the newer drug combinations when they are studied in this setting.

The best management approach for patients with stage III disease also remains controversial, but the recognition that there are subsets within this stage allows the definition of more rational approaches. A modified staging system has been suggested in an effort to group patients within this stage who share similar prognoses and therapeutic approaches. The first subset, stage III1, includes patients with T3 N0-1 disease. This group is composed of patients with chest wall involvement who benefit from resection followed by postoperative radiation therapy. Also included are patients with Pancoast tumors in whom neoadjuvant radiation therapy (and perhaps chemotherapy) followed by resection is beneficial. The second major group of patients, stage III2, are those with T1-2 primary tumors and minimal or microscopic N2 disease. These patients probably benefit from preoperative chemotherapy. Those patients with potentially resectable multistation N2 disease have been identified as stage III3. The value of neoadjuvant therapy is most uncertain in this group of patients and is an area of active investigation. Those patients with stage III4 disease have bulky N2 or N3 disease and benefit from neoadjuvant chemotherapy followed by definitive radiation therapy or other combined chemotherapy/radiation therapy approaches.

Mesothelioma is also a disease in which therapy has shown limited effectiveness. However, as in stage III lung cancer, careful staging can be used to identify a subset of patients who can benefit from an aggressive combined modality approach.

We also call your attention to two papers in this issue that concern other areas of oncology. The first relates to breast cancer. We have long recognized that early recurrence is generally related to shorter survival. Closer examination, however, shows that this effect is much more marked in premenopausal than postmenopausal women. The reasons for this difference remain unclear. A special report is also included that focuses on home-based care. This timely review discusses issues relating to blood product transfusions in that setting.