

Summary of the 2010 ITMIG Meeting

ITMIG is Born

As appropriate for the spring, we gave birth to a new international organization, ITMIG, exactly on time at 8:15 am on May 6, 2010 (although it was only 8 months after ITMIG was “conceived” at the August 2009 NIH meeting). During a difficult period of labor beginning the evening before, it was noted that we should have specifically required obstetricians, in addition to other specialties, on the ITMIG steering committee. Nevertheless, despite this omission, ITMIG emerged as a robust newcomer on the international stage, already well poised to make a difference. The organization has approximately 250 starting members from practically every continent (we are still trying to establish a foothold in Antarctica). In addition, ITMIG has gained the attention and support of virtually every related society and organization.

The transitional structure gave way to the official formal structure, which can be viewed on the ITMIG website www.itmig.org. The first officers of the steering committee were elected to their 2-year terms: President Frank Detterbeck frank.detterbeck@yale.edu, Vice-President Nicolas Girard nicolas.girard@chu-lyon.fr, Secretary Meinoshin Okumura meinosin@thoracic.med.osaka-u.ac.jp, Treasurer Robert Korst korsro@valleyhealth.com, and the fabulous four councilors Pat Loehrer ploehrer@iupui.edu, Kazuya Kondo kzykondo@gmail.com, Alexander Marx alexander.marx@umm.de, and Ritsuko Komaki rkomaki@mdanderson.org.

Now it is time to assemble the rest of the committees and workgroups. Over 50 people have expressed their willingness to contribute – if you have not already, please contact any of the steering committee members or Jennifer Schwarz jschwartz@thymic.org with your interest in an ongoing project or with new ideas you may have. And remember, if you have not already signed up to be an ITMIG member, you have to do so on the ITMIG website – this is the only way you will continue to receive updates as we develop and implement our projects over the coming year.

A Revolutionary Meeting

With people like Engels and Marx on the program, it is no surprise that the ITMIG meeting was revolutionary. There were 117 participants from Argentina, Belgium, Brazil, China, France, Germany, Greece, Iraq, Ireland, Israel, Italy, Japan, Korea, Portugal, Spain, Taiwan, UK, and the United States (and 20 more that signed up but weren't able to make it). Fortunately, we were able to provide real-time interactive access to the meeting via the internet. The presentations covered a wide range, from challenges regarding international collaboration to novel solutions, from simple development of a common language to high-tech ways to integrate insights coming from many disparate approaches. The submitted abstracts selected for oral presentation included topics such as molecular biology, new surgical techniques, new chemotherapy agents, novel multimodality approaches (photodynamic therapy, heated intraoperative chemotherapy) and epidemiologic and radiologic studies. The meeting presentations will be available on the ITMIG website, and the entire series of accepted abstracts (46 in all) will be published in a supplement to the Journal of Thoracic Oncology.

The Frog and the Lemon Tree

Thymic malignancies are uncommon and other mediastinal conditions are even more rare – but overcoming these challenges is exactly what has motivated the creation of IMTIG. At the ITMIG meeting, we could smell the sweet fragrance of lemon blossoms; as the lemon tree begins to bear fruit, ITMIG will turn this into an opportunity, not to make lemonade, but to make the best lemon tart the world (or at least the global thymic community) has ever seen. The challenge is significant, but the opportunity is within our reach. The constellation of advances in medical

science, in communication tools that link the world together, in information technology and in statistics creates a unique opportunity to address the issues presented by these rare diseases. ITMIG has the chance to not merely move forward, but to leapfrog ahead by bringing all the different tools together toward a focused goal.

The enthusiasm and excitement within ITMIG is palpable. The developing spirit of the organization is perhaps the most important accomplishment over the past year. The atmosphere of the meeting was one in which people were not afraid to speak up and challenge ideas and approaches, while at the same time not losing sight of the fact that everyone has the same goal: the advancement of science and improvement in outcomes for patients with thymic malignancies or other mediastinal conditions.

The ITMIG Cookbook for Preparing Sweetbreads

The foundation upon which ITMIG is being built is clearly taking shape. The first of a series of papers, Standard Outcome Measures, was approved by the ITMIG membership. This establishes a common starting point that allows us to compare results and develop better methods of assessment through broad collaboration and debate. This paper also provides insight into statistical issues relevant to ITMIG so that progress is made on a solid footing. Moran, Wick and Walsh (no, this is not a legal firm!) have prepared a proposal to establishing greater consistency in handling of surgical specimens. This was also endorsed as a pilot for testing prior to final agreement and implementation. Additional topics to be addressed in the upcoming months are definition of ambiguities in the current staging system, standards for reporting on limited biopsy specimens, establishment of recommendations for novel surgical approaches, and of course, revisiting the histologic classification and the development of a new staging system. The last 2 issues will take some time, because they require that enough thought, constructive debate and analysis of accumulated data has occurred to provide the validity needed to achieve a solid consensus. The roadmap is in front of us: establishing a common language, constructive debate and exploration of collective data, and creation of an organized approach to addressing the key issues.

Engineering the Future

Although ITMIG did not have an obstetrician, we were fortunate to have an engineer at the conference. Joe Pekny provided insight into very different ways of approaching complex problems, at least for those of us that live in the medical world. In fact, he brought along, virtually, the depth of a whole team of people at Purdue University who have been developing novel tools and approaches to complex systems for decades. This fits well with ITMIG's philosophy of seeking out innovative approaches in order to take a leap and not a step forward. Perhaps experience with nanotechnology can help us engineer really strong frog legs.

Clearly, a major goal for 2010 is the establishment of an international database. This will require further infrastructure development, but will also require the commitment of ITMIG members. ITMIG will be determined primarily by the sweat and passion of its members, and the database will be the first place to put it to the test whether the enthusiasm at the meeting can be translated into concrete results. For that matter, the virtual tissue bank is already open for business – all it needs are ITMIG members that will start to share information about banked tissue (see www.thymicbank.org).

It is time for ITMIG members to come forward and roll up their shirtsleeves. On behalf of the entire organization, I thank you for the enthusiasm at the meeting, and encourage you to get engaged. A list of potential projects is attached, but I am sure there are many more that have not been thought of. ITMIG provides a way where we can make use of creative energy by providing infrastructure to link our efforts together and maintain focus on a common goal. ITMIG provides

a way of moving forward that should be fun as well as fulfilling, and involve both a lot of work but also be exciting because we can achieve substantial progress.

Thank you for your interest, and I am looking forward to working with you to make a difference!

Frank Detterbeck

Projects for the Upcoming Year(s)

Ongoing projects

Creation/Implementation of a Database

Participation in the Database

Participation in the Virtual Tumor Bank

Updating/ expansion of the website

Collaborative observational Study

Applying engineering models to a rare disease such as Thymoma

Establishing a baseline

Refinement/Testing of the proposed recommendations for handling surgical specimens

Clarification of ambiguities in the Masoaka-Koga staging system

Standards for reporting on limited biopsy samples

Guidelines for minimally invasive surgical approaches

Educational tools

Development of an imaging tutorial

Development of a pathology tutorial

Development of an Imaging library

Development of a pathology library

International pathology interface

New Ideas

International virtual tumor board

Other mediastinal diseases