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Commentary: Sunlight, lasers, or knives? How to treat typical carcinoid tumors

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The world is changing. Not too long ago, open surgical resection was the mainstay of management for endobronchial tumors.¹ Treatments were limited for those who were not considered surgical candidates. Our current era affords us numerous modalities for the treatment of low-grade endobronchial lesions, ranging from minimally invasive surgical techniques to advanced endobronchial ablative therapies. In this volume of *JTCVS Techniques*, Shah and colleagues² present a case series of 2 patients with endobronchial typical carcinoid who were treated with photodynamic therapy.

Photodynamic therapy (PDT) has been approved for the treatment of non-small cell lung cancer since 1993.³ Using a tumor-localizing photosensitizing agent, a specific wavelength of light is used for activation, leading to photodamage to the tumor tissues. PDT has been shown to be quite successful for typical carcinoid tumors in the limited published literature available. Patients with complete obliteration of tumor and negative posttreatment biopsy have been shown to be disease free for up to 10 years.⁴

Shah and colleagues² describe 2 patients treated with PDT for endobronchial typical carcinoid. Both patients were treated with porfimer sodium before light exposure, followed by 200 J/cm of treatment. The first patient had 4 total PDT sessions over 2 weeks, in conjunction with cryotherapy debridement. The second patient initially did not respond to cryotherapy, and then had several sessions of PDT. At 36 months, neither patient had evidence of recurrence.

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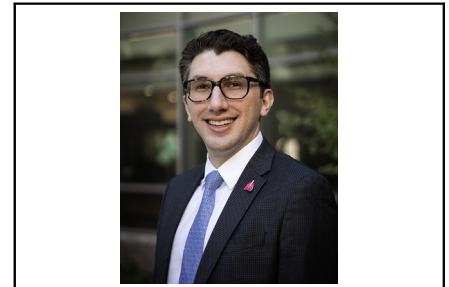
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CENTRAL MESSAGE

With careful patient selection, endobronchial photodynamic therapy appears to have high success rates and low risk for typical carcinoid tumors of the bronchus.

With such high success rates, the ability for low-risk repeat of treatment if there is a recurrence, and lower risk compared with other types of endobronchial therapy, should PDT be first-line therapy for purely endobronchial typical carcinoids? There is definitely an argument to be made. Although most of the data are limited case series, the anecdotes of success are becoming more widespread as the years press on.

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