EGFR Mutation in Patients with Lung Adenosquamous Cell Carcinoma

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TO THE EDITORS

With great interest, we read the article by Moridomi et al. on clinical significance of detecting somatic gene mutations in surgically resected adenosquamous cell carcinoma of the lung in Japanese patients.¹ Moridomi et al. reported clinical significance of detecting somatic gene mutations in surgically resected adenosquamous cell carcinoma (ADSQCC) of the lung in Japanese patients. The authors reported that 21.9% of 32 ADSQCC patients had EGFR mutation, but they did not show the positive rate in adenocarcinoma patients in their study period. Was the positive rate in ADSQCC patients almost the same as that in adenocarcinoma patients? The authors reported relapse-free and overall survival in ADSQCC patients. Please let us know whether there was a relationship between these survivals and the ratio of adenocarcinoma and squamous cell carcinoma components.

We previously reported the case of an ADSQCC patient successfully treated with gefitinib.² In our case, an *EGFR* exon 19 deletion was identical in adenocarcinoma as well

as squamous cell carcinoma components.² With regard to this, we have a strong interest in whether the *EGFR* mutation in both cell components was identical. The authors discussed the monoclonal origin of both cell type components.³ We would like to know whether the authors evaluated the importance of the same *EGFR* mutation in both cell type components. If so, we would like to know where the authors evaluated EGFR mutation in this study. In addition, where are the best parts of the resected tumor?

REFERENCES

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