ASO AUTHOR REFLECTIONS

ASO Author Reflections: Understanding Subsolid Lung Adenocarcinoma with Cystic Airspaces (LACA)

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PAST

Cystic airspaces (CAs) can be associated with lung adenocarcinoma in various ways.^{1,2} The presence of CAs in lung adenocarcinoma was reported to be a poor prognostic factor.³ However, it remains unclear whether the CAs are congenital or acquired, whether the presence of CAs precedes the development of lung adenocarcinoma, how they progress, and why they show a poor prognosis.

PRESENT

According to the recent study by Jung et al., the subsolid lung adenocarcinomas associated with CAs (LACA) showed common radiologic growth pattern from phase I, the appearance of CAs in the middle of a nonsolid nodule, phase II, the enlargement of CAs without change of the thickness of the GGO wall surrounding the CAs, phase III, appearance of solid wall on the boundary of CAs, to phase IV, the solid wall thickening. The higher CEA level, SUV max, pathologic stage, and the grade of the predominant subtype, and more incidence of poor prognostic pathologic findings, such as visceral pleural, vascular and lymphatic invasion, aerogenous spread, and necrosis were identified as LACA progressed from phase I to IV.

FUTURE

Prominent neoangiogenesis, inner cystic wall fibrosis, which is distinct from the stromal reaction and preceded the appearance of the solid component were interesting pathologic findings of LACA, and cancer-associated fibroblasts are an emerging target of anticancer immunotherapy.⁴ Understanding of LACA definitely helps treating LACA itself and would serve as bridgeheads for researching cancer-associated fibroblasts and its treatment.

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