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## Exploring Early-Stage Mesothelioma: What Are the Latest Treatment Approaches?

Dr. Sands:

You're listening to *Project Oncology* on ReachMD. I'm Dr. Jacob Sands, and I recently spoke with Dr. Aaron Mansfield, an Associate Professor of Oncology and Co-director of Precision Cancer Therapeutics at Mayo Clinic in Rochester. Here's Dr. Mansfield now, discussing treatment options for mesothelioma and his current research.

Dr. Mansfield:

Right, so for patients who are younger, are fit, with the earlier stages of disease, we work with our surgeons quite a bit for what to do with them. So, by early stage, I assume we're talking about patients without chest wall invasion or without extensive nodal disease or, extravasating through the diaphragm or into the peritoneum. So, the first thing we like to do is prove that they don't have nodal disease or peritoneal seeding. So, our group is fairly aggressive with staging our patients and this is maybe a regional practice that's not done everywhere, but, we sample the lymph nodes aggressively. We also take a peek into the peritoneum laparoscopically because we typically don't want to operate on someone if disease is involving multiple lymph nodes or the peritoneum. Then at that point, you have to decide, based on the extent of disease, if you're going to offer surgery, what to offer. There's pleurectomy decortication, there's extrapleural pneumonectomies, and then there's more of an extended pleurectomy decortication and essentially all of these are trying to debulk the disease. And then it's a matter of: are you leaving the lung behind or not? It gets a little more complicated, but just how much of the disease can you safely debulk. I think a lot of the practices across the country have moved away from those EPPs, but are doing more of the extensive pleurectomy decortications, or at least that's the flavor I'm getting from the referrals I see.

We are trying to do things that are a little less invasive, using cryotherapy trying to ablate patients with just very early stages of disease that hasn't seemed to extensively seed the pleural cavity. So, there are trials going on looking at how these cryotherapies may control the disease and affect the tumor microenvironment. So while we're doing the staging procedure, some of our surgeons are applying a cryo-spray and then they're doing a pleurectomy decortication and assessing how that affects tumor kill and immune infiltrates. So, there's a variety of things being tried there, and we don't always know what we're gonna see before you get into the cavity to know what to do.

Dr. Sands:

That's interesting. So, the cryo-sprays, are you talking about, like, really small disease, or you're talking, I hear you saying cryo-sprays and then later on doing a resection of the pleura, as well.

Dr. Mansfield:

And that's a part of the study to understand can this cryotherapy actually control disease? So, right now, it's during the staging, apply the cryotherapy, then when you're doing your resection, see what's happened pathologically to those smaller sites. So, right now it's to inform—can this be implemented? So, right now, this is experimental. I should probably make a disclaimer with everything we talk about as to what is FDA approved or not. This is experimental, but we're trying to do the work to prove whether this works or not.

Dr. Sands:

That's very interesting. So, a cryo-spray at the time of diagnosis so that later on at the time of surgery and you can evaluate that area and see whether that spray really affectively killed all the cells, essentially.

Dr. Mansfield:

Exactly. Or changed the immune infiltrates to a more favorable infiltrate, which may then be more responsive to an immune checkpoint inhibitor.

Dr. Sands:

That was Dr. Aaron Mansfield, discussing treatment options for mesothelioma and some of his ongoing research. For ReachMD, I'm Dr. Jacob Sands, and to hear my full conversation with Dr. Mansfield and to find other programs in our series, visit [ReachMD.com/ProjectOncology](https://ReachMD.com/ProjectOncology), where you can be part of the knowledge. Thanks for listening!