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Background: Primary mucinous adenocarcinoma of the thymus is extremely rare neoplasm. Most thymic carcinomas metastasize to the mediastinal lymph node, pleura, pericardium and diaphragm. And distant metastasis to the extrathoracic organs such as liver, bone or kidney is considered rare. In this case, mucinous carcinoma of the thymus caused bone marrow metastasis and multiple bone metastasis is very rare. **Method:** Case report **Result:** A 51-year-old man. He was pointed out fecal occult blood test positive by medical checkup, and he was diagnosed the sigmoid colon cancer. After undergoing surgery for colon cancer, he was admitted to our hospital for treatment of mediastinal tumor. An anterior mediastinal tumor was pointed out by preoperative examinations. Computed tomography (CT) showed a tumor with maximum diameter of 55mm at the anterior mediastinam, including calcification and contrast effect and swollen lymph node. Thymoma or thymic cancer were suspected, so we surgical resection of mediastinal tumor and lymph node dissection were performed. Result of frozen section diagnosis was adenocarcinoma with mucinous component. Pathological findings showed that most of the tumor was a mucin component, and atypical cells with a small duct formed inside the mucin, signet ring cells were found. Immunohistochemistry, the neoplastic cells were positive for CK7 and CK20. Based on these features, diagnosis of this tumor was mucinous adenocarcinoma of thymus. Pathological stage was T2N1M0 stage III. Two months after operation, radiation was performed at anterior mediastinum and one week after radiation compression fracture of lumbar vertebra was present. And five months after operation, pancytopenia was present. Examination of bone marrow aspiration biopsy was performed, and the cancer cells were detected. Bone marrow metastasis originated from thymic cancer was diagnosed as a result of comparing pathological features of the colon cancer and thymic cancer. Primary thymic adenocarcinoma is very rare and about 2.7% of all thymic carcinoma. Furthermore, only 16 cases have been reported and there have been no reported cases of thymic mucinous carcinoma caused bone marrow metastasis. **Conclusion:** In this paper, we report a very rare and valuable case with consideration of some literature review. **Keywords:** mucinous adenocarcnioma, bone marrow metastasis, Thymic carcinoma

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Survival of Thymoma Is Extensive in Latin-American Patients: Results from Over 10 Years of Experience (CLICaP-LATimus)

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Background: Thymomas are a group of rare neoplasm of the anterior mediastinum. Due to their low incidence, large cooperative studies are required to evaluate outcomes. The objective of this study is to present the results and experience in treatment of this pathology in Latin-America. **Method:** A retrospective multicenter cohort study was conducted by The Latin-American Consortium for the Investigation of Lung Cancer (CLICaP). Patients with histologically proven thymomas between 1997 and 2018 were included in the analysis. Variables including clinical, pathological and therapeutic outcomes were registered in a centralized manner. **Result:** A total of 105 patients were included. Median age at diagnosis was 54 years old (20-84), and with 60% (n = 38) of the included patients were female. Only 11% (n=7) of the patients had an ECOG performance score >1. Twenty-four patients (22.9%, 95%CI 14.8-30.9) presented with pulmonary or distant metastatic involvement with a median of 2 metastatic sites. Furthermore, 21.9 % of patients (n=23, 95%CI 13.9-29.8%) concurrently presented myasthenia gravis. Surgery was performed in 55 patients (52.3%, 95%CI 42.8 − 61.9%), comprising of 15 tumorectomies, 37 thymectomies and 5 biopsies achieving an R0 resection rate of 78% (95%CI 67.3-89.1%). Adjuvant treatment in the form of either chemotherapy, radiotherapy or both was offered to 3(5%), 7(12.7%) and 5(9%) patients, respectively. Disease progression was documented in 10 cases (9%, 95%CI3.9-15.1%) of which 6 (60%) were locoregional, 1 (10%) distant progression and 3 (30%) both locoregional and distant. Median overall survival (OS) was estimated at around 139.5 months (95%CI 86.1-NA). Cox regression indicated that OS was significantly improved by resection (139.5 vs 25.7 months, HR 4.17 [95%CI 12.6-17.8 months]). **Conclusion:** Survival in patients with thymomas continues to be very favorable, especially in patients who receive adequate local control. The benefit of adjuvant treatment in this setting remains unclear. **Keywords:** THYMOMA

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Real World Characterization and Treatment of Patients with Thymic Carcinoma: Lessons from a Latin-American Study (CLICaP-LATimus)

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Background: Thymic carcinoma is a rare tumor that represents a clinical challenge, especially in resource limited settings. The objective of the present study was to characterize patients who presented this disease in Latin-America. **Method:** From 2014 until 2018, a multinational Latin-American cooperative retrospective cohort study was performed. Patients with histologically confirmed thymic carcinoma were included. Clinical, pathological and treatment variables were collected across 7 participating nations. **Result:** A total of 31 patients were included. Median age at diagnosis was 58 years old (34-69), 48% (n=15) of individuals were women with all but 2 patients (6.5%) achieving an ECOG performance score <2. All patients debuted with Stage IV disease; 24 patients (66%, [95%CI 62-92%]) as stage IVa and 7 as stage IVb (33%, [95%CI 7-37%]) with a median LDH level of 396.5 U/L (153-1529 U/L) and a median of 2 metastatic sites. 13 (41.9%, [95%CI 25-59%]) patients received preoperatory treatment consisting of chemotherapy (n=8, 42%) and chemoradiotherapy (n=5, 16%). Among these patients only 4 (12.9%) were subjected to surgery, two of which underwent a tumorectomy and 2 a thymectomy. 28 (90%, [95% CI 79.9-100%]) received palliative chemotherapy either with sunitinib (n=7, 25%) or cytotoxic agents. Median overall survival (OS) was reached at 20.2 months (95%CI 19-NA months). Patients who received preoperative treatment had a significantly prolonged OS (17.6 vs 26 months, HR 2.93 [95%CI 1.04-8.27 months], p = 0.03). **Conclusion:** Thymic carcinoma constitutes an aggressive disease that is often diagnosed in advanced stages. These results suggest that multimodal treatment can be beneficial even in locally advanced cases. Larger clinical trial validating these conclusions are warranted. **Keywords:** Real world data, Latin America, thymic sarcoma

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Resection Anastomosis of Malignant Tumors of the Trachea

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Background: Primary malignant tracheal tumors is a rare entity, making only 0.2% of all respiratory tract tumors. Due to their insidious development, their clinical symptom is often late, after a significant reduction of tracheal diameter, which delays the diagnosis that is often misdiagnosed for late asthma. The dominant histological type is adenoid cystic tumor. Wide tracheal resection allowing the release of airways, is the treatment of reference. **Method:** This work is a retrospective study of a series of 7 patients admitted for tracheal stenosis at the department of thoracic surgery of the University Hospital Hassan II of Fes, for a total of 7 years from December 2010 to December 2017. **Result:** There were 6 men and 1 woman, with a mean age of 43 years, 3 of whom were smokers. Dyspnea was the main symtom. All patients received thoracic CT. 6 cases underwent bronchial fibroscopy, the most frequent appearance of which was a tumoral process in 4 patients, most often in the middle part of the trachea in 3 patients, obstructing tracheal diameter almost all in 6 patients. Treatment was surgical with intubation across the operative field in all patients, including 3 resection anastomosis and 4 plasty (V-plasty lateral resection, Kergin-type plasty, Mattey-type tracheobronchial anastomosis, and a V-resection enlarged to carena). The most common histological type was adenoid cystic carcinoma in 2 patients, squamous cell carcinoma in 2 patients, adenocarcinoma in 1 patient, and atypical carcinoid-type neuroendocrine tumor in 1 patient. 2 patients received adjuvant treatment. The follow-up was simple in 6 of our patients who all had postoperative fibroscopy within 9 days on average (8 to 16 days), two deaths, one post-operative death unrelated to tracheal surgery on D4, and a second follow-up to complications of post-radiation tracheal stenosis. The average follow up is 32 months. There was one death at 8 months following post-radiation tracheal stenosis and distant relapse by cervical lymph node metastasis in one patient at 5 years after surgery. He benefited from cervical lymph node dissection + Radiotherapy. He is still alive with controlled disease. **Conclusion:** Despite advances in tracheal surgery, primary malignant tracheal tumors still have an unfavorable prognosis. Endoscopic or radiation disobstruction is a therapeutic alternative for nonoperable tumors. **Keywords:** resection-anastomosis; trachea; malignant tumor

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A Spanish Initiative to Know the Unmet Needs of Women with Lung Cancer: "Circulos Program"

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Background: The personal and family impact of an oncological disease can only be adequately understood and managed from a biopsychosocial perspective. Lung cancer experience has a profound impact on the well-being of both patient and family caregiver and is largely influenced by communication within the family environment. Lung cancer impact can be especially significant when women are affected. **Method:** The objective of this study was to develop an informative program for women with lung cancer, implementing the development of strategies in order to get a deepening knowledge of their perceived needs. Additionally, we aimed to define and design new useful resources that may help other women with lung cancer. A qualitative research allowed to collect data on the experiences in the circle of women and their families, and the identification of the needs and the coping resources used of the participants. The collection of these data was what led to the development of the tools used to develop the support strategies. **Result:** A total of 10 women with lung cancer from Galicia (Spain) participated in 7 sessions. At the personal and psychological level in the women circle, needs were related to improve medical information they get from their physicians, share information and experiences with women in the same situation, more holistic-human care, and the need for more supporting groups. About the social and labor environment, they expressed concern about the social stigma associated with lung cancer, and the culpability for having smoked as well as the concern related to the interruption of working life. The family environment also expressed the need for emotional support and preparation for families and caregivers to be able to support the patient, the need to provide them with strategies to improve the situation, and the need to overcome initial isolation through working groups. Regarding resources, women's circle was mainly focused on occupying time with new activities, humor and not stigmatizing the disease and the professionals who assist them. **Conclusion:** "Círculos program", even being a pilot program, show the benefits of a more humane approach to the treatment of lung cancer in women, with a better understanding of patients and families needs. More similar programs should be done in order to improve the quality of life of these patients and their transit through this disease. **Keywords:** lung cancer, women, unmet needs