

# The Third Asian Thoracoscopic Surgery Education Program

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The Third Asian Thoracoscopic Surgery Education Program (ATEP) was successfully held in Shanghai from November 11th to 13th. The conference was hosted by ATEP, Shanghai Chest Hospital and Shenzhen Hospital of the University of Hong Kong, co-organized by Chinese Research Hospital Association (CRHA), and academically supported by AME Publishing Company. Much of the time was devoted to in-depth discussion of the hot topics in the field instead of the traditional model of PPT presentations, which allowed experts and participants to speak freely and exchange ideas with each other. At the meeting, experts discussed many popular clinical and academic issues of thoracic surgery, pointing out critical problems, challenges in the field. Furthermore, the session of providing suggestion on academic writing also brought a warm response from the participants. No need to feel a pity if you missed such a brilliant meeting since the following passage is going to show the wonderful moments of this meeting to you.

Dr. Sanghoon Jheon, the Chairman of ATEP, together with Dr. Alan Sihoe and Dr. Wentao Fang respectively delivered a speech at the beginning of the meeting (*Figure 1*). They claimed that this conference would be different from the previous ones. A lot of time will be focused on discussion, which they hope everyone could actively participate in, and put forward questions.

The first presenter was Dr. Hiroshi Date (*Figure 2*) from Kyoto University, Japan. "But as a surgeon, the most important step is to assess whether the patient is fit for being treated with SBRT. The surgeon also needs to inform their patients of both surgical treatment and radiation therapy, and let them make their own decisions." he added.

The increasing number of patients choosing SBRT actually brings some challenges to the surgeon. Dr. Akif

Turna claimed that single-port and non-intubation do less damage to lung function, which is comparable with the SBRT. Thoracic surgeons should improve their surgery skills and the life qualities of patients. Dr. Toshiaki Morikawa and Dr. Ali Khan said that surgeons should cooperate with radiotherapy doctors, instead of fight against the radiation therapy (*Figure 3*).

Dr. Hyeong Ryul Kim (*Figure 4*) showed us the current status and trends of thoracic surgery. Then experts shared their opinions on the future of thoracic surgery. The future development mainly depends on two things: development and improvement of the technology. A surgeon should keep up with the development of new technology and improve the quality of the operation.

The speakers introduced MITS education and training programs from different angles in the afternoon. Dr. Sukki Cho (*Figure 5*) held the idea that ATEP can train more young doctors by organizing more seminars, conducting on-site training programs and real-time operation live broadcast, or even organizing demonstration centers.

Dr. Sean Grondin (*Figure 6*) introduced the training programs in North America and summarized the present challenges of training. He pointed out that well-trained surgical educators are needed in the future. On the other hand, trainees are supposed to receive more simulation training. Finally, Dr. Sean Grondin stressed that ATEP could help improve the teaching quality. In the meanwhile, ATEP could cooperate with other organizations like STS and AATS, to develop more MITS courses.

Dr. Diego Gonzalez-Rivas (*Figure 7*) presented us some impressive scenes during his trips to different hospitals around the world to personally teach video-assisted thoracoscopy in recent years. He believed that among many ways to teach thoracoscopy, the most direct and effective



**Figure 1** From the top to the bottom are the Chairman of ATEP Dr. Sanghoon Jheon, the chairman of this conference, Dr. Wentao Fang and Dr. Alan Sihoe.



**Figure 3** From the top to the bottom are Dr. Akif Turna, Dr. Toshiaki Morikawa, and Dr. Ali Khan.



**Figure 2** Dr. Hiroshi Date.



**Figure 4** Dr. Hyeong Ryul Kim.





**Figure 5** Dr. Sukki Cho.



**Figure 9** Dr. Enrico Ruffini.



**Figure 6** Dr. Sean Grondin.



**Figure 10** Mr. Stephen Wang.



**Figure 7** Dr. Diego Gonzalez-Rivas.



**Figure 8** Dr. Vincenzo Pagliarulo.

is to let the trainees do the practice by themselves. The trainers can offer on-site instructions to them.

Dr. Vincenzo Pagliarulo (*Figure 8*) introduced MITS training from a trainee's perspective. He advised trainees to gradually perform more complicated surgery.

Dr. Enrico Ruffini (*Figure 9*), based on the experience of ESTS, described the MITS and mediastinal minimally invasive surgery training. He considered that a beginner should first fully understand the related knowledge of minimally invasive thoracic surgery. Then watch more surgery videos. More importantly, a beginner should do more exercise with the help of simulators and animal models. He noted that training in mediastinal minimally invasive surgery takes longer than minimally invasive lung cancer surgery because mediastinal diseases are rare and less familiar to the trainees.

Mr. Stephen Wang (*Figure 10*), the president of the AME Publishing Company, described his thoughts about the future of thoracic surgery publications. Mr. Wang believed that the future journals would focus more on the viewpoints, but the content is still the most important factor; diversified medium would spring up, but paper media would not be

replaced. In addition, the reader flow would become the main consideration.

Then a heated discussion on how to train an all-around surgeon began (*Figure 11*). They believed that for the younger generation, in addition to the surgical skills and the research capacity, the leadership is also very important.

The next is Dr. Yang Yang (*Figure 12*), who showed us the genetic sequencing for lung cancer based on China experience. He considered NGS as an effective detect method as it is more sensitive. He believed more patients will be benefited with the help of NGS.

Dr. Eric Chuang (*Figure 13*) explained the big data analysis for precision medicine. "At this stage, we are conducting human genome sequencing, progressively improving the development of bioinformatics analysis, and developing new tools for big data." he said.

Dr. Jong-Il Kim (*Figure 14*) showed us the role of gene sequencing in lung cancer based on the experience in Korea. He emphasized the importance of gene sequencing; from the perspective of scientific research, gene sequencing provides a more comprehensive knowledge of the physiology; in terms of clinic, it plays a significance role in guiding the treatment of patients.

Dr. Jhingook Kim (*Figure 15*) focused on the immunotherapy for lung cancer. In order to improve the survival rate of patients with early lung cancer, systemic therapy and other adjuvant therapy are used in treatment. Although PD-1/PD-L1 targeting immunotherapy has effects on advanced cancer, it is still necessary to evaluate its efficacy in early stage lung cancer. During the discussion, the experts concluded that data analysis is now much more expensive than gene sequencing, and that surgeons can use gene sequencing to better treat patients. They emphasized the irreplaceable role of tumor biology and immunotherapy. They also admitted that there is still a long way to go to completely standardize the detection technology.

The heated discussion and beneficial speech continued on the second day. The second day conference began with a video contest. The participants include: Dr. Joonsuk Park from South Korea Bundang CHA Hospital, Dr. Wenzhao Zhong from Guangdong General Hospital, Dr. Ling Lin from Shanghai Chest Hospital, Dr. Shiwang Wen from Fourth Hospital of Hebei Medical University, Dr. Yusuke Muranishi from Kyoto University, Dr. Dingpei Han from Shanghai Ruijin Hospital, Dr. Feng Yao from Shanghai Chest Hospital and Dr. Mingxiang Feng from Shanghai Zhongshan Hospital (*Figure 16*).

The judges commented on each video and came up

with suggestions. Dr. Adrian Ooi, from the National Heart Center in Singapore, stressed that it would be better if the patient's condition, medical history and the reasons for the operation were introduced before presenting the video. Coincidentally, Dr. Ali Khan also reminded the participants to take into account the situation that audience may have limited knowledge about thoracoscopy. Therefore, it would be much clearer if the resection part had been marked. Dr. Alan Sihoe concluded that it is necessary to spend a few minutes on clarifying the key points and the educational significance of the video (*Figure 17*).

The highlight of the conference was the medical writing workshop. Dr. Chang Chen (*Figure 18*), from Shanghai Pulmonary Hospital, talked about the steps of scientific research: select a topic, then design and implement research, and finally draw conclusions. A topic could be obtained in many ways: dig into the publications and find unresolved questions; come up with questions from daily work or study. He emphasized the significance of reading literature, as well as the reading efficiency. In addition, the timely experimental results are also important. He believed that scientific research requires persistence, determination and courage.

Dr. Sean Grondin (*Figure 19*) told the audience to make a plan before writing a paper. In his view, the preface of the article should include the elaboration of research work, which reflects the invitation and explain the purpose of the study. The steps of the experiment should be included in the research method part. Besides, the results should be concise and understandable.

Dr. Wentao Fang (*Figure 20*) shared some skills on writing a meeting abstract. By comparing the submission requirements of ESTS and AATS, he reminded that contributors should carefully consider the requirements for submission and pay attention to the format, word limits, table, and figure formats. It is also necessary to be familiar with the review process of the abstracts, which will be helpful for your abstracts to be accepted.

Dr. Enrico Ruffini (*Figure 21*) gave us a comprehensive introduction to the definition, function, importance and usage of the database. He took the ESTS database as an example, proving that using database can save time for the researchers.

Dr. Alan Sihoe (*Figure 22*) shared some tips about handling rejection. "Don't take rejection as personal." He said. If you want to contribute to a journal, it means that you are willing to follow the submission rules of this journal; the author should be humbly accept the criticism

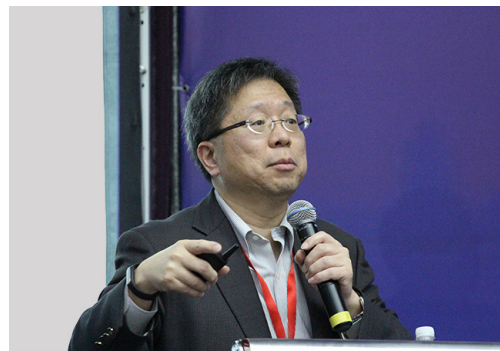




**Figure 11** The heated discussion among experts.



**Figure 12** Dr. Yang Yang.



**Figure 13** Dr. Eric Chuang.



Figure 14 Dr. Jong-Il Kim.



Figure 15 Dr. Jhingook Kim.



Figure 16 The participants of the video contest.





Figure 17 The judges.



Figure 18 Dr. Chang Chen.



Figure 19 Dr. Sean Grondin.



Figure 20 Dr. Wentao Fang.



Figure 21 Dr. Enrico Ruffini.



Figure 22 Dr. Alan Sihoe.

and not to be defendant or make unnecessary excuses; when rejected, carefully assess whether the article could be further improved. If the answer is no, please give up as soon as possible.

At the end of the conference, the winners of the video contest were announced. Dr. Feng Yao won the first prize, and Dr. Wenzhao Zhong got the second prize. Dr. Wentao Fang distributed the prizes—the English edition of the book “*Lung Cancer*” and “*Uniportal Video-Assisted Thoracic*



**Figure 23** The President of the Conference Dr. Wentao Fang awarded the winners (above: Dr. Tianxiang Chen received the award on behalf of Dr. Feng Yao; below: Dr. Jiatao Zhang received the award on behalf of Dr. Wenzhao Zhong).



**Figure 25** The experts interviewed.



**Figure 24** Doctors gathered around AME booths.

*Surgery*”, published by the AME Publishing Company, with the autographs of ATEP Board Members to the winners (Figure 23).

At the meeting, AME editors met many old and new friends (Figure 24). We also interviewed Dr. Enrico Ruffini, Dr. Sean Grondin, Dr. Eric Chuang and Dr. Chen Chang (Figure 25). Please stay tuned as all the wonderful interviews are coming soon!



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None.

## Footnote

*Conflicts of Interest:* The author has no conflicts of interest to declare.

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