Interview with Prof. Pier Luigi Filosso during the 25th Meeting of the European Society of Thoracic Surgeons (ESTS)

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On May 31, 2017, the 25th Meeting of the European Society of Thoracic Surgeons (ESTS) successfully ended, after a 4-day scientific and compact agenda. The event took place in Innsbruck, a historical town located at the heart of the Alps, and the capital of the Tyrol, Austria. With a history of 25 years' development, the ESTS has developed into the largest international meeting in the field of thoracic surgeons, with a reputation of excellent scientific and educational value.

This year, the meeting gathered more than one and a half thousand experts worldwide. It provided participants with scientific sessions composed of carefully selected abstracts, working group meetings, special lectures delivered by renowned experts, and joint sessions, which produced a great opportunity for young colleagues as well as experienced experts to discuss new trends in thoracic surgery and common issues in everyday practice.

During the meeting, Prof. Pier Luigi Filosso (*Figure 1*) from the Department of Thoracic Surgery, University of Torino Italy, Torino, Italy, gave an excellent presentation on the topic "*Anatomical Resections Are Superior to Wedge for The Overall Survival in Stage I Typical Carcinoid Patients*", which presented a groundbreaking finding on decision making of surgical treatment for typical carcinoid lung tumor. After the presentation, we were honored to conduct an interview with Prof. Filosso regarding the study.

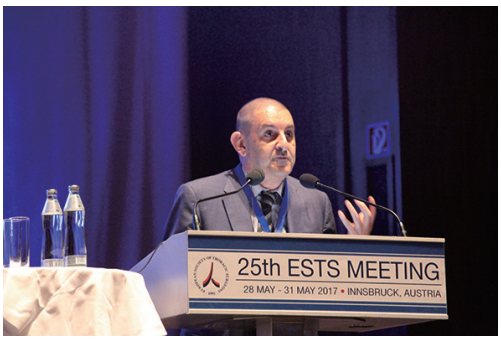

Figure 1 Snapshot of Prof. Pier Filosso's presentation.

What is the type of your study?

This is a retrospective multicentric study on patients operated on for Stage I Typical Bronchial Carcinoid between 1994 and 2012 at 17 high level General Thoracic Surgery Institutions worldwide. All these patients were included in the ESTS lung neuroendocrine database, which is a part of the general ESTS registry.

Is it common for typical carcinoid tumor to receive wedge resection in Europe? What kind of patients would be given wedge resection?

The type of surgical resection is mostly based on the surgeon's preference, the tumor location (peripheral or central) and possible patients comorbidities. Usually patients who receive wedge are older, with a peripheral tumor and with history of a previous malignancy

The prognosis of stage I typical carcinoid tumor is generally considered pretty good. What was the respective overall survival of the patients who received wedge resection and anatomical resection in your study?

We were able to demonstrate, in a very large cohort of patients [876 Stage I Typical Carcinoids (stage I TCs)] that

those who received a wedge resection survived significantly shorter than those treated with lobectomy or segmentectomy. This result was observed at the univariate analysis, with the use of a propensity score adjusted comparison.

What type of surgery would you recommend to your future patients with stage I typical carcinoids tumor? Do you have a preference between segmentectomy and lobectomy?

I believe that centrally-located lesions have to be treated with lobectomy, whilst peripheral ones should receive a segmentectomy.

This research demonstrated the superiority of anatomical surgical resection for stage I TCs in terms of OS. Is segmentectomy associated with equivalent OS to lobectomy for surgical management of peripheral carcinoid in the ESTS NET-WG database?

Yes, survival curves and multivariate analyses demonstrated the equivalency of lobectomy and segmental resections. Both are in fact anatomical resections.

Since TCs is an indolent tumor, what's your opinion about observation (asymptomatic peripheral typical carcinoid tumors) or endoscopic management (symptomatic central carcinoid tumors) in elderly patients or patients with high risk of surgical resection? Are these options reasonable?

I believe that such patients with poor functional respiratory function or cardiac problems, could be treated with a wedge, to reduce the possible postoperative complicance. However I m not very confident that an endoscopic treatment only could cure a centrally-located tumor, for the high risk of local tumor recurrence. Surgery should be always follow an endoscopic procedure, which is used to allow a correct lung reventilation.

Do you think stereotactic ablative radiotherapy (SABR) could replace surgical treatment in stage TCs? Why?

In my experience, SABR is not routinely used in bronchial carcinoid, since this kind of tumor is not very responsive to this treatment.

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None.

Footnote

Conflicts of Interest: The authors have no conflicts of interest to declare.

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