94th Annual Meeting of the American Association for Thoracic Surgery (AATS) seen through thoracic surgical glasses

Paul Van Schil

Department of Thoracic and Vascular Surgery, Antwerp University Hospital, B-2650 Edegem (Antwerp), Belgium *Correspondence to:* Paul Van Schil, MD, PhD. Department of Thoracic and Vascular Surgery, Antwerp University Hospital, Wilrijkstraat 10, B-2650 Edegem (Antwerp), Belgium. Email: paul.van.schil@uza.be.

Submitted Apr 18, 2014. Accepted for publication May 12, 2014. doi: 10.3978/j.issn.2218-6751.2014.06.02 View this article at: http://dx.doi.org/10.3978/j.issn.2218-6751.2014.06.02

The 94th Annual Meeting of the American Association for Thoracic Surgery (AATS) was held from Saturday, April 26 till Wednesday, April 30 in Toronto, Ontario, Canada, home of a world renowned department of general thoracic surgery and lung transplantation where one of our junior colleagues is currently performing a fellowship to obtain more experience with complex thoracic surgical interventions.

The AATS congress was very well organized, smoothly running and providing an outstanding scientific program addressing all major thoracic topics. My main interests for this congress were lung cancer, mesothelioma, quality improvement, transplantation and basic research.

The general thoracic symposium was entitled 'Becoming a master thoracic surgeon'. Timely subjects were chosen which were of major interest to our specialty. Regarding lung cancer the topics ranged from the smallest lesions to large cancers invading the spine, aorta or main carina. Scientific updates and technical aspects were thoroughly discussed. Alternative techniques to surgery were put into perspective as brachytherapy and stereotactic radiotherapy. There is clearly a need for more prospective randomized trials and the difficulties of performing such trials including financial and regulatory issues seem to be universal! Interesting debates were presented on pulmonary metastasectomy and stage IIIA lung cancer for which the role of surgery remains highly controversial. Multimodality treatment clearly presents the way to move forward and improve overall survival results. The nononcological procedures, lung volume reduction surgery and endobronchial valves continue to be debatable interventions. Very interesting was the presentation on ex vivo lung perfusion allowing marginal donor lungs to recover and

subsequently to be used for lung transplantation.

The presidential address of Dr. D. Sugarbaker was centered around "focused attention" which is essential to obtain excellence in our specialty. Disturbing circumstances should be avoided as much as possible in order to stay focused especially in the operating room when performing technically challenging procedures.

In the scientific sessions highly selected abstracts were presented and most of them were of high quality giving rise to vivid discussions. Also the pro-con debates e.g., on robotic surgery were animated and certainly, technology is advancing in a fast way.

Concerning quality control and improvement, it is obvious that specific indicators are being developed and will be introduced in daily clinical practice to benchmark the results of different thoracic centers. A minimal surgeon and hospital volume is required to obtain the best postoperative results.

There were also quite a lot of interesting posters often presented by junior staff and fellows. I particularly liked the poster discussions with the authors which enables them to interact with senior colleagues.

Current guidelines which are of special interest to cardiothoracic surgeons were included in the program as e.g., on the prevention and management of atrial fibrillation in thoracic surgical procedures. Atrial fibrillation remains a major postoperative complication in general thoracic surgery. Treatment should be tailored to specific patients' characteristics. Late-breaking clinical trials brought interesting and stimulating subjects to our attention as the analysis of exhaled carbonyl compounds to differentiate between benign and malignant pulmonary disease. Imageguided video-assisted thoracic surgery seems a promising technique to adequately remove pulmonary nodules with safe margins.

Invited speakers were scheduled within scientific sessions and the 'Evolution of staging in lung cancer' presented by Dr. Peter Goldstraw brought a refreshing and enlighting historical overview of the different versions of the tumournode-metastasis (TNM) classification of lung cancer.

In general, the AATS annual meeting was extremely

Cite this article as: Van Schil P. 94th Annual Meeting of the American Association for Thoracic Surgery (AATS) seen through thoracic surgical glasses. Transl Lung Cancer Res 2014;3(4):267-268. doi: 10.3978/j.issn.2218-6751.2014.06.02

valuable in providing a summary and update of general thoracic surgery at the same time offering a lot of opportunities to interact and discuss not only with colleagues of North America but in fact of large parts of the world, making it a real international conference.

Acknowledgements

Disclosure: The author declares no conflict of interest.