



## Extended resections for locally advanced diseases

Lung cancer is the most common cause of cancer death in men. More than  $\frac{3}{4}$  of the lung cancer patients are diagnosed in advanced stages. Locally advanced disease requires combination of radio and chemotherapy alone or in combination with surgery. By this way we may provide improvements in terms of long-term survival and control of symptoms. Surgical treatment still has an important role in the treatment of advanced non-small cell lung cancer (NSCLC). I believe, patients in advanced stages lung cancer require customized treatments. The best customized treatment is a high-quality surgery. In this issue of the journal *SHC*, we asked experts to write reviews, with focusing on the role of surgical interventions in patients with locally advanced NSCLC based on their experience. Authors reviewed case series, institutional reports, metaanalyse if any and selected case reports for the infrequent conditions of extended operations including the spine, large thoracic vessels, carinal invasions and some certain conditions requiring neoadjuvant treatments.

Accurate mediastinal lymph node staging is essential in patients with potentially resectable locally advanced disease is of paramount importance. Invasive mediastinal staging either by fine needle aspiration using EBUS-EUS or by tissue sampling by video mediastinoscopy may accomplish this task in up to 90% of cases. However, the surgical treatment could be customized depending on the time, on the number of affected lymph node stations and on the relationship and distance to the primary tumor. The resection of tumor and invaded organ requires specific skills and recently developed technics. I am sure that this issue would help in understanding these conditions to the readers.

### Acknowledgments

*Funding:* None.

### Footnote

*Provenance and Peer Review:* This article was commissioned by the editorial office, *Shanghai Chest* for the series “Extended resections for lung cancer”. The article did not undergo external peer review.

*Conflicts of Interest:* Both authors have completed the ICMJE uniform disclosure form (available at <http://dx.doi.org/10.21037/shc.2019.03.05>). The series “Extended resections for lung cancer” was commissioned by the editorial office without any funding or sponsorship. Toker A served as the unpaid Guest Editor of the series and serves as an unpaid editorial board member of *Shanghai Chest* from Aug 2017 to Jul 2019. Sihoe AD served as the unpaid Guest Editor of the series and serves as an unpaid editorial board member of *Shanghai Chest* from Jul 2017 to Jun 2019. The authors have no other conflicts of interest to declare.

*Ethical Statement:* The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

*Open Access Statement:* This is an Open Access article distributed in accordance with the Creative Commons Attribution-NonCommercial-NoDerivs 4.0 International License (CC BY-NC-ND 4.0), which permits the non-commercial replication and distribution of the article with the strict proviso that no changes or edits are made and the original work is properly cited (including links to both the formal publication through the relevant DOI and the license). See: <https://creativecommons.org/licenses/by-nc-nd/4.0/>.



Alper Toker, MD



Alan D. L. Sihoe, MBBChir, MA(Cantab), FRCSEd(CTh),  
FCSHK, FHKAM, FCCP

**Alper Toker**<sup>1</sup>

*<sup>1</sup>Department of Thoracic Surgery, Istanbul University, Istanbul Medical School, Istanbul, Turkey;  
(Email: aetoker@superonline.com)*

**Alan D. L. Sihoe**<sup>2</sup>

*<sup>2</sup>Department of Surgery, The University of Hong Kong, Queen Mary Hospital, Hong Kong, China.  
(Email: adls1@lycos.com)*

Received: 30 December 2018; Accepted: 05 March 2019; Published: 08 April 2019.

doi: 10.21037/shc.2019.03.05

**View this article at:** <http://dx.doi.org/10.21037/shc.2019.03.05>

doi: 10.21037/shc.2019.03.05

**Cite this article as:** Toker A, Sihoe AD. Extended resections for locally advanced diseases. Shanghai Chest 2019;3:22.