



Numbers for awake lung metastasectomy still remain low

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I want to thank you for your well written review article on awake thoracic surgery (ATS) for lung metastasectomy (LM) (1).

As you have correctly pointed out, surgical indications for awake surgery for LM are very limited.

You quoted that in one of my papers from 2014 only 2 LM out of 716 thoracic surgeries were performed which is 0.27% (2). However, not all 716 patients who underwent thoracic surgery within the 10-month study period had LM. The total number of 716 patients comprises the whole range of thoracic surgery including surgery of the pleural space, biopsies, surgery on the lung and the mediastinum. However, the total number of LM under ATS still remains low as you correctly stated.

The low number in our paper from 2014 is explained by strict indications. Indications for ATS were severe comorbidities leading to high risk of ventilator dependency, refusal of general anesthesia (GA), contraindications to neuromuscular blocking agents and volatile agents, and difficult weaning from ventilation in the past. In summary, we only performed ATS in case if the risk-benefice balance was against GA or in case the patient refused GA (2).

Indeed, numbers for awake LM still remain relatively low even in experienced teams such as Mineo and coworkers reporting 71 patients over a period of 10 years who extended surgical indications even larger than we did in our paper (3).

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