Interview with Prof. Calvin Sze Hang Ng and Prof. Lanjun Zhang: experience with identification of peripheral solitary pulmonary nodule

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Introduction

Prof. Calvin Sze Hang Ng (*Figure 1*, left) is an Associate Professor in Cardiothoracic Surgery at Prince of Wales Hospital, The Chinese University of Hong Kong. He is a pioneer in Single Port (Uniportal) VATS in the Asia-Pacific region with numerous publications on the subject in JTCVS, EJCTS, ICVTS, CHEST and Thorax, amongst other journals. He is the Founder of the Asian Single Port VATS Symposium series, with its 4th meeting recently completed in Taiwan.

Prof. Lanjun Zhang (*Figure 1*, right) from Department of Thoracic Surgery in Sun Yat-Sen University Cancer Center (SYSUCC), focuses his study either on clinical or basic research, including lung cancer, esophageal cancer, tumor biomarkers investigation, Prognostic factors and treatment stratification, and target therapy. He is also an experienced expert in the reconstruction with artificial biomaterials organs. The patent of his artificial esophagus was awarded in 2001. He is also involved in numerous review committees of journals, funds and diverse expertise in China and internationally.

During the 24th Annual Meeting of Asian Society for Cardiovascular and Thoracic Surgery (ASCVTS) in conjunction with 9th AATS/ASCVTS Postgraduate Course held in Taipei, Taiwan in 2016, Prof. Ng has presented an important presentation on the topic "Is there a role for the uniportal approach", and Prof. Zhang gave an excellent lecture on "Localization of peripheral pulmonary lesions to aid surgical resection: a novel approach of electromagnetic navigation bronchoscopic dye marking".

After their presentation, we are honored to have an interview with them concerning solitary pulmonary nodule (SPN). In some observational studies, SPN can be detected in 10–15% screening cases. What would be their strategies to deal with them? Since VATS has become one of the most popular approaches to sublobar resection. It can bring many benefits to the patients, while there are some unpleasant experiences for surgeons. Specifically, it is difficult for

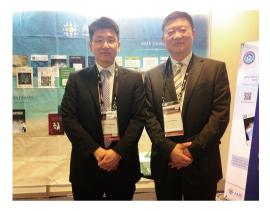


Figure 1 Prof. Ng and Prof. Zhang.

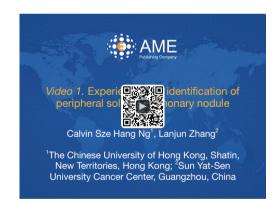


Figure 2 Experience with identification of peripheral solitary pulmonary nodule (1). Available online: http://www.asvide.com/articles/1011

palpation during the operation. What's their experience with the identification of peripheral SPN? Let's enjoy the interview (*Figure 2*).

Interview questions

• After NLST study, LDCT screening is more and more frequently applied in Asian countries. In some observational studies, SPN can be detected in 10–15%

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screening cases. Could you share with us your strategies to deal with them?

• VATS has become one of the most popular approaches to sublobar resection. It can bring many benefits to the patients, while there are some unpleasant experiences for surgeons. Specifically, it is difficult for palpation during the operation. Would you please share some tips about the identification of peripheral SPN?

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Footnote

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

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