

One of the reasons that I love the *Lancet* is because it often “intentionally” stirs up some great conversations by publishing articles that can easily cause harsh debates. In this sense, the Journal is somehow another *Vanity Fair*, in which successful men and women come and go; in particular, some new superstars are eager to defeat old masters to declare the coming of a new era. Be defeated? No problem. According to the game rules, the newcomers can again declare that it is not a shame to lose to a senior and, more importantly, they still have more days ahead of them. In addition, you can even invite someone else to fight together. Sometimes the defenders were outnumbered. A good example was that STARS and ROSEL marched along shoulder to shoulder and finally defeated the king of treatment - surgery, as we have witnessed in *Lancet* last year.

As a thoracic surgeon, I am not best qualified to speak on radiotherapy. Two of my friends, Dr. Thomas A D’Amico from Duke Cancer Institute and Dr. Bryan Meyers from Barnes-Jewish Hospital, have talked about this topic with me. Rigorously speaking, the conditions of the conversations differed: once drinking and another not. However, the same conclusion was declared: a good surgery is always better than radiotherapy. I love this conclusion. First, for a thoracic surgeon, “a good surgery” is what we want to pursue. According to Sun Tze in his *The Art of War*, “As what the ancients called a clever fighter is one who not only wins, but excels in winning with ease.” Even if lobectomy wins limited resection for a hundred times, will there be no Ginsberg any more? Second, “a poor surgery” is what we are actually worrying about. Poor surgeries can be resulted from various factors including unjustified indications and outdated technology. If conditions still do not allow the introduction of a new treatment, we’d better wait and see or cooperate with other professionals before initiating a debate. Third, there is an old saying that “simplicity is the ultimate sophistication”, which makes words superfluous.

As always, we cannot rely too much on a single article. More clinical trials should be performed to further validate the roles of surgery and radiotherapy for early lung cancer. Meanwhile, who wins the debate is not so important; rather, the insights and knowledge shared by all participants during the debate and discussions are more valuable. The “secondary processing” of academic products often plays a key role in increasing the influence and level of academic research. Compared with the *Vanity Fair*, we would rather have a crowd funding version of “Medical Review”, in which more authors can present their wisdom, view, and expectations, thus triggering the echo and surging of academic insights and thoughts.

“Memory echoes”, emphasized in a Wong Kar-wai’s film. Luckily, our wish soon becomes a reality: responding to our call, over 70 professionals have submitted to us their articles, which formed the first volume of the newly unveiled AME Medical Review. I am very happy to present this new series to our readers because it is a new academic product after brainstorming by a group of young authors who believe that argument and debate are the sources of academic productivity. In my mind, it is another valuable attempt by the AME in the secondary processing of literature on hot research topics. This book is composed of a large number of review articles, which are full of arguments and, somehow surprisingly, jokes and endless anecdotes.

I hope you will join me in welcoming this book.

**Yaxing Shen**

*Division of Thoracic Surgery,  
Zhongshan Hospital of Fudan University,  
Shanghai, China  
Barns Jewish Hospital,  
Washington University School of Medicine,  
St Louis, Missouri, USA*