

ITMIG 2017 – Interview with Dr. Ugo Pastorino: open surgery or minimally invasive surgery for patients with early stage thymoma?

Received: 13 December 2017; Accepted: 22 December 2017; Published: 21 January 2018.

doi: 10.21037/med.2018.01.01

View this article at: <http://dx.doi.org/10.21037/med.2018.01.01>

On Sep 23, the 8th International Thymic Malignancy Interest Group Annual Meeting (ITMIG 2017) held Torino, Italy, successfully ended after a dense 3-day agenda blending a superb scientific and educational program, with over 150 participants in the field from more than 20 countries or regions.

During the meeting, Dr. Ugo Pastorino from the department of thoracic surgery, Fondazione IRCCS Istituto Nazionale Tumori, gave an excellent presentation on the topic “Extended Surgical Resection for Stage III Thymic Tumors” as an invited speaker (*Figure 1*).

Graduated from the University of Milan in 1979, Dr. Pastorino specialized in Emergency Surgery, Oncology and Thoracic Surgery. He is the Editor-in-Chief of *Tumori Journal* from 2014, and has published 332 papers with his Impact Factor (H-index: 48) as 48. He has been principal investigator of a number of randomized trials on chemoprevention and adjuvant chemotherapy, and is presently responsible of three prospective trials on lung cancer screening with LDCT and circulating biomarkers. After his presentation, we were honored to conduct an interview with him (*Figure 2*).

Today, for patients with early stage thymoma, the surgical outcome is generally pleasant, yet different centers or surgeons may have different preference or perspectives on choosing surgical approach. “*Comparing with minimally invasive surgery, open surgery remains as the most common approach applied for those patients with early stage thymoma in our center.*” Dr. Pastorino shared.

When talking about neoadjuvant therapy, Dr. Pastorino pointed out, “*It’s necessary to consider neoadjuvant therapy prior to extended resection surgery for patients with stage III thymoma.*”

As an outstanding experte in the field of pulmonary surgery, Dr. Pastorino has devoted himself on the studies of multiple primary GGN. They have already implemented the program of active surveillance for non solid or partial solid lesion for more than 10 years. “*The majority of these lesions won’t be further developed, but sometimes the solid*



Figure 1 Snapshot of Dr. Pastorino.



Figure 2 Interview with Dr. Pastorino.

component may grow. It’s important for doctors to keep control of these lesions,” he said.

Screening of lung cancer has generally lowered the mortality of the disease, but how to control and reduce potential excessive treatment is an existing problem we are confronting with. From Dr. Pastorino’s point of view, “*the development of CT scan, the possibility of excessive treatment is getting smaller as doctors have precise malignant assessment,*” he said.

At the end of the interview, Dr. Pastorino also shared his views on the estimation of liquid biopsy in pre-operation and post-operation for lung cancer patients. For more detailed contents, please click the interview video (*Figure 3*).



Figure 3 ITMIG 2017—Interview with Dr. Ugo Pastorino: open surgery or minimally invasive surgery for patients with early stage thymoma (1)?

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Interview questions

- (I) The surgical outcome of patients with early stage thymoma is generally pleasant. In your center, which approach do you apply more for those patients? Minimally invasive surgery or open surgery?
- (II) Prior to extended resection surgery for patients with stage III thymoma, is it necessary to consider neo-adjuvant therapy?
- (III) You have contributed significantly to the field of pulmonary surgery. From your experiences, how to choose strategies for the treatment of multiple primary GGO/GGN? (ground-glass opacity/ground-glass nodules);
- (IV) Screening of lung cancer has generally lowered its mortality. In your center, what's the proportion of postoperative benign pathologic results in patients with suspicion of early stage NSCLC patients? How to control and reduce potential excessive treatment?
- (V) How do you see the estimation of liquid biopsy in pre-operation and post-operation for lung cancer patients?

Acknowledgments

The author would like to extend appreciation to Dr.

Xuefeng Leng from the Affiliated Hospital of Chengdu University for his academic support to this interview.

Funding: None.

Footnote

Provenance and Peer Review: This article was commissioned by the editorial office, *Mediastinum*. The article did not undergo external peer review.

Conflicts of Interest: The author has completed the ICMJE uniform disclosure form (available at <http://dx.doi.org/10.21037/med.2018.01.01>). STH is an intern of AME Publishing Company (publisher of the journal). The author has no other conflicts of interest to declare.

Ethical Statement: The author is 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.

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References

1. Huang ST. ITMIG 2017—Interview with Dr. Ugo Pastorino: open surgery or minimally invasive surgery for patients with early stage thymoma? *Asvide* 2018;5:037. Available online: <http://asvidett.amegroups.com/article/view/22434>

(Science Editor: Shi-Ting Huang, MED, med@amegroups.com)

doi: 10.21037/med.2018.01.01

Cite this article as: Huang ST. ITMIG 2017—Interview with Dr. Ugo Pastorino: open surgery or minimally invasive surgery for patients with early stage thymoma? *Mediastinum* 2018;2:6.