### Prof. Benny Weksler: adjuvant chemotherapy improves survival

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### **Expert introduction**

Benny Weksler, MBA, MD, FACS is the Eastridge-Cole Professor of Thoracic Oncology, Professor of Surgery and Preventive Medicine and Chief of Division of Thoracic Surgery at the University of Tennessee Health Science Center, Methodist University Hospital (*Figure 1*).

Dr. Weksler is an acclaimed Thoracic Surgeon who has special interest in treating thoracic cancers with minimally invasive and robotic techniques. Dr. Weksler is always looking to further his education and use the latest, safest technology and procedures for his patients. Before moving to Memphis, he was the Chief of the Section of Thoracic Surgery in the Pittsburgh VA Health Care System, as well as the Director of Robotic Thoracic Surgery at the University of Pittsburgh Medical Center in Pittsburgh, PA. Currently he is the Chief of the Division of Thoracic Surgery as well as a Professor of Surgery at the University of Tennessee Health Science Center. Dr. Weksler is a guest reviewer for several scholarly journals, and a member of the editorial board of "Innovation". Dr. Weksler is a member of many Scientific and Professional Societies, most recently serving as the president of the Eastern Cardiothoracic Surgical Society. Castle Connelly has recognized him as part of the top 1% of American surgeons.

Dr. Benny earned his Medical Degree from the Medical School of the Federal University of Rio de Janeiro, Rio de Janeiro, Brazil in 1987. He then completed his internship and residency in surgery with the New York Medical College in Bronx, NY. From 1991 to 1993, Dr. Weksler was a Research Fellow with the Department of Surgery at Memorial Sloan-Kettering Cancer Center in New York, NY, after which he returned to his residency at New York Medical College where he was the Chief Resident in Surgery. From 1995 to 1997, Dr. Weksler was Fellow Cardiothoracic Surgery with New York Hospital-



Figure 1 Benny Weksler, MBA, MD, FACS.

Cornell Medical Center/Memorial Sloan-Kettering Cancer Center. In 2001, he then earned his International Executive MBA from University of Sao Paulo, Sao Paulo, Brazil, in association with Vanderbilt University, Cambridge University, and Lyon Business School. In 2007 he was a Fellow of Minimally Invasive Surgery and Thoracic Surgery with the University of Pittsburgh Medical Center in Pittsburgh, PA. He then earned his MA, Leadership Program in Health Policy and Management, from Brandeis University, Boston, MA in 2010.

#### **Editor's note**

Dr. Benny Weksler is the Eastridge-Cole Professor of Thoracic Oncology, Professor of Surgery and Preventive Medicine and Chief of Division of Thoracic Surgery at the University of Tennessee Health Science Center, Methodist University Hospital.

Dr. Weksler's paper entitled "Adjuvant Chemotherapy Improves Survival in Patients with Completely Resected, T3N0

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Non-Small Cell Lung Cancer Invading the Chest Wall" has been accepted for oral presentation at the 97th Annual Meeting of American Association for Thoracic Surgery (AATS) held from April 29–May 3 in Boston, USA.

Before the opening of AATS annual meeting, the academic journalist Dr. Jianfei Shen has raised 5 questions related to the presented paper and conducted an interview with Dr. Weksler through email, discussing some hot topics about Adjuvant Chemotherapy that we would like to bring to your attention.

### **Interview topics**

Q1. This study confirmed adjuvant chemotherapy improves survival in patients with T3N0 (IIB) non-small cell lung cancer (NSCLC) invading the chest wall after resected. Could other patients with T3N0 NSCLC be benefit from adjuvant chemotherapy?

Current guidelines already recommend adjuvant chemotherapy for stage IIB patients (T3N0, T1/2N1). Most of the data is inferred from studies in which the benefit of adjuvant chemotherapy was shown in patients with N1 disease and not N0. Based on our study, it is logical to assume that all T3 tumors should receive adjuvant chemotherapy.

## Q2. What is the value of chemotherapy in early-stage (lb) NSCLC?

Very few would recommend chemotherapy for patients with tumors smaller than 4 cm. That leaves patient with stage Ib and tumors larger than 3 cm and smaller than 4 cm outside current recommended guidelines for adjuvant therapy. For patients with stage IB and tumors larger than 4 cm, several subgroup analysis have shown the benefit of adjuvant chemotherapy. In patients with T2aN0 and high risk factors such as poorly differentiated tumors, vascular involvement, visceral pleural involvement, or when no nodes were sampled (T2aNx), consideration should be given to adjuvant treatment.

## Q3. Could you please explain what is adjuvant chemotherapy for early stage NSCLC and why it would be recommended?

Adjuvant therapy is the administration of chemotherapy or radiotherapy after surgical therapy. It is recommended in selected patients with lung cancer as it has been shown in several trials to improve overall survival.

# Q4. Do you think that patients with Smaller (≤4 cm) resected node-negative NSCLC tumors should receive adjuvant chemo?

Unless these tumors have high risk features (as mentioned above), I do not see indication for adjuvant treatment in these patients.

## Q5. What is the role of targeted therapy in the treatment of post-resection lung cancer patients?

Targeted therapy is an exciting are of investigation in the treatment of lung cancer. The most commonly targeted mutation is EGFR mutation, but ALK rearrangement, ROS1 rearrangement, and PDL1 expression are also being more commonly identified. In patients with stage IV disease, targeted therapy has become first line of therapy. There are no studies supporting the use of targeted therapy in the adjuvant setting.

### Acknowledgements

None.

### Footnote

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



*Author's introduction:* Jianfei Shen, MD. Taizhou Hospital of Zhejiang Province, Wenzhou Medical University, China. Dr. Jianfei Shen graduated from Guangzhou Medical University with a master degree on general thoracic surgery. Since 2013, he has studied for his doctoral degree in Guangzhou Medical University. His expertise is in curing thoracic diseases by surgical approach, especially for lung cancer. He has also been involved in translational research of lung cancer. In recent years, he has published several articles on journals related to his research interests.

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