

Prof. Konrad Hoetzenecker: extracorporeal life support, a bridge to lung transplantation

Submitted May 10, 2017. Accepted for publication May 22, 2017.

doi: 10.21037/jtd.2017.05.85

View this article at: <http://dx.doi.org/10.21037/jtd.2017.05.85>

Expert introduction

Konrad Hoetzenecker, MD, PhD. Department of Thoracic Surgery, Medical University of Vienna, Austria. Prof. Konrad Hoetzenecker is an Associate Professor at the Department of Thoracic Surgery, Medical University of Vienna, Austria. He received his medical degree in 2009 and finished his PhD in 2012. His research interests include airway surgery, lung transplantation and pulmonary metastasectomy. Prof. Hoetzenecker has authored numerous peer-reviewed articles and reviews. He has been awarded several prizes and grants and was the Evarts A. Graham Memorial Traveling Fellow 2016 of the American Association for Thoracic Surgery.

Editor's note

The 97th American Association for Thoracic Surgery (AATS) (AATS Centennial) was successfully held in Hynes Convention Center, Boston, USA from April 29th to May 3rd. Celebrating the first 100 year of AATS, the AATS this year covered many hot and new themes on cardiac and thoracic fields as well as gathering numerous experts from all around the world to make high-quality and impressive sharing and discussion, the combination of which presented a grand feast to every participant.

During the conference, Prof. Konrad Hoetzenecker, from Medical University of Vienna, one of Editorial Board member of *Journal of Thoracic Disease (JTD)*, has given two interesting presentations, Extracorporeal Life Support as a Bridge to Lung Transplantation: Experience of a High-Volume Transplant Center and Intraoperative extracorporeal membrane oxygenation improves survival in lung transplantation, which attracted much attention from the audience. Seizing this opportunity, the *JTD* Editorial Office has the great honor to invite Prof. Hoetzenecker to have an interview with us, sharing with us his experience and perspectives on the extracorporeal life support (*Figure 1*).

In recent year, ECLS, as a bridge to lung transplantation,

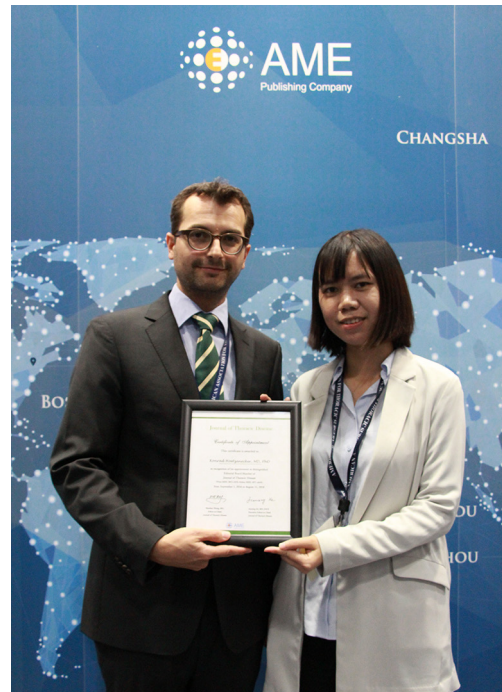


Figure 1 Photo with Prof. Hoetzenecker.

has been increasingly applied to deteriorating patients waiting for lung transplantation. However, the relative systematic description of this practice was few. Given this situation, Prof. Hoetzenecker, with his team, started this research, aiming at reviewing and analyzing the lung transplantation experience of his institutional in the past ten years.

Since currently there are few researches of the ECLS practice, it's hard to conclude a common guideline about which kind of patients are fit for the ECLS. Instead, Prof. Hoetzenecker briefly outlined the recommendation of AATS published last year about which kind of patients should not be bridged with an ECLS devices. Besides, Prof. Hoetzenecker also mentioned the factors that will affect the success of lung transplantation for patients, as well as sharing with us the challenges his center faced when



Figure 2 Interview with Prof. Konrad Hoetzenecker (1). Available online: <http://www.asvide.com/articles/1569>

implementing ECLS, which is quite meaningful for other centers for the application.

Reflecting the past, establishing the future, always learning is the slogan for the AATS Centennial. When reflecting the past as a thoracic surgeon, what impressed Prof. Hoetzenecker most and what would Prof. Hoetzenecker say to the past and future? For more details of Prof. Hoetzenecker's sharing, let's click on the interview video (*Figure 2*)!

Interview questions

- ❖ Based on your research, would you tell us, among the patients who're waiting for the lung transplantation, which kind of patients would be appropriate for the Extracorporeal Life Support (ECLS)?
- ❖ Would you like to share with us what difficulties or

Cite this article as: Gao S. Prof. Konrad Hoetzenecker: extracorporeal life support, a bridge to lung transplantation. *J Thorac Dis* 2017;9(6):E581-E582. doi: 10.21037/jtd.2017.05.85

Gao. Interview with Prof. Konrad Hoetzenecker during AATS 2017.

experience your institute faced when practicing the ECLS?

- ❖ What factors you think will affect the success of lung transplantation for ECLS patients?
- ❖ This year is the 100th AATS and its slogan this year is Reflecting on the past, Building our Future, Always Learning. Then would you like to share with us, when looking back to your early experience as a thoracic surgeon and the thoracic development at that time, what impress you most?
- ❖ As an excellent surgeon now, what would you like to say to the past?

Acknowledgements

We here would like to extend our sincere thanks to Dr. Jianfei Shen, from Taizhou Hospital, Zhejiang, China, for his academic support for the interview.

Footnote

Conflicts of Interest: The authors have no conflicts of interest to declare.

(Science Editor: Skylar Gao, JTD, jtd@amepc.org)

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