

## Prof. David Watson: new things are not always better

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The 2017 Beijing International Academic Conference on Thoracic Surgery and the 5th National Cancer Center Annual Conference was held grandly from June 29th to July 2nd in Beijing, China. Gathering experts all over the world, the four-day conference represents the high level of academic research in thoracic surgery with its comprehensive topics, excellent sharing and in-depth discussions. During the conference, Prof. David Watson, from Flinders Medical Centre, gave an impressive presentation about *Avoiding problems after fundoplication--which antireflux operation?* Here we took this great opportunity to have a chance to interview Prof. Watson about his perspective on the management of esophageal cancer (Figure 1).

At the beginning, Prof. Watson shared some details of this presentation (*Avoiding problems after fundoplication--which antireflux operation?*) about the two common problems after fundoplication (one is recurrent reflux; and the other is the side effect, difficulty in swallowing) and his ideas about choice for the operation.

Speaking of hot topics in the surgical management of esophageal cancer, Prof. Watson thought, apart from the question about how radical the operation should be, one of the hot topics is about the use of chemotherapy and radiotherapy, particularly after surgery, which is more common in the Chinese context than in the Western context where they tend to give these treatments before surgery. Another topic is patient selection—how to choose the right patients and minimize the risk for those patients.

As for the progress in the surgical management of esophageal cancer in recent years, Prof. Watson mentioned that the big change lies in the increasing use of minimally invasive techniques, especially in China with its large number of patients. These techniques have the potential to reduce some of the complications of surgery, to speed up recovery, but there is a need to prove this with evidence and good trials. In western countries, Prof. Watson said one of the main trends is towards all patients having chemotherapy and radiotherapy as part of the treatment package for advanced esophageal cancer. For the very early stage



Figure 1 Photo with Prof. David Watson.

cancers, there's a strong trend towards endoscopic therapy.

With the fast development of technology, Prof. Watson thought a potential issue for young surgeons wanting to perform thoracoscopic surgery, is the switch from open surgical approach to a thoracoscopic/laparoscopic approach without good training. For example, the view of the anatomy when you see things is a bit different with laparoscopic equipment compared to what is seen directly with the eyes. A learning curve is a common issue for this procedure. Thus, getting help from experienced surgeons is needed to improve safety when starting these procedures.

At the end of the interview, looking back to the past as a young surgeon, Prof. Watson told that young surgeons are sometimes in a hurry to take on new ideas/techniques quickly or rush to do the latest procedure just because it's the latest procedure, while forgetting to ask if this is the right thing for our patients. For this, Prof. Watson suggested that "just because something is new it is not necessarily better", to show that it is better we need to prove it with evidence and confirm it's safe for our patients.

For more details, please check on the following interview video (Figure 2).

Interview questions:

- (I) Today you share with us about "*Avoiding problems after fundoplication--which antireflux operation?*", here would you first share what're the common



**Figure 2** Prof. David Watson: new things are not always better (1). Available online: <http://www.asvide.com/articles/1743>

problems after fundoplication? To different problems, which antireflux operation will you recommend?

- (II) During the section, Dr. Ferguson shared about the hot topics in surgical management of esophageal cancer. In your opinion, what are the hot topics in the surgical management of esophageal cancer?
- (III) Based on your experience, what do you think the progress for surgical management of esophageal cancer in recent years?
- (IV) What do you think the challenges or difficulties for young surgeons when treating esophageal cancer based on the current situation?
- (V) You're now a successful and well-known expert in the world. When looking back to the early experience as a young surgeon, what'd you like to say to yourself.

## Expert introduction

Prof. David Watson graduated from the University of Adelaide in 1984 and undertook training in General Surgery in South Australia, followed by Fellowships in Oesophago-Gastric Surgery at the Royal Adelaide Hospital and the Royal Hallamshire Hospital in Sheffield, England. In 1994, he was appointed to the Royal Adelaide Hospital as Director of the Royal Adelaide Centre for Endoscopic Surgery, and as Consultant Surgeon to the Oesophago-Gastric Surgery Unit. In 2002, he was appointed Professor and Head of the Flinders University Department of Surgery, and the Oesophago-Gastric Surgery Unit at Flinders Medical Centre in Adelaide, South Australia.

He has clinical and research interests in the areas of

oesophageal and gastric disease, including gastro-oesophageal reflux and cancer of the oesophagus and stomach. He has been active in development of laparoscopic and endoscopic surgery, and has led many landmark trials pertinent to this area. He also leads a basic science research group which is investigating the development of oesophageal cancer.

Prof. Watson has published more than 300 research papers and book chapters, and he is on the Editorial Boards of leading Australian and international medical journals. He has been President of the Australian and New Zealand Gastric and Oesophageal Surgery Association, and has represented Australia and New Zealand on the Board of Governors of the International Federation of Societies for Endoscopic Surgery.

Since 1997, he has also received 16 major research grants from NHMRC and NIH, as well as major grant support from other funding bodies. He has recently led Flinders University's engagement with Central South University, in Changsha, China, and in 2014 was appointed an Honorary Professor, and Director of the Flinders Cancer Genetics Research Laboratory, based in Central South University, Changsha, China. In 2015, he was elected as a Fellow of the Australian Academy of Health and Medical Sciences (FAHMS), and appointed a Matthew Flinders Distinguished Professor at Flinders University.

## Acknowledgements

None.

## Footnote

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

## References

1. Gao S, Lee P. Prof. David Watson: new things are not always better. *Asvide* 2017;4:429. Available online: <http://www.asvide.com/articles/1743>

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