

Prof. Boris Sepesi: patient-personalized treatment is the best treatment

Submitted Jul 10, 2017. Accepted for publication Sep 12, 2017.

doi: 10.21037/jtd.2017.09.100

View this article at: <http://dx.doi.org/10.21037/jtd.2017.09.100>

On May 31, 2017, the 25th Meeting of the European Society of Thoracic Surgeons (ESTS) successfully ended, after a 4-day scientific and compact agenda. The event took place in Innsbruck, a historical town located at the heart of the Alps, and the capital of the Tyrol, Austria. With a history of 25 years' development, the ESTS conference has developed into the largest international event in the field of thoracic surgeons, with a reputation of excellent scientific and educational value.

This year, the meeting gathered more than one and a half thousands of experts worldwide. It provided participants with scientific sessions composed of carefully selected abstracts, working group meetings, special lectures delivered by renowned experts, and joint sessions, which produced an excellent opportunity for young colleagues as well as experienced experts to discuss new trends in thoracic surgery and the problems in everyday work.

During the meeting, we were honored to conduct an interview with Prof. Boris Sepesi (*Figure 1*) from the University of Texas MD Anderson Cancer Center, who is dedicated to research in lung cancer, especially immunotherapy, and its application in early lung cancer stages that can still be managed with surgical therapy. Prof. Sepesi (*Figure 1*) is also our author and editorial board member. With the nice weather and view in Innsbruck, we had a great time communicating with him and had his perspectives on some hot-discussed issues in the field, such as stereotactic body radiation therapy (SBRT) in early lung cancer treatment, multiple primary lung cancer, etc.

SBRT administers very high doses of radiation, using several beams of various intensities aimed at different angles to precisely target the tumor. This therapy has been applied more and more frequently these years. Some experts think that SBRT may replace surgery in the treatment of early stage lung cancer in the future; since there are studies indicating that SBRT is very close to surgery in stage T1 to T2 lung cancer patients. Upon this point, Prof. Boris Sepesi thinks it is very difficult to make definitive conclusions about the



Figure 1 Interview with Prof. Boris Sepesi (right).

equipose of SBRT and surgical therapy for early stage lung cancer actually, and he believes that surgical therapy remains an excellent option for stage 1 lung cancer patients. “SBRT should not be applied as ‘one size fits all’ type of treatment. There has to be shared in decision-making between radiation oncologists and thoracic surgeons, and this decision should be individualized in each patient. As physicians we have to be very careful and not apply one type of treatment blindly to all the patients” he said.

As we know, tremendous progress has been made in lung cancer surgical procedures in recent years, which has accelerated the postoperative rehabilitation and reduced the complication rate. “These advancements have been mainly in enhanced recovery pathways, which use more local anesthetics, more premedication, and also good nutrition and hydration priority to the operation. At the same time, surgical techniques utilizing video assisted surgery, smaller and non-rib spreading incisions, with more precise tissue dissection have also improved patients’ recovery,” Prof. Sepesi said, “Majority of patients recover very well after thoracic surgery for early stage lung cancer because of the progress that has been made. Therefore,



Figure 2 Interview with Prof. Boris Sepesi: patient-oriented treatment is the best treatment (1).

Available online: <http://www.asvide.com/articles/1791>

many patients with early lung cancer could be discharged from the hospital within one or two days after an operation.” From his perspective, lung cancer patients are served well with surgical therapy, and therefore the goal in the treatment of early stage lung cancer shouldn’t be to avoid surgery; rather to seek the best loco-regional disease control. With any surgical therapy, we will always have to accept a little bit of trauma initially, but the majority of patients are achieve full recovery from their operation and get back to their life.

Speaking on the management of multiple primary lung cancers in a single patient, Prof. Sepesi thought that current treatment strategy maybe more complex now than in the years past. Besides the importance of genetic studies and sorting through the biology of each tumor, the most important principle is multidisciplinary care, which consists of close collaboration among medical and radiation oncologists as well as surgeons.

By the end of the interview, we asked about why he chose to be a surgeon, and he shared, *“Surgical therapy encompasses intellectual aspects of a disease process and allows for an immediate impact on a patient by removing the actual disease process from patient’s body. In oncologic surgery, we take patients through a pretty stressful journey, which allows us to develop very close relationships with our patients. I find this profession honorable and fulfilling.”*

Throughout the conversation, we could sense that Prof. Sepesi attached great importance to the principle “Patients always come first” in his clinical practice. “Personalized treatment is the best treatment”, he said, “putting a patient first, and choosing a treatment strategy that considers both latest medical knowledge and patient’s physiologic status and interests. These are the principles; I like to follow when

counseling patients.”

Let’s enjoy the interview video (*Figure 2*)!

Interview questions

- (I) Would you like to briefly introduce yourself, including your affiliation and interests?
- (II) Some experts think that stereotactic body radiotherapy (SBRT) may replace surgery in the treatment of early stage lung cancer in the future, as there are studies indicating that SBRT is very close to surgery in stage T1 to T2 lung cancer patients. Do you agree?
- (III) In your opinion, what changes and progress in lung cancer surgical procedure in recent years have accelerated the postoperative rehabilitation and reduced the complication rate?
- (IV) What do you think is the main principle in treatment of multiple primary lung cancer up to now?

Expert introduction

Dr. Boris Sepesi is an assistant professor in the Department of Thoracic and Cardiovascular Surgery at the University of Texas MD Anderson Cancer Center. Dr. Sepesi was born in former Czechoslovakia and earned his medical degree with honors from Jagiellonian University Medical College in Krakow, Poland. He completed internship and residency in general surgery at the University of Rochester Medical Center in Rochester, New York, where he also spent a year as a research fellow studying clinical outcomes of esophageal cancer therapies and other esophageal diseases. He then completed a clinical fellowship in cardiothoracic surgery at MD Anderson Cancer Center/Methodist training program, where he mainly focused on the treatment and multidisciplinary management of patients with complex thoracic oncological diagnoses (lung cancer, esophageal cancer, mesothelioma, mediastinal and chest wall tumors). At MD Anderson, he has also served as chief administrative resident. Dr. Sepesi is certified by the American Board of Surgery and the American Board of Thoracic Surgery.

Acknowledgements

None.

Footnote

Conflicts of Interest: The authors have no conflicts of interest

to declare.

articles/1791

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[AME Academic Journalist: Zhuoqi Jia (The first Affiliated Hospital of Xi'an Jiaotong University, Xi'an 710065, China); Editors: Shuang Wu, Jessie Zhong (JTD, jtd@amepc.org)]

Cite this article as: Jia Z, Wu S, Zhong J. Prof. Boris Sepesi: patient-personalized treatment is the best treatment. *J Thorac Dis* 2017;9(10):E925-E927. doi: 10.21037/jtd.2017.09.100