

Prof. Kenji Suzuki: craziness on the road to success

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Expert introduction

Prof. Kenji Suzuki (*Figure 1*) is the Chief of Department of General Thoracic Surgery in Juntendo University, Tokyo. He is also a member of ASCO, IASLC, ESTS, and STS. His clinical interests are in surgical treatments for lung cancer, including salvage surgery, Bronchoplasty, Segmentectomy, and sublobar resection. Prof. Suzuki is one of the world's most renowned lung cancer surgeons who has a great number of publications indicating the latest development and surgical procedure of lung cancer.

Editor's note

On October 28 and 29, 2017, the 16th Annual Meeting of Taiwan Association of Thoracic & Cardiovascular Surgery (TATCS 2017) was held in Taipei and rounded off. The grand meeting brought together numerous outstanding experts worldwide.

Prof. Kenji Suzuki was one of the speakers and the special topic he gave was "Extended Type B Broncho-vascular Sleeve Resection of the Left Upper Lobe and the Superior Segment of the Lower Lobe for Lung Cancer". During the speech, he showed four different techniques and types of extended sleeve resection for lung cancer, along with videos of procedure for each operation. With the thorough elaboration of those case reports from Prof. Suzuki, the participants had a full understanding of characteristic and advantages for each treatment. And AME Taipei Group had the honor to interview Prof. Kenji Suzuki and let him share his rich experiences in the field of thoracic surgery.

Interview

JTD: Could you please briefly introduce yourself? (Figure 2)

Prof. Suzuki: My name is Kenji Suzuki. I'm the Chief of Thoracic Surgery in Juntendo University, Tokyo. I perform lung mediastinal surgery. I have experiences of about 4,000



Figure 1 Professor Kenji Suzuki.

general thoracic surgical cases. Recently, I just started studying robotic surgery in the beginning of this year. And I have participated in more than 60 cases so far. There are several types of robotic resection I performed, including segmentectomy for small-size lung cancer and invasive lung cancer. To preserve lung function for the patients, I prefer using broncho-vascular sleeve resection instead of pneumonectomy.

JTD: Please share with us the reason you chose to dedicate yourself to lung cancer.

Prof. Suzuki: At first, I wanted to be a cardiothoracic surgeon after I graduated from National Defense Medical College in Tokyo. Unfortunately, the mentor I had for cardiothoracic surgery was not good, so I changed my mind to be a thoracic surgeon.

Dr. Toshiro Okata, whom I worshipped the most, was my



Figure 2 Photo with Prof. Suzuki after the interview.

mentor, and I wanted to be a good thoracic surgeon just like him. Because of Dr. Okata, I had a goal of being a thoracic surgeon specializing in lung cancer surgery. With the rising numbers of lung cancer patients in Japan, I have consistently devoted myself to lung cancer treatments ever since.

JTD: *As you mentioned that you are recently active in the Robotic Surgery, what is your motivation?*

Prof. Suzuki: Recently, I studied Robotic *da Vinci* thoracic surgery in Japan. The operation is not very common in Japan. I like to perform several types of robotic resection as well as extended resections. The reason for me to learn robotic surgery is because the technic used in robotic surgery and in open surgery are very similar. And I began to perform robotic surgery after observing the operation performed by Dr. Saforio.

JTD: *Please briefly talk about the speech you gave today and the reason you chose this topic.*

Prof. Suzuki: “Extended Sleeve Resection” is very rare in modern surgery. After performing this type of surgery, the advantage which patients will receive is very important. To compare it with pneumonectomy, pneumonectomy is a rather easy operation for experienced thoracic surgeons. However, bronco-vascular sleeve resection, including extended sleeve resection is significant for patients. Therefore, in my opinion, every thoracic surgeon should perform this kind of operation. This is why I chose this topic for the speech today.



Figure 3 Interview with Prof. Kenji Suzuki: craziness on the road to success (1).

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JTD: *What is the working culture in Japan? How do you start your day?*

Prof. Suzuki: I start to work at 7:30. About one year ago, I would continue to perform surgery after midnight. At that moment I thought I was crazy. After then, I decided to change. Now, I work from 7:30 AM to 5:00 PM. Conversely, for young thoracic surgeons, they should concentrate on 24-hour training which I desire. Though it is not generally recommended, they should still train themselves much more precisely and intensively.

JTD: *The issue of excessive working hours is controversial worldwide. How do you deal with it in Japan?*

Prof. Suzuki: Based on Japanese constitution, there is one rule limits the working hours for physicians (no more than eight hours). That has resulted in the desperate need of three times more physicians in practice. Therefore, the Japanese government decided to increase the acceptance of applications for medical students, which is not a good phenomenon. In my personal opinion, the quality of medical system will start falling instead of improving. It will get worse. After all, in order to provide high quality medical care and doctors for patients, training is really important for young physicians on the road of becoming a good doctor. For young people who are still on the first-half journey of becoming a good doctor, I would say to them, “*You have to throw your own life.*” (Figure 3).

Acknowledgements

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Footnote

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

References

1. Fan WE. Interview with Prof. Kenji Suzuki: craziness on the road to success. *Asvide* 2018;5:057. Available online: <http://asvidett.amegroups.com/article/view/22660>

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