



# It is time to go ahead—an editorial comment on the 2018 annual report of the Shanghai Chest Hospital

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The annual report of the thoracic surgery service for the year 2018 (1) again impressively demonstrates the huge expertise in pulmonary and esophageal procedures that their teams are performing as well as operations on the mediastinum and trachea. With more than 14,000 cases this hospital is known to be an excellent training center for visitors coming to learn from all over China and the world. It is a unique place to get good exposure to all kinds of thoracic surgery in a short time period.

In the 2018 report, almost 12,000 cases are pulmonary resections, followed by nearly 1,000 mediastinal procedures and more than 800 esophageal procedures. The vast majority of cases is done by minimal invasive procedures because this center has skilled surgeons and all modern technique available on site [video assisted thoracic surgery/robotic-assisted thoracic surgery/extracorporeal membrane oxygenation (VATS/RATS/ECMO)]. The authors describe an impressive low conversion rate and point out that over the years the already low 30-day-mortality rate has further decreased.

Malignant diseases account for the majority of pulmonary resections. The spectrum of procedures spans from minor resections such as segmentectomies up to complicated cases like sleeve resections or pneumonectomies. Half of the almost 1,000 patients with mediastinal diseases are operated for thymic epithelial tumours—again 2/3 are done minimally invasive. There is a description of even extended tumors done by VATS. Without going into detail, the authors point out that clinical research is carried out in various ways on mediastinal tumors. In esophageal surgery resections in most cases are also performed for cancers, here as well the majority of cases being done minimally invasive.

The rising expertise in tracheal and transplant surgery is described in the report as well. A short section deals with research and education in Shanghai Chest Hospital.

This report again is an impressive example of the surgical capabilities of this large training site. However, there is a risk of indulging in self contemplation in this report by only being proud of the achieved numbers. The colleagues should now look further ahead in order to increase the knowledge of the international thoracic society, i.e., by letting us know how they achieved a further decrease in mortality, what are the 30-day-mortalities in different patient categories according to ASA classification, what is their morbidity? For tumor patients, they should describe their work-up, indication for surgery and R0-resection rate according to tumor stages. Furthermore, it is of interest to know the percentage of neoadjuvant or adjuvant therapy and most of all the 5-year survival rate of their cancer patients. We all know tumor survival depends not only on skillful surgeons but also on a good network of all disciplines involved in cancer treatment.

We all have realized that Shanghai Chest Hospital is one of the largest, if not the largest center in the world, but there is no need to just show the sheer numbers any longer. For the sake/ future of thoracic surgery we will need centers like this to test new methods and ideas because we can get the results much faster instead of doing multicenter studies in order to bring together a number of cases that Shanghai Chest Hospital is producing in one year.

The colleagues of Shanghai Chest Hospital now have to go ahead and not only train surgeons but also take up the responsibility to perform clinical research in order to advance the knowledge of our specialty according to their

conclusion “we will strive to deliver higher level of medical services in the future”. We count on you!

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## References

1. Wang Y, Luo J, Yang Y, et al. 2018 annual report of thoracic surgery service at Shanghai Chest Hospital. *Shanghai Chest* 2019;3:70.

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