



Searching for evidence of video-assisted thoracoscopic surgery (VATS) lung metastasectomy

We are pleased to introduce this special series devoted to video-assisted thoracic surgery (VATS) for lung metastases. Although not confirmed with prospective randomized trials, pulmonary resection(s) is the operation of choice for lung metastases with a relatively low postoperative complication rate. Nonetheless, the surgical approach to perform lung metastasectomy remains a point of debate as VATS or open transthoracic approach can both be performed. Though surgeons are looking for reliable data in favor of VATS for lung metastasectomy, there is scarce prospective data and most available practices raise questions (1) instead of giving answers.

Nevertheless, after 10 years of ESTS project dedicated to lung metastases (2), this special series dedicated to VATS metastasectomy, which also includes exceptional videos, will help to publicize important experiences, and will also stimulate young surgeons, oncologists and scientists to find new ideas for the future. There will also be an article which reports on the TNM classification for lung metastases which we initially proposed in 2016 (3). It could be an easy way to finally “personalize” the treatment of the difficult patients with lung metastases (4).

One thing is certain, in the absence of scientific evidence that demonstrates that one approach (open or VATS) is better than the other, the less invasive approach should be chosen. Therefore, there is no doubt that VATS (uniportal, multiportal or subxiphoid) represents nowadays the most used “standard practice” to remove lung metastases. Nevertheless, surgeons should never forget that the fundamental goal of the procedure of lung metastasectomy is not the minimal invasiveness of the skin incision but the prolonged survival.

We are in debt of gratefulness to the outstanding contributors for offering their knowledge and practice with lung metastasectomy. Finally, we would like to acknowledge *Video-Assisted Thoracic Surgery (VATS)* journal for allowing us organize this important special series and for the exceptional work done by all the staff.

Acknowledgments

Funding: None.

Footnote

Provenance and Peer Review: This article was commissioned by the editorial office, *Video-Assisted Thoracic Surgery* for the series “VATS in Lung Metastasectomy”. The article did not undergo external peer review.

Conflicts of Interest: Both authors have completed the ICMJE uniform disclosure form (available at: <http://dx.doi.org/10.21037/vats-2020-lm-10>). The series “VATS in Lung Metastasectomy” was commissioned by the editorial office without any funding or sponsorship. Michel Gonzalez served as an unpaid Guest Editor of the series. Marcello Migliore served as an unpaid Guest Editor of the series and serves as an unpaid editorial board member of *Video-Assisted Thoracic Surgery* from March 2017 to July 2023. The authors have no other conflicts of interest to declare.

Ethical Statement: The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

Open Access Statement: This is an Open Access article distributed in accordance with the Creative Commons Attribution-NonCommercial-NoDerivs 4.0 International License (CC BY-NC-ND 4.0), which permits the non-commercial replication and distribution of the article with the strict proviso that no changes or edits are made and the original work is properly cited (including links to both the formal publication through the relevant DOI and the license). See: <https://creativecommons.org/licenses/by-nc-nd/4.0/>.

References

1. Milosevic M, Edwards J, Tsang D, et al. Pulmonary Metastasectomy in Colorectal Cancer: updated analysis of 93 randomized patients – control survival is much better than previously assumed. *Colorectal Dis* 2020;22:1314-24.
2. Van Raemdonck D, Friedel G. The European Society of Thoracic Surgeons Lung Metastasectomy Project. *J Thorac Oncol* 2010;5:S127-9.
3. Migliore M, Gonzalez M. Looking forward lung metastasectomy—do we need a staging system for lung metastases? *Ann Transl Med* 2016;4:124.
4. Gonzalez M, Zellweger M, Nardini M, et al. Precision surgery in lung metastasectomy. *Future Oncol* 2020;16:7-13.



Marcello Migliore



Michel Gonzalez

Marcello Migliore^{1,2}

¹*Thoracic Surgery, Department of Cardiothoracic Surgery, University Hospital of Wales, Cardiff, UK;* ²*Department of General Surgery and Medical Specialties, University of Catania, Catania, Italy. (Email: mmiglior@hotmail.com)*

Michel Gonzalez³

³*Service of Thoracic Surgery, University Hospital of Lausanne, Lausanne, Switzerland. (Email: michel.gonzalez@chuv.ch)*

Received: 21 December 2020; Accepted: 12 January 2021; Published: 20 December 2021.

doi: 10.21037/vats-2020-lm-10

View this article at: <http://dx.doi.org/10.21037/vats-2020-lm-10>

doi: 10.21037/vats-2020-lm-10

Cite this article as: Migliore M, Gonzalez M. Searching for evidence of video-assisted thoracoscopic surgery (VATS) lung metastasectomy. *Video-assist Thorac Surg* 2021;6:31.