

Sleeve lobectomy is a lung-sparing procedure requiring resection and reconstruction of the bronchus, the pulmonary artery or both. This surgical approach has been progressively accepted for centrally-located, advanced tumours. It provides the advantage of complete tumor resection while avoiding pneumonectomy. Initially proposed for lung cancer patients with poor cardiopulmonary functions, sleeve lobectomy, when technically feasible, has now replaced pneumonectomy even in patients with excellent cardiopulmonary functions.

Several studies and meta-analyses have reported better post-operative outcomes and quality of life in sleeve lobectomy patients compared to pneumonectomy patients. Sleeve lobectomy has also been reported to sport oncological outcomes comparable to pneumonectomy, but it is also known to be technically more challenging than a pneumonectomy.

Recently, the development of instrumentation and surgical skills have made it possible to perform sleeve, or even double-sleeve lobectomies by multiportal or uniportal video-assisted thoracic surgery (VATS) or robotic-assisted thoracic surgery (RATS). Although few centers have reported on their experience, these approaches have been clearly associated with better outcomes in terms of lower morbidity and shorter hospital stay, but their realization through minimally invasive surgery remains challenging. The impact of neo-adjuvant chemotherapy or immunotherapy to increase operability and avoid pneumonectomy in the context of sleeve lobectomy remains debated because it has been associated with increased morbidity and potential anastomotic complications.

The book *Sleeve Lobectomy*, is a collection of recent studies published in AME journals by renowned experts, which provides a comprehensive summary of new surgical developments and recent oncological results of sleeve resection of the bronchus or artery. Yet, as techniques and research progress, sleeve lobectomy allows for resections and reconstructions of increasing complexity. This book emphasizes the technical progresses of sleeve lobectomy and the extended criteria for sleeve lobectomy indications as well as oncological results with new chemotherapy and immunotherapy treatments. In 2 sections, technical aspects of sleeve resection are described including VATS or RATS approach, which facilitate the realization of these challenging approaches, even the most difficult double-sleeve resection of the artery and bronchus. In addition, the oncological results and postoperative outcomes after induction chemotherapy or immunotherapy are reported demonstrating that sleeve lobectomies can be safely performed without increased morbidity or bronchial anastomotic dehiscence or stenosis.

I feel very honored to contribute on the topic with this preface and I really believe that this book constitutes a valuable resource for the community of thoracic surgeons since it represents a considerable compilation of experience from numerous international colleagues. I really hope you find it interesting and useful and thank the editorial office of AME publishing group for their endeavour.



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