Ests presidential address

working the fundamentals†

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Ladies and gentlemen, members and guests,

It is a great pleasure for me today to stand on this podium in front of you as President of the European Society of Thoracic Surgeons (ESTS), a society which I have had the honour to serve as Councillor, Regent, Editor, local organizer of the annual meeting, and now as President. The Presidential address is perhaps the most hazardous duty of the Presidency because, besides the summary of the recent activities of the Society, I am expected to give you a vision of its future. Unfortunately, I have no crystal ball and my perceptions of the future are very much predicated on my past experiences.

ESTS will soon enter its 20th year. The 20th year marks the end of adolescence, a period characterized by striking physiological changes and efforts toward the construction of identity. Adolescence is sometimes viewed as a transitional state, during which young people begin to separate themselves from their parents but still lack a clearly defined role in society. It is generally regarded as an emotionally intense and often stressful period. I joined the ESTS as councillor in those troubled times which culminated—in 2006, after the Stockholm meeting—that marked the end of the Toronto agreement regarding the European Association for Cardio-Thoracic Surgery (EACTS)/ESTS joint meetings.

Six years later, ESTS made a success of its transition into independence, as it became the first society in the world dedicated to general thoracic surgery, in terms of membership and attendances at its annual meeting. This required a total re-think of the structure of the Society. The ESTS School has been established and continuously strengthened and its finances have been placed on a very firm footing. It is of course too early for a formal assessment: however, it is crucial for the society’s leadership to look ahead to avoid crude errors of management which can lead the most beautiful construction to failure. Undoubtedly, the years ahead will necessitate adaptation to disruptive challenges. It is how we adapt to change which will determine our future. A solid basis for these efforts is to work head-on on those fundamentals that have made us successful.

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thoracic surgery as a monospeciality

More than ten years ago, Heikki Toomes concluded his ESTS Presidential address with the statement that there was a strong need for a monospeciality for General Thoracic Surgery in Europe [1]. The trend was initiated worldwide in the 1980s, when general thoracic surgery had been pushed into a minor role as a result of the enormous expansion of heart surgery. Nowadays, this is not the case. Very few surgical specialties offer such a wide field of different activities as general thoracic surgery proposes with oncology, infectious diseases, transplantation, trauma, cosmetic and functional surgeries of the chest. This spectrum is actually now so large that very few departments can embrace it fully.

Because of high proportions of cancer patients—about 70%—thoracic surgery in Europe today is, for the most part, oncological surgery. Most thoracic malignancies—lung cancer in particular—still show an increased incidence, especially in eastern European countries. In 2012, lung cancer will kill three times more people in Europe than any other cancer. Its high fatality rate highlights continuing severe limitations of therapy. Most lung carcinomas are still diagnosed at an advanced stage, conferring a poor prognosis. Indeed, the 5-year survival rate within Europe still is around 10%. The need to diagnose lung cancer at an earlier—and potentially curable—stage has been recently supported by the initial results of the National Lung Screening Trial, which show 20% fewer lung cancer deaths among current or former heavy smokers screened by low-dose helical CT, compared with those screened by chest X-ray. Such innovation, however, raises many questions and represents, in a globalized world, a great opportunity for lung cancer clinicians to work together to integrate and refine this new approach within future clinical trials and national screening programs [2]. The ESTS could not remain outside such a process. Accordingly, a think tank has been set up under the umbrella of the International Association for the Study of Lung Cancer (IASLC)–which includes ESTS representatives. The development in Europe of screening programs will probably increase the number of patients the thoracic surgeon will have to deal with during at least the next two decades. Part of the future of surgical techniques will be driven by this development, with a likelihood that more early-stage cancers will
present and may be amenable to minimally invasive surgical approaches, with the possibility of a role for robotics.

However, new evidence should be recognized. After decades of nihilism, effective alternative treatment options now exist. Stereotactic radiotherapy and radiofrequency, as alternatives to lung cancer surgery, yield substantial cure rates in patients with early stage disease. Their associated risk–benefit ratios compare favourably with open surgery in elderly patients, patients with severe lung and/or heart diseases and patients with multiple comorbidities. It is very likely that these techniques will be very quickly applied to the standard patients and may be at the request of the patients themselves, even in the absence of—or even in contradiction of—solid long-term data. This scenario gives us an impression of 'déjà vu' with what cardiac surgeons had to face with coronary artery angioplasty and stenting and, more recently, percutaneous heart valve implantation. On the other edge of the spectrum is surgery for advanced-stage disease. Evidence-based medicine suggests that the long-term survival of patients who have received extended and complex disease. anyway, the results have steadily improved and the procedure is now accepted as the standard treatment for patients with end-stage parenchymal and vascular lung diseases. However, in Europe this activity remains limited to countries with the highest incomes and, in those countries, to a small number of institutions. I had the chance to begin my residency in surgery at the time when the first bilateral lung transplantation in France was performed in Marseille and I am now leading one of the most active programs in my country. One of the most striking inputs of the last decade in this setting is undoubtedly ECMO (extracorporeal membrane oxygen) technology. Tremendous progress has been made in terms of miniaturization, ergonomics, simplicity of use with percutaneous cannulations and pre-heparinized disposable circuits. In a short period of time, ECMO has replaced conventional cardiopulmonary by-pass whenever extracorporeal haemodynamic or oxygenation support is required. It is also now used routinely as a bridge to transplantation when the condition of patients on the waiting list worsens. In this setting, it may be used in awake, autonomously breathing patients. ECMO especially changed the care of recipients with severe primary graft dysfunction by reducing by 3 the related mortality. Most importantly, ECMO has spread outside the narrow and ultraspecialized field of lung transplantation to become the mainstay of the treatment of severe ARDS patients. Besides its use as a life-saving procedure in the acute setting, ECMO is also a safe alternative to ventilation through the operative field in complex laryngotracheal and/or carinal scheduled surgeries. These variations of its novel applications have been tested and used over the very last few years and are still expanding, making it an important tool in the armamentarium of general thoracic surgeons. This is not without significant consequences for the future of our specialty. In my humble opinion, it gets away from any vague desire of schism between general thoracic surgery and cardio-vascular surgery. Common training and collaboration in practice and in science still remain essential. However we, as a society...
devoted to general thoracic surgery, must set up dedicated educational courses to help our members and trainees to embrace and to feel comfortable with this technology. An ESTS ECMO school is thus desirable, as are the efforts the ESTS leadership should make with the industry so that it understands that we have become major partners in this field.

AN EMINENT SCIENTIFIC JOURNAL

Since 1999, the European Journal of Cardio-Thoracic Surgery (EJCTS) has been the official organ of our society. Being also that of the EACTS, it demonstrates that an excellent partnership is possible and desirable between both societies and between thoracic and cardiac surgeons for the sake of our specialty. Its current ranking in the international bibliometric systems makes it very well established as one of the three major thoracic journals. I enjoyed the job of ESTS Editor very much during three hard-working years. I would like to take this opportunity to acknowledge the tremendous work done by our current Editor, Gonzalo Varela. As often discussed within Council, there can be many good reasons for starting a new scientific journal. To be attractive to authors, however, this journal should be indexed and get an impact factor quickly, since the latter is used to evaluate the individual researcher. This goal may lead to adoption of editorial policies—not necessarily with sinister intent—that increase its impact factor but that can be detrimental for the author- and readerships. For instance, the journal may choose to publish a larger percentage of review articles which generally are cited more than original research reports, to the detriment of these latter. In the meantime, it may also choose not to publish minor articles, such as case reports, which are unlikely to be cited but which often represent the first attempt at publication, especially for young authors and members. On the other hand, in the long run, editorial policies that are not IF-driven carry the risk to place the journal, and the society that it represents, in a position of lesser importance. It is my strong belief that we never have to make a commitment in this way, particularly as the scientific visibility of our society has never been so high. We have to mobilize all our energy to strengthen the position of the ESTS inside the Journal, to improve the visibility and the quality of thoracic papers, and to reserve the best of our production for the EJCTS.

The Council also recognized a real need for the publication of material which was not necessarily within the scope of a purely scientific journal. In 2008, one of the most ambitious project of the ESTS was begun, designed and led by Jaroslaw Kuzdzal: the ESTS textbook. It aims to gather basic science chapters and how-to-do sections with informative videos, embracing the whole spectrum of clinical activities in the field of general thoracic surgery. We hope that this ESTS ‘baby’ will be delivered for the next ESTS meeting in Birmingham. Further initiatives based on web-technologies are expected. Indeed, surveys among members, working groups’ reports, and more generally speaking societal news require an open and interactive expression space.

A WELL-STRUCTURED ESTS SCHOOL

The ESTS invests most of its finances, under the rigorous control of our Treasurer, Kostas Papagiannopoulos, to provide high-quality educational opportunities for thoracic surgeons. Under the dynamic leadership of Federico Venuta, the School has been structured in complementary chapters. The School in Antalya, headed by Alper Toker, is dedicated to basic lectures in a highly interactive format and provides a syllabus which matches the need for young surgeons who are in the late stages of their residency programme or in the first years of independent practice in thoracic surgery. The School in Elancourt, headed by Françoise Le Pimpec-Barthes, is based on hands-on sessions on pigs for the learning of open- and video-assisted procedures. Its target extends to established surgeons who need to acquire technical knowledge. To stimulate, promote and facilitate mobility of young surgeons within Europe, the ‘ESTS Travel Fellowship Program’, initiated by Michael Mueller, targets graduates or trainees. They are offered the opportunity to visit, for a one-week period, selected European expert centres, as part of their career development. The ‘itinerant ESTS expert courses’ are aimed at established consultants who are offered the opportunity to attend an expert centre for a two-day period, during which a particular surgical procedure and the related management protocols are shown. In 2011, a new initiative with the ‘ESTS Academy’ in Budapest was added. This course allowed the performance of complex airway surgical procedures on fresh cadavers. Every sector of the ESTS School has two main goals of similar importance: continuous education in thoracic surgery and close professional interaction between young and senior surgeons worldwide. In addition, the ESTS School aims at successfully preparing trainees for the Unified European Board in Thoracic Surgery, and the recertification process for established consultants. Since 2011, special educative actions have been conducted in Russian-speaking countries and have received an enthusiastic welcome from those surgeons for whom linguistic and geographical barriers still persist. They will certainly be developed in the future under the leadership of our Russian-speaking councillor, Gilbert Massard. As suggested previously, I firmly believe that we now need to set up a ‘High Technology’ School by using all these successful educative formats and focusing on the technical aspects of ECMO or robotics for the general thoracic surgeon.

A WELL-BUILT DATABASE

The ESTS database is solid and provides a benchmark for specialty outcomes analysis. It was established in 2001 as an initiative, led by Richard Berrisford, for quality improvement and patient safety among European Thoracic Surgeons. Since then, it has grown considerably over the years, to include a total of 46 000 patients, providing clinical information on more than 37 000 lung resections. To date, 221 units throughout Europe are sending in data on their patients on a totally free and voluntary basis, with approximately 100 contributing more than 100 cases. Thanks to Pierre Emmanuel Falcoz and Marcel Dahan, the recent integration of the data of the French Society of Thoracic and Cardiovascular Surgeons with the ESTS database is an example of possible cooperation with national registries—when they already exist—and the demonstration of a successful import of a huge amount of information. Another prospect for those countries in which thoracic surgery begins to become more individual and to become organized, is to appropriate the ESTS database, even if it means developing it according to national contingencies.

To comprehensively assess surgical performance on an international level is one of our main objectives. Under the
leadership of Alessandro Brunelli, the ESTS has developed a composite performance score incorporating processes and outcome measures available in the database and has applied it to stratify performance of participating units. Those that are above the 50th percentile of the composite score are invited to submit their application to the ESTS Institutional Accreditation Program. Final peer-review assessment is then based upon several required structural/procedural/professional characteristics. In 2011, Antwerp-Belgium became the first elected institution. Six further European units are under consideration for 2012.

The ESTS Database also offers solid grounds for clinical research. To date, a dozen publications have been derived from database outcomes and published in various scientific journals and textbooks. They have significantly advanced understanding in thoracic surgery. Another development over this last year has been the decision to use the ESTS database as support of the ESTS Thyric Tumours Working Group, led by Enrico Ruffini. This is another fruitful strategic development to offer to ESTS working groups a scientific platform with increasingly specific variables, besides a concise set of core variables.

**AN EVOLVING CONSTITUTION**

Our by-laws have had to be refreshed and adapted to the fast evolution of the society’s structures. A proposal will be submitted to the membership for approval at the General Assembly. It aims at adapting our rules to disruptive challenges, at facing changes, and re-engineering our overall functioning. In some domains, the text will make official those changes that have proven necessary over time. Thus, a membership committee is currently running, to manage the huge increase of members. Its role is to investigate the application for membership in the Society of each individual who is expected to actively practice or study thoracic surgery and support the objectives of the charity. The executive committee will be restructured. Officers will now consist of the Editor besides the President, the Secretary General, and the Treasurer, to reinforce the leading importance of scientific issues in the life of the Society. The positions of four directors will be recognized, these being the Director of Annual Meeting, the Director of Database, the Director of External Relations and the Director of Education. Non-European members have to be represented in council by one position of so-called ‘International Councillor’. This task is currently outstandingly fulfilled by Alexander Patterson. To avoid too great an influence by a few individuals while insuring desirable continuity, the term and modalities of re-election of the leadership will be strictly defined. The composition and functioning of the ad hoc committees will be clarified for the purpose of producing ideas and guiding strategic decisions, according to a time-scaled mission. The functioning of the Nominating Committee, the role of which is to make nominations for election to the Executive Committee, will be guided to recruit the best and the brightest individuals with an ESTS curriculum vitae, meaning those who have already proved their willingness to serve the society as regents, members of the faculty of educational events organized by the society or members of working groups or ad hoc committees. Standards for interaction with the medical industry and sponsors have been strictly defined and disclosure statements will be required for each position in the leadership of the society and submitted to the appreciation of the executive committee and members. All these changes will serve democracy and efficacy.

**A REINFORCED ADMINISTRATION**

To serve the political hierarchy, there is a need for a strong and well-organized administration. To date— and for more than ten years—most of the workload has been shouldered by a single, unique individual. With its increased size and number of activities, the ESTS became a ‘giant with feet of clay’. Indeed, our emblematic Administrative Secretary, Sue Hesford, needs an assistant secretary urgently to take on part of the basic, time-consuming but strategic workload. A position of Executive Director is also highly desirable to develop and implement strategic plans for the Society in a cost-effective and time-efficient manner, and to manage committees and staff in collaboration with the Council. The keywords are ‘professionalization’ and ‘independence’. Obviously, such a move has a substantial cost, which may seem inconvenient in these times of financial crisis. However, we know from the industry that it is specifically in difficult times that investment is strategically essential. This evolution, initiated by our Past President, Gunda Leschber, is also expected to improve our visibility among members, sister societies, industry partners, health stakeholders, political decision-makers and patients [4]. For sure, this is a major challenge for the forthcoming years we will have to face, with no alternative but success.

To summarize, to face changes head-on, we must work harder on fundamentals. We must preserve our identity; we must be proactive with emerging ‘hot’ topics; we must embrace new technologies; we must reinforce our scientific foundations; we must promote actions of mentorship to recruit the brightest individuals to thoracic surgery; we must continue to structure and develop education; we must promote our journal and our database; we must adapt our by-laws to our evolving environment; we must strengthen our administrative apparatus. It is definitely the end of the beginning of ESTS [5].

I could not finish this address without expressing my gratitude to three persons: my wife, Beatrice, who gave me such fantastic children, for her continuous support and love; Christophe Doddoli, my surgical partner, without whom I would not certainly have been able to build the outstanding team that I have the honour to lead and Dirk van Raemdonck, the backbone and true conductor of the ESTS for at least the last six years, for his friendship and inflexible help.

It was an honour, a privilege and a pleasure to serve as your President. Thank you.

**REFERENCES**