Great Debate: a new section in the EJCTS

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Despite the enormous development of medicine in general during the last several decades, each specialty is still struggling with patients for whom no evidence-based, guideline-supported and generally accepted treatment strategy exists. Our field of cardio-thoracic surgery is no exception. Even though new surgical strategies for complex cardio-thoracic diseases are published in the form of original articles [1–5], reviews [6–9], case reports [10–12], surgical techniques [13, 14] etc., there is no format where different and even opposing treatment strategies for the same problem are presented.

Therefore, the new format of a ‘Great Debate’ was created to: (i) allow description of the problem, (ii) invite world leaders in the field to present their approaches to the specific question addressed, (iii) talk about the specific advantages and disadvantages of each described approach and (iv) summarize the various treatment modalities without rating or grading the individual approaches proposed.

The advantages of the Great Debate style of publication will be that: (i) the unsolved clinical scenario is presented, (ii) the reader may be helped by knowing that for this specific clinical problem, no accepted guideline-based solution exists, (iii) guidance and tips from world experts in specific fields that may be helpful to the reader will be given, (iv) summation of the different management options will clearly show the advantages and disadvantages of each strategy and (v) an individualized treatment strategy can be created for a given patient.

In this issue of the European Journal of Cardio-Thoracic Surgery, the first ‘Great Debate’ dealing with ‘Operative techniques for patients with type A dissections complicated by cerebral malperfusion’ is published [15]. All readers are invited to submit ‘Great Debate’ manuscripts dealing with as yet unsolved problems in all fields of cardio-thoracic surgery. World-recognized experts should be invited to present their views of the problem and the authors who initiated the paper should provide an ‘Introduction’ as well as a ‘Discussion’. The EJCTS ‘Instructions for Authors’ are expanded to include the rules for submitting ‘Great Debates’.

Hopefully, this new approach to complex clinical presentations will be helpful for our readers.

REFERENCES


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