Letter to the Editor

Reply to Poullis
Data capture in aortic registries

David H. Tian* and Tristan D. Yan*†

* Collaborative Research (CORE) Group, Macquarie University, Sydney, Australia
† Department of Cardiothoracic Surgery, Royal Prince Alfred Hospital, University of Sydney, Sydney, Australia

We thank Dr Poullis for his comments [1] on our article [2] and recommendation of his Excel datasheet to record continuous data for variables such as blood pressure, temperature, glucose, lactate and haematocrit. The point that Dr Poullis raises is highly pertinent to surgical studies and databases—how much data do we need to record?

Continuous data recording during surgery is an admirable goal, as it does indeed capture variations in surgical parameters that cannot be extrapolated through simple summary statistics. However, the utility of such a system is questionable when compared with the effort required to obtain such data (for example, the Excel datasheet that Dr Poullis proposes require data to be inputted manually).

The obstacle with implementing such a system that captures continuous surgical parameters is not just the difficulty in reaching a general consensus on its design and format, but ensuring widespread clinical implementation and usage. Adoption of such systems can be hastened through acceptance and recommendation by professional societies, as well as robust studies demonstrating the scientific and clinical validation of such schemes. In the absence of such evidence, we believe that implementation of these systems may be too much work for too little gain.

REFERENCES


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A critical analysis of segmentectomy versus lobectomy for non-small-cell lung cancer

Christopher Caoa,b,c,* Sunil Guptaa, David Chandrakumara and Tristan D. Yanb,d

a The Systematic Review Unit, The Collaborative Research (CORE) Group, Macquarie University, Sydney, Australia
b Department of Cardiothoracic Surgery, Prince of Wales Hospital, Sydney, Australia
c School of Medical Sciences, University of New South Wales, Sydney, Australia
d Department of Cardiothoracic Surgery, The Royal Prince Alfred Hospital, Sydney, Australia

* Corresponding author. The Systematic Review Unit, The Collaborative Research (CORE) Group, Macquarie University, Sydney, Australia. Tel: +61-2-91131111; fax: +61-2-91133393; e-mail: drchriscao@gmail.com (C. Cao).

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Bao et al. [1] should be commended for completing a thorough and timely meta-analysis to compare the survival outcomes of segmentectomy versus lobectomy for Stage I non-small-cell lung cancer (NSCLC). This analysis represents the first of its kind to distinguish segmentectomies from wedge resections, an important distinction from both an oncological and technical perspective.