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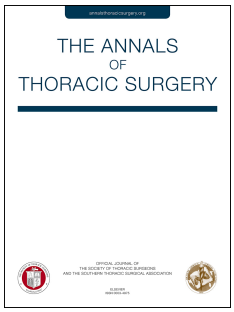

Predicting a New Reality

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Predicting a New Reality

To the Editor:

The most significance aspect of Onaitis et al.'s[1] recent publication is that it can be interpreted in multiple ways, all of which are extremely important for the practicing thoracic surgeon.

Firstly, the innovative process of combining the Society of Thoracic Surgeons General Thoracic Surgery Database (STS-GTSD) with data from Medicare database is a game changer for outcome analysis. It combines all the benefits of STS-GTSD's perioperative data collection while eliminating the shackles of the 30-day follow-up. This combined analytic tool will literally open up dozens of avenues for cardiothoracic clinical investigation.

Secondly, the examination of long-term survival of elderly patients is extremely relevant to current general thoracic surgeons, especially in regards to determining type of resection. Contradicting prior reports,[2] Onaitis et al persuasively showed that even after controlling for stage, wedge resection, segmentectomy, bilobectomy, pnuemonectomy all are associated with increased hazard of death in comparison with lobectomy.

Thirdly, and perhaps most importantly, the data harvested and analyzed may play a critical role in shaping the future of elderly lung cancer care. With an aging population and increase of incidental chest CTs, thoracic surgeons will be expected to guide their elderly patients to the most appropriate modality while simultaneously ensuring low morbidity and long-term survival. This paper has given the thoracic surgeon and oncologist, an explicit algorithm to predict which elderly patient will benefit from surgery.

For example, I can very well see in the near future a National Comprehensive Cancer Network (NCCN) recommendation based on this paper (male, > 80 years old, with an extreme body mass index, Zubrod >=