ITMIG 2017—Prof. Frank Detterbeck: we are all here for the same goal

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Expert introduction

Frank Detterbeck (Figure 1), MD, FACS, FCCP is a Professor of Surgery and Chief of Thoracic Surgery at Yale University and Associate Director of the Yale Cancer Center. He rose to the rank of professor of surgery at the University of North Carolina during a long tenure there before being recruited to Yale University in 2005. The major focus of his career has been on thoracic oncology. In particular, he has promoted evidence-based care and multidisciplinary teamwork. He has written extensively on these and other topics, with over 250 papers and book chapters. He specializes in the surgical treatment of lung cancer, lung metastases, esophageal cancer, thymoma, mediastinal tumors, chest wall tumors, Pancoast tumors, mesothelioma, and sarcoma. The majority of his thoracic/chest surgeries are performed using minimally invasive techniques. His clinical research includes cancer biology, cancer imaging techniques, prognostic markers of cancers, multimodality (multiple therapies for) treatment of cancer, and evidence-based medicine.

Editor's note

The 8th International Thymic Malignancy Interest Group Annual Meeting (ITMIG 2017) was held from September 21st to 23rd, 2017 in Turin, Italy. This important conference highlighted the latest scientific and clinical developments related to the management of thymic malignancies and brought together established scientists and clinicians from all over the world who have interest in the field of thymic cancers research. The meeting was a great success. It was a great honor for the editorial team of Mediastinum to attend the meeting and conduct a brief interview with Prof. Frank Detterbeck. As a member of the ITMIG Scientific Program Committee, Prof. Detterbeck had shared with us the progress of ITMIG in recent years, some unique advances or features of this group and some of the hot issues in Thymic Malignancies Research.

Interview questions & responses (Figure 2)

Could you share your experience about new surgical approaches for the treatment of TET and TET with MG?

Prof. Frank Detterbeck: The biggest new development is the randomized trial that has showed that thymectomy actually was useful for the management of myasthenia. Many people thought it was probably useful but we didn't really have the information—and now we know that it is. So I think that has the biggest impact.

Non-intubated anaesthesia has been applied in VATS wedge resection, lobectomy or even some other complicated operations. Is it a good method for surgical treatment for TET combined with MG?

Prof. Frank Detterbeck: I think there are advances in
surgery, and non-intubated thoracic surgery is an interesting new development. We have to define where there really is a role and I don’t think any of us have an answer to that question at this point.

Between bilateral, uniportal VATS approach and subxiphoid approach for TET with MG, which approach is better? Could you give us some suggestions about minimally invasive approach for treatment of TET?

Prof. Frank Detterbeck: I would say two things. First of all, if you are treating myasthenia with surgery, you have to do an extensive thymectomy and not a limited thymectomy. And the second thing I would say is that there are many different ways to approach it. You have to have experience and you have to have an approach that works well in your hands. I think there is no clear data that one is right and one is wrong. If you are comfortable with a robotic approach, with a bilateral VATS approach or with a subxiphoid approach, whatever it is, if you’re doing an extensive thymectomy, that’s what’s important and that’s more important than the approach.

Artificial Intelligence may help a lot in the diagnosis and treatment. In your opinion, which field could AI be promising?

Prof. Frank Detterbeck: I think we should pursue all sorts of new advances including artificial intelligence. I am intrigued by this myself; but at the same time I think we should not forget what we already have. People are good at clinical decision-making. We are good at complex decision-making, taking data, taking information, taking impressions about how the patient presents and putting that together and coming up with a decision. We are actually fairly good at that and I think we need to develop artificial intelligence so that it can enhance the human complex decision-making. I don’t think we should try to develop it so as to replace it.

What do you think are the most important progresses of ITMIG in the past 3 years and what are your future perspectives for the development of ITMIG in the next 3 years?

Prof. Frank Detterbeck: I think it will continue to advance and mature. As for the meeting this year, there is a lot more basic science information that is coming out. A few years ago, we had much less basic science research. So I think that’s certainly something that is starting to bear fruit and some are quite interesting. We don’t know what to do with that information quite yet but it is very stimulating. So, I think the basic understanding of the disease and what is going on is advancing quite a bit. So that’s where I see the baggiest differences in the next 3 years.

What do you think make ITMIG a unique and distinguished organization compared to other medical and academic organizations?

Prof. Frank Detterbeck: I think the greatest accomplishment of the ITMIG is the openness, the spirit of cooperation, and the idea that we are all here for the same goal. We put aside any personal agendas and we just all work together towards that goal. And I think that spirit continues to be very clear with every meeting. I think that’s the greatest accomplishment and that’s relatively unusual.

Would you please give some advice to junior doctors and researchers about what would be beneficial to their career development?

Prof. Frank Detterbeck: Think carefully, keep asking questions and keep trying to find out what is the truth behind things. We are often influenced by just opinions, by habits and by traditions, but if we continue to ask the question, “is this really true?”, “do we really know this?” and if you are not sure then figure out ways that you could try to get at that answer.
Would you please give some comments or suggestions for the new journal Mediastinum in terms of publishing issues or cooperation, etc.?

Prof. Frank Detterbeck: I think it is important for us to get information out broadly and you know we live in an era where we have Internet and various things are much more accessible. That’s very important. I think that sometimes rare diseases like thymic malignancies can be a bit more challenging. So I think a dedicated journal for the mediastinum, for example, can help with that. There is synergy and we need to exploit that.

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Footnote

Conflicts of Interest: The authors have no conflicts of interest to declare.

References


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