

Preface

Segmentectomy represents a concept at the intersection of much debate in thoracic oncology. Is there a role for segmentectomy in the management of lung cancer, as opposed to lobectomy? What are the advantages of segmentectomy in comparison to wedge resection? How can minimally invasive techniques best be utilized to accomplish anatomic segmentectomy? What segments are the most appropriate in terms of technical feasibility and in terms of conferring advantages to the patient?

In addition, there is also debate over specific technical issues, such as how to best identify segmental fissure planes, how to prevent and manage air leaks that arise from transecting segmental fissures, and the evolving roles of thoracoscopic and robotic techniques.

This issue of the *Annals of Cardiothoracic Surgery (ACS)* provides in-depth analyses of the most current scientific data regarding segmentectomy, as well as a detailed description with video representation of the various techniques involved, all by world-renowned experts from across the globe. This issue includes a systematic review with meta-analysis and guidelines for the use of sublobar resection *vs.* lobectomy for T <3 cm, the use of open, thoracoscopic and robotic segmentectomy for lung cancer, and a discussion of the treatment of stage I lung cancer in high-risk and inoperable patients with regards to SBRT *vs.* RFA *vs.* sublobar resection approaches.

Various surgical techniques are illustrated, including techniques to define segmental anatomy during segmentectomy, thoracoscopic apical tris-segmentectomy, lingulectomy, superior segmentectomy, and basilar segmentectomy.

I hope that this issue provides the reader and viewer with a better understanding of the role and value of segmentectomy, and most importantly, a terrific exposure to the best surgical techniques in the field.

Thomas A. D'Amico, MD

Professor and Vice Chairman, Department of Surgery, Duke University Medical Center;

Duke South, Durham, North Carolina, USA

(Email: damic001@mc.duke.edu.)

doi: 10.3978/j.issn.2225-319X.2014.03.10

Disclosure: The author declares no conflict of interest.

