



The Series on “How to Deal with Early Stage Lung Cancer: Sublobar Resections as A Possible Choice (Report of the 2019 Spring Meeting of Italian Society of Thoracic Surgery)?”

This series is the result of the work of different specialists from all around Italy and from Fudan University in Shanghai, who gathered in Milan on April 2019, to attend the Spring Meeting of Italian Society of Thoracic Surgery (SICT). The meeting discussed new evidences suggesting sublobar resection as the elective surgical treatment of early stage lung cancer.

Surgeons, pathologists, pneumologists, radiologists and all health professionals whose work focuses on lung cancer management analyzed the different aspects of sublobular resection in the management of early lung tumors. In recent years more efficient screening programs and modern computed tomography allowed a more frequent diagnosis of centimetric and ground-glass like pulmonary lesions; as a consequence the treatment of these early lesions has emerged as a novel, exciting problem in thoracic surgery. Technical advances in minimally invasive surgery, both VATS and robotic, in electromagnetic navigation bronchoscopy and in stereotactic ablative radiotherapy and microwave ablation are quickly and dramatically changing the clinical treatment of early of lung cancer.

In the recent past, lung-sparing surgical resections were chosen by surgeons for patients with compromised lung function (1). Nowadays anatomical sublobar resections are the elective choice in patients with early stage non-small-cell lung cancer even in the presence of a poor cardiopulmonary reserve. Up-to date evidences stemming both from monocentric and non-randomized multicentric analyses support this approach; results on the oncological non-inferiority of lung-sparing anatomical resections are nevertheless still missing (2).

These novel research and clinical avenues were discussed at the SICT Spring Meeting; results of these extensive discussion are presented in the different articles of this series of the “*Journal of Thoracic Disease*” that we are honored to lead. Our thanks go to all those colleagues who agreed to contribute to this series.

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