atrial autophagy was impaired in the patients who had postoperative atrial fibrillation after coronary artery bypass grafting. These findings provide hope that pharmacologic activation of autophagy or the manipulation of key autophagic machinery-related molecules will lead to new approaches to managing heart failure related to ischemia-reperfusion.

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WHO SHOULD DECIDE MARGIN LENGTH IN PULMONARY EXCISION OF LUNG CANCER?

To the Editor:

I read with great interest the article by Dr Mohiuddin and colleagues, entitled "Relationship Between Margin Distance and Local Recurrence

FIGURE 1. Margin cytology results in cases of pulmonary wedge resection for non-small cell lung cancer according to tumor size and margin distance. Open circle represents malignant negative cytology (n = 104), and closed circle represents malignant positive cytology (n = 53).

FIGURE 2. Methods of measuring margin length.

Among Patients Undergoing Wedge Resection for Small (≤ 2 cm) Non-Small Cell Lung Cancer.” The authors stated that the distance from the margin to the tumor (margin length) of 1.5 cm was a critical point in wedge resection cases according to the rate of local recurrence and relapse-free survival.¹

I agree with their opinion because, in our experience, there are few margins revealing malignant positive cytology among patients who underwent wedge resection for peripheral non-small cell lung cancer with a margin length of 2.0 cm or greater (Figure 1). With our method, after carrying out margin cytology, the length is measured from

the cut edge of the stapled line,²⁻⁴ which may be approximately 0.5 cm or greater than in the report by Mohiuddin and colleagues.

There are different ways to measure “margin length,” as Goldstein and colleagues⁵ pointed out: (1) pleural surface-based margin distance, (2) gross cut-surface margin distance, and (3) microscopic margin distance (Figure 2). Our choice is the pleural surface-based margin distance, whereas the latter 2 may be chosen according to Mohiuddin and colleagues.¹ There may be a discrepancy of approximately 0.5 cm.

Obtaining a sufficient margin length is the most important issue

when deciding to make an additional resection during surgery. As such, I believe, the “margin length” should be decided by the surgeon on site.

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