Authors have nothing to disclose with regard to commercial support.

COMPARING ORANGES AND ORANGES: UNLIKELY TO FIND A DIFFERENCE IN TWO OF THE SAME THING

Reply to the Editor:

In the June 2018 issue of the *Journal*, Mehran and Martin¹ made observations on Brunelli and colleagues' study² estimating the effect of an enhanced recovery program (ERP) on postoperative complications from video-assisted thoracoscopic surgical lobectomy. Most notably, they observed that multimodal pain management strategies were already in use before the introduction of ERP, which may explain the lack of difference seen in outcomes. Second, they suggested that the study may have been underpowered to detect differences in the ERP group relative to the historical control group.

Overall, we agree that the study of Brunelli and colleagues² is limited by its historical control group and by similarities between the two groups. It does not provide definitive evidence that ERPs are not beneficial. Brunelli and colleagues² make this observation themselves. In the absence of a formal calculation, it is unlikely that the study is underpowered, because it includes 600 patients. Video-assisted thoracoscopic surgery has helped institute many ERP interventions, such as earlier mobilization and better pain control, making differences in further incremental benefits more difficult to show statistically.³ A formal

randomized trial of ERP bundles is unlikely to be feasible or ethical, because much of this philosophy has become the standard of care. Many thoracic surgery groups have introduced elements of ERP into their practices already. Well-controlled observational studies will help us gain a better understanding of the benefits of individual ERP components with respect to outcomes. We agree with Mehran and Martin¹ that future studies should incorporate patient-reported outcomes, including pain scores, in their assessment of ERPs.

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<http://dx.doi.org/10.1016/j.jtcvs.2018.06.079>

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