Author has nothing to disclose with regard to commercial support.

before lung resection. The average intensive care unit stay, morbidity, and mortality, however, were unchanged between the cohorts.²

Gravier and colleagues¹ presented a more extensive plan of preoperative rehabilitation and a much more elegant measure of pulmonary function. Patients can be enrolled in preoperative rehabilitation, but their participation is effort dependent. How did the postoperative course and complications of the treated patients (whether more or fewer than 15 treatments) compare with those of patients who did not receive any preoperative therapy?

We await the results of current prospective efforts at preoperative pulmonary rehabilitation, including muscle training, avoiding smoking, and adjustment of patient medications, to see whether there will be a substantial effect on lung resection outcomes in patients with lung cancer.

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<https://doi.org/10.1016/j.jtcvs.2019.07.137>

**REPLY:
PREHABILITATION
FOR INCREASING
VENTILATORY
EFFICIENCY BEFORE
LUNG RESECTION—
AMAZING CONCEPT,**

BUT WE ARE NOT THERE YET!

Reply to the Editor:

We thank you for the opportunity to comment on the letter to the Editor sent by Dr Baciewicz. We concur with Dr Baciewicz that the proposed comparison between the cohort of the study from Gravier and colleagues¹ and patients who did not receive preoperative prehabilitation in terms of postoperative course and clinical complications could be of interest. They could run this analysis with or without propensity matching with the 138 patients who did not

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receive pulmonary prehabilitation in their center during the same study period as a comparator. Nevertheless, this analysis would likely be underpowered because the small sample size in each subgroup. Moreover, conclusions drawn from this analysis, even if positive, should be viewed with caution, because the threshold of 15 sessions was decided on arbitrarily, more on the basis expert opinion than on the basis of robust statistical analysis (area under the curve, 0.68).

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1. Gravier FE, Bonnevie T, Boujibar F, Médrinal C, Prieur G, Combret Y, et al. Effect of prehabilitation on ventilatory efficiency in non-small cell lung cancer patients: a cohort study. *J Thorac Cardiovasc Surg.* 2019;157:2504-12.

<https://doi.org/10.1016/j.jtcvs.2019.08.039>

**REPLY FROM THE
AUTHORS:
PREHABILITATION
VERSUS STANDARD
CARE—WHAT
IMPACT ON
COMPLICATIONS?**

Reply to the Editor:

We thank Dr Baciewicz for his interest in our article. Indeed, our retrospective cohort study of 50 patients focused on the impact of prehabilitation with analysis of cardiopulmonary exercise testing before and after prehabilitation. Results report that patients included in our prehabilitation program had better physiologic benefits and suggest fewer complications from 15 treatment sessions. As is underlined, however, there remains the question of comparison with patients who have not benefited