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Commentary: A testament to longevity

Jacob A. Klapper, MD, FACS

We often tend to recognize and reward human behavior that is remarkable in the moment. Achievements that mystify us with their brilliance and that seem otherworldly lead us to canonize their creators. What is often not mentioned in our celebration of human achievement is the hours of time that lead up to their creation, to the fully conceived fulfillment of an idea. Conversely, on the other side, we sometimes fail to acknowledge those among us who do great and steady work for a seemingly endless period of time. In other words, while it does not share the immediacy of certain acts of perceived divine inspiration, longevity, a byproduct of unremitting resilience and persistence, is just as representative of the limitless potential of human beings.

This paper by Kesler and colleagues¹ is a fine example, in our field of thoracic surgery, of one group's persistent dedication to the cause of treating, in a multidisciplinary fashion, what was once a uniformly deadly malignancy. For not years, but decades, the authors have been committed to caring for these patients and establishing the accepted medical and surgical protocols for the management of non-seminomatous germ cell tumors. Over the years, they have refined preoperative chemotherapy, reducing, or doing away with altogether, bleomycin dosing. The result has been a vast reduction in postoperative respiratory failure among their surgical cohort. Operatively, these cases have often involved complex resections with the need for thoughtful preoperative planning (93.4% had at least 1 adjacent organ removed). Thus, these are potentially morbid operations, the success of which are a testament to the skill of the surgeons who have been involved. Finally, the information gained from the pathology of these residual tumors adds mightily to how we counsel patients regarding their long term prognosis.

From the Division of Cardiothoracic Surgery, Duke University Medical Center, Durham, NC.

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Address for reprints: Jacob A. Klapper, MD, FACS, Division of Cardiothoracic Surgery, DUMC 3954, Durham, NC 27710 (E-mail: Jacob.klapper@duke.edu).

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CENTRAL MESSAGE

Consistent excellence, over many decades treating a rare malignancy. This manuscript serves as a testament to what we have learned from this group about NSGCT over the last nearly 40 years.

When one considers the surgeon's role in the management of this rare disease, one cannot help, as a natural extension, to wonder how our future role in treating lung cancer may parallel nonseminomatous germ cell tumors. Presumably, as molecular and immunologic targets continue to expand, surgical intervention may diminish in the upfront management of this disease. As we know, however, acquired resistance to these medications is expected with time. In addition, we continue to gain a greater appreciation for the heterogeneity of cancer and may be asked in the future to remove residual or recurrent lung cancer for diagnostic and prognostic purposes. Perhaps then papers, such as this one, provide a window into what may be our future in the treatment of the greatest of all cancer scourges.

As a personal aside, the authors of this paper are 3 surgeons I have known and admired since I was a young medical student. Drs Kesler, Brown, and Turrentine, have demonstrated, over their many decades in service to their institution, a level of dedication that is needed to consistently achieve and provide exemplary care. Their work, exemplified in this paper, is a testament to their longevity. A remarkable achievement that deserves to be recognized.

Reference

1. Kesler KA, Stram AR, Timsina LR, Turrentine MW, Brown JW, Einhorn LH. Outcomes following surgery for primary mediastinal nonseminomatous germ cell tumors in the cisplatin era. *J Thorac Cardiovasc Surg.* 2021;161:1947-59.e1.