Introduction

Jules Lin, MD

The resection of metastatic disease remains controversial, and much of current practice is based on retrospective, surgical series. In this month's *Journal*, we have 2 excellent Invited Expert Opinion articles addressing this important topic. In the first, by Treasure and colleagues, titled "Lung metastasectomy for colorectal cancer: The impression of benefit from uncontrolled studies was not supported in a randomized controlled trial," the authors challenge current assumptions regarding metastasectomy and question the benefit of local therapy for pulmonary metastases based on the results of the randomized, controlled PulMiCC trial (in which Dr Treasure was the primary investigator), which found no difference in overall survival between metastasectomy and control. Although the study was closed early due to poor recruitment, and definitive conclusions could not be drawn owing to the small number of patients, the authors report the important finding of a much higher than expected survival of the control patients who received no local therapy.

The other Invited Expert Opinion article, by Antonoff and colleagues, provides an excellent overview of "The roles of surgery, stereotactic radiation, and ablation for treatment of pulmonary metastases." The lead author is the principal investigator on the Thoracic Surgery Oncology Group (TSOG) 103 randomized trial evaluating the role of multimodality treatment in risk-stratified patients with metastatic colorectal cancer limited to the lungs. The authors, including experts from thoracic surgery, medical and radiation oncology, and interventional radiology, discuss the potential benefits of local therapy for pulmonary metastatic disease, as well as the multidisciplinary approach that should be used in devising an individualized treatment plan.

We believe that these Invited Expert Opinion articles complement each other, providing the reader with opposing viewpoints on the benefits of local therapy in the treatment

Jules Lin, MD

CENTRAL MESSAGE

Resection of metastatic disease remains controversial, and these Expert Opinion articles with opposing viewpoints will likely increase discussion around current thoracic surgery practice in this area.

See Articles on pages 486 and 495.

of pulmonary metastases, and will likely increase discussion around current thoracic surgery practice in this area.

Conflict of Interest Statement

The authors reported no conflicts of interest.

The *Journal* policy requires editors and reviewers to disclose conflicts of interest and to decline handling or reviewing manuscripts for which they may have a conflict of interest. The editors and reviewers of this article have no conflicts of interest.

From the Section of Thoracic Surgery, Department of Surgery, University of Michigan Medical Center, Ann Arbor, Mich.

Received for publication March 1, 2021; revisions received March 1, 2021; accepted for publication March 1, 2021; available ahead of print March 6, 2021.

Address for reprints: Jules Lin, MD, Section of Thoracic Surgery, Department of Surgery, University of Michigan Medical Center, 1500 E Medical Center Dr, 2120TC/5344, Ann Arbor, MI 48109-5344 (E-mail: juleslin@umich.edu).

J Thorac Cardiovasc Surg 2022;163:485

0022-5223/\$36.00

Copyright © 2021 by The American Association for Thoracic Surgery

<https://doi.org/10.1016/j.jtcvs.2021.03.008>