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develop more detailed enhanced recovery protocols for these complex patients. We would further also advocate for the ongoing close collaboration between the pulmonologist and cardiac surgeon to extend beyond perioperative planning and include the transition to the community phase of the patient journey in this vulnerable population.

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Reply to the Editor:
In this issue of the Journal, Medalion and Katz1 made some observations on the recent study by Viceconte and colleagues,2 in which they examined the effects of the...