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Adult Articles in AATS Journals

Adult: Aorta

1025 Results of ascending aortic and arch replacement for type A aortic dissection
Keiji Uchida, MD, PhD, Tomoyuki Minami, MD, PhD, Tomoki Cho, MD, Shota Yasuda, MD, PhD, Keiichiro Kasama, MD, Shinichi Suzuki, MD, PhD, and Munetaka Masuda, MD, PhD, the Yokohama City University CVS Group, Yokohama, Japan

TAR with conventional elephant trunk reduced the risk of distal aortic events after the initial surgery for TAAAD compared with ascending replacement.

**This article has an associated webcast.**

1032 Commentary: The endless debate of extent of surgical repair in acute aortic dissection: Skill, judgment, and luck
Ali Hage, MD, Matthew Valdis, MD, FRCSC, and Michael W. A. Chu, MD, FRCSC, London, Ontario, Canada

Performing an extended arch repair in acute type A aortic dissection may prevent future distal aortic events, but only if patients survive the initial operation.

1033 Commentary: Strategic surgery to type A dissection: A bird in the hand or 2 in the bush?
Christoph A. Nienaber, MD, PhD, and Xun Yuan, MBBS, MMED, London, United Kingdom

A postponed secondary elective surgery or endovascular repair could be embraced for strategic risk control in the setting of type A dissection.

1035 Utility of neuromonitoring in hypothermic circulatory arrest cases for early detection of stroke: Listening through the noise
Christian V. Ghincea, MD, Devon A. Anderson, BS, Yuki Ikeno, MD, PhD, Gavriel F. Roda, BS, Mohamed Eldeiry, MD, Michael R. Bronsert, PhD, MS, Kelly Aunkst, BS, David A. Fullerton, MD, T. Brett Reece, MD, and Muhammad Aftab, MD, Aurora, Colo

Neuromonitoring during aortic arch surgery has high sensitivity and specificity for early detection of stroke.

1046 Commentary: Find first, seek later
Kenji Minatoya, MD, PhD, Kyoto, Japan

Safer cerebral protection during aortic arch repair should be sought with NIOM.
**Commentary:** If the news is good, it is better that we know … if the news is bad, it is better than we know fast
Lisa Q. Rong, MD, Luca P. Weltert, MD, and Mario F. L. Gaudino, MD, New York, NY, and Rome, Italy

Intraoperative neuromonitoring can provide early diagnosis and intervention for stroke and provide reassurance that cerebral perfusion is adequate during aortic arch surgery.

**Adult: Aortic Valve**

1049 **Root abscess in the setting of infectious endocarditis: Short- and long-term outcomes**
Bo Yang, MD, PhD, Juan Caceres, BS, Linda Farhat, BS, Tan Le, BS, Bailey Brown, Emma St. Pierre, BS, Xiating Wu, PhD, Karen M. Kim, MD, Himanshu J. Patel, MD, and G. Michael Deeb, MD, Ann Arbor, Mich

With thorough surgical debridement, patients with an aortic root abscess can have favorable perioperative outcomes and long-term survival.

This article has an associated discussion and webcast.

1060 **Commentary:** Aortic root endocarditis: Frozen solutions or free to style yourself
Lawrence M. Wei, MD, Chris C. Cook, MD, and Harold G. Roberts, MD, Morgantown, WV

Aortic root abscess may be managed successfully with extensive debridement and reconstruction using various techniques, including stentless roots and homografts.

1061 **Commentary:** Our short game is long but long game is short!
Paul Stelzer, MD, and Ismail El-Hamamsy, MD, New York, NY

Complete debridement of infection + appropriate reconstruction by experienced aortic surgeons = good acute outcomes with or without root abscess but long-term survival is still suboptimal.

1063 **Early outcomes of the Bentall procedure after previous cardiac surgery**
Amine Mazine, MD, MSc, Tirone E. David, MD, Myriam Lafreniere-Roula, PhD, Christopher M. Feindel, MD, and Maral Ouzounian, MD, PhD, Toronto, Ontario, Canada

Aortic root replacement after previous cardiac surgery carries a high operative risk. Need for complex coronary reimplantation techniques is an important risk factor for adverse perioperative events.

This article has an associated discussion and webcast.

1072 **Commentary:** The Bentall procedure: What’s in a name?
Alan M. Speir, MD, Falls Church, Va

The Bentall procedure hardly resembles its original description.

1073 **Commentary:** Redo root surgery: Complicated, but feasible
T. Brett Reece, MD, Aurora, Colo

Aortic root replacement in the setting of previous cardiac procedures requires extreme diligence and a degree of flexibility to deal with common anatomic degeneration to optimize outcomes.
Simple 2-dimensional anatomic model to predict the risk of coronary obstruction during transcatheter aortic valve replacement
Megan Hettkemper, MS, Srikrishna Sivakumar, BS, Hoda Hatoum, PhD, Jennifer Dollery, RN, Scott M. Lilly, MD, PhD, and Lakshmi Prasad Dasi, PhD, Columbus, Ohio, and Atlanta, Ga

The risk of coronary obstruction during TAVR can be predicted more accurately using a novel 2D model than with traditional guidelines based on coronary height and sinus of Valsalva size alone.

Commentary: Predicting coronary obstruction—Better good than lucky
J. James Edelman, MBBS(Hons), PhD, Jaffar M. Khan, BM, BCh, and Vinod H. Thourani, MD, Washington, DC; Bethesda, Md; and Atlanta, Ga

Models to predict coronary obstruction, with both high sensitivity and specificity, remain elusive. Models must consider the aortic root in at least 2 dimensions, favoring high sensitivity over specificity.

Commentary: Preprocedural diagnostic imaging for transcatheter aortic valve implantation—Videri quam esse
Keshava Rajagopal, MD, PhD, Houston, Tex

Coronary arterial complications are major adverse sequelae of transcatheter aortic valve implantation. Different approaches to ascertaining risks of such complications exist, each of which has flaws.

Adult: Mitral Valve

Anterior versus posterior leaflet mitral valve repair: A propensity-matched analysis
Alexander A. Brescia, MD, MSc, Tessa M. F. Watt, MD, MSc, Liza M. Rosenbloom, BA, Shannon L. Murray, MSH, Xiaoting Wu, PhD, Matthew A. Romano, MD, and Steven F. Bolling, MD, on behalf of the Michigan Mitral Research Group, Ann Arbor, Mich

Surgeons should aim to repair both anterior and posterior leaflet pathology with the same decision-making threshold compared with valve replacement for degenerative mitral disease.

This article has an associated discussion and webcast.

Commentary: A problem with the anterior mitral leaflet?
Marc Gillinov, MD, Daniel J. P. Burns, MD, MPhil, and Per Wierup, MD, PhD, Cleveland, Ohio

Mitrval valve repair is the procedure of choice for all patients with mitral valve prolapse.

Commentary: In the hands of the experienced, do not fear anterior leaflet pathology
Makoto Mori, MD, and Arnar Geirsson, MD, New Haven, Conn

In experienced hands, anterior leaflet pathology may be repaired effectively and safely. The presence of an anterior leaflet pathology alone should not limit repair options in a specialized setting.

Adult: Arrhythmias: Invited Expert Opinion

Surgical ablation of atrial fibrillation in patients with heart failure
Ali J. Khiabani, MD, Richard B. Schuessler, PhD, and Ralph J. Damiano, Jr, MD, St Louis, Mo

Surgical ablation of AF can restore sinus rhythm in selected patients with reduced ejection fraction and is associated with significant improvement in left ventricular function and symptomatic relief.
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### Adult: Coronary

1109 Commentary: Evidence or anecdote?
Vijay S. Patel, MD, and Richard Lee, MD, MBA, Augusta, Ga

Surgical ablation of atrial fibrillation in patients with heart failure: evidence or anecdote?

1107 Commentary: “Chicken or the egg”: The causality dilemma of atrial fibrillation and congestive heart failure
Gabor Bagameri, MD, and John M. Stulak, MD, Rochester, Minn

The success and clinical impact of stand-alone or concomitant surgical ablation of atrial fibrillation (AF) in the presence of heart failure are directly related to whether AF is a cause of or the result of heart failure.

### Adult: Perioperative Management

1125 Commentary: Emerging trends in mediastinitis: National Veterans Health Administration experience with methicillin-resistant Staphylococcus aureus prevention
Charles M. Wojnarski, MD, MS, Yakov Elgudin, MD, PhD, Joseph J. Rubelowsky, MD, Brigid M. Wilson, PhD, Curtis J. Donskey, MD, and Brian L. Cmolik, MD, Cleveland, Ohio, and Durham, NC

After a national MRSA prevention initiative in 2007, patients undergoing coronary artery bypass grafting at the VA Health Care System had a decreased incidence of MRSA mediastinitis.
1131 Commentary: Mediastinitis postcoronary artery bypass grafting: From awfully simple to simply awful
Ahmad Makhdoum, MD, MSc, Dinela Rushani, MD, MSc, and Bobby Yanagawa, MD, PhD, Toronto, Ontario, Canada

This report demonstrates that a high-quality, health policy initiative can make a significant positive impact on reducing the burden of MRSA-associated mediastinitis.

1132 Commentary: Mediastinitis: Know the perps—keep the lights on and adapt strategy to asymptotically approach the Centers for Medicare and Medicaid Services “never-event” status
James B. McClurken, MD, Doylestown, Pa

With <1% for mediastinitis, mediastinitis “never-event” status as stipulated by CMS warrants revisiting.

1133 Commentary: Eliminating mediastinitis in Veterans Affairs patients—the American Association for Thoracic Surgery guidelines to the rescue
Harold L. Lazar, MD, Boston, Mass

The AATS guidelines for the prevention and treatment of sternal wound infections should be instituted in all VA centers to eliminate mediastinitis.

Adult: Perioperative Management: Invited Expert Opinion

1136 Are maladaptive brain changes the reason for burnout and medical error?
Rizwan A. Manji, MD, PhD, MBA, Jacqueline S. Manji, PhD, and Rakesh C. Arora, MD, PhD, Winnipeg, Manitoba, Canada

Burnout and medical error are problems related to cognition with biological correlates. Future effort should consider brain biology in potential solutions.

1141 Commentary: The need for emotional intelligence coaching in cardiothoracic surgery
Marco A. Zenati, MD, and Chiara H. Megighian, Boston, Mass, and Lexington, Ky

Preventing burnout and helping people change requires emotional intelligence, a nontechnical skill that can be honed through coaching.

Adult: Education: Statistics for Surgeons

1143 Introduction to Expert Opinions on appropriate use of databases in cardiothoracic research: Pounding nails with a screwdriver
Eugene H. Blackstone, MD, Cleveland, Ohio

All databases are constrained in scope, quality, and granularity related to their original purpose. Understanding these constraints is required when databases are repurposed for research publications.

1146 Administrative and clinical databases: General thoracic surgery perspective on approaches and pitfalls
Biniam Kidane, MD, MSc, Elliot Wakeam, MD, MPH, Robert A. Meguid, MD, MPH, and David D. Odell, MD, MMSc, for Thoracic Surgery Outcomes Research Network (ThORN) Inc, Winnipeg, Manitoba, Canada; Ann Arbor, Mich; Aurora, Colo; and Chicago, Ill

Databases are created to serve 1 of 2 fundamental functions: (1) research and (2) benchmarking/quality. Their construction and nature affects the extent to which they can accomplish these functions.
Commentary: First seek to understand (the database)
Felix G. Fernandez, MD, MSc, Atlanta, Ga

Strengths and limitations of administrative and clinical databases must be understood before designing a research study.

Commentary: Beyond the scope of randomized controlled trials: Navigating the sea of big data
Alexandra L. Potter and Chi-Fu Jeffrey Yang, MD, Boston, Mass

In this editorial, Kidane and colleagues describe the strengths and limitations of commonly used databases and discuss how the construction and nature of each database influences its potential uses.

Utility of administrative and clinical data for cardiac surgery research: A case-based approach to guide choice
Tara Karamlou, MD, MSc, Michael J. Javorski, MD, Aaron Weiss, MD, Sara K. Pasquali, MD, MPH, and Karl F. Welke, MD, MS, Cleveland, Ohio; Ann Arbor, Mich; and Charlotte, NC

Administrative and clinical data sources must be chosen with the study hypotheses in mind. Both are valuable provided that the limitations are well known and the benefits exploited.

The rocky exhilarating journey from data to wisdom
Paul Kurlansky, MD, New York, NY

Both clinical and administrative sources of data have an important role in quality improvement. The emerging field of data science will help to build the knowledge foundation of the future.

Commentary: The end of one journey is the beginning of the next
Nicolas Zhou, DO, and Mara B. Antonoff, MD, Houston, Tex

Clinical and administrative databases in cardiothoracic surgery each have strengths and limitations; their complementary roles highlight the need for data science and advanced data analytics.

Commentary: A statistical revolution: Channeling frustration to integration
Austin Cech, BS, and Nahush A. Mokadam, MD, Columbus, Ohio

Administrative and clinical databases serve a crucial function in cardiothoracic surgery, but it would be best practice to evolve and integrate the 2 to provide seamless access to correct data.

Administrative versus clinical databases
Melanie P. Subramanian, MD, MPH, Yinin Hu, MD, Varun Puri, MD, MSCL, and Benjamin D. Kozower, MD, MPH, St Louis, Mo, and New York, NY

Investigators must understand the key differences between administrative and clinical data before selecting a suitable database for observational research.

Commentary: In search of a data utopia
Felix G. Fernandez, MD, MSc, Atlanta, Ga

Administrative data are collected for billing purposes, whereas clinical data are collected on a defined population for a prespecified purpose. An ideal database would incorporate attributes of both.
Congenital: Aortic Valve

E421 Congenital

Aortic valve repair in children without use of a patch
Fraser R. O. Wallace, MD, Edward Buratto, MBBS, PhD, Phillip S. Naimo, MD, Johann Brink, MD, Yves d’Udekem, MD, PhD, Christian P. Brizard, MD, and Igor E. Konstantinov, MD, PhD, Melbourne, Australia

When a congenitally malformed aortic valve can be repaired without patches, there is excellent survival and satisfactory freedom from reoperation. Neonates have a higher reoperation rate, but one-half of them are free from aortic valve replacement at 15 years.

Commentary: Aortic valvuloplasty au naturel, where longevity is not just skin deep
Aaron Eckhauser, MD, MS, Salt Lake City, Utah

Aortic valvuloplasty without using a patch, preferentially beyond the neonatal period, is a successful strategy to delay aortic valve reintervention or replacement until later in child- or adulthood.

Congenital: Anomalous Aortic Origin of a Coronary Artery

Outcomes in anomalous aortic origin of a coronary artery after surgical reimplantation
Carlos Bonilla-Ramirez, MD, Silvana Molossi, MD, PhD, Shagun Sachdeva, MD, Dana Reaves-O’Neal, APRN, CPNP-PC/AC, Prakash Masand, MD, Carlos M. Mery, MD, MPH, Christopher A. Caldarone, MD, E. Dean McKenzie, MD, and Ziyad M. Binsalamah, MD, FRCSC, Houston and Austin, Texas

Transection and reimplantation is a surgical alternative in patients with AAOCA in whom unroofing does not relocate the ostium into the appropriate sinus or would result in compression by the intercoronary pillar.

Commentary: Cut your coat according to your cloth
Dhiraj P. Singh, MD, and Robert D. B. Jaquiss, MD, Dallas, Texas

For patients with anomalous aortic origin of a coronary artery, transection and reimplantation into the “correct” aortic sinus provides excellent outcomes, equivalent to the “unroofing” procedure.

Commentary: Transection and reimplantation: Putting all your eggs in one basket?
Anusha Jegatheeswaran, MD, PhD, FRCSC, Toronto, Ontario, Canada

While transection and reimplantation seem acceptable, it would be a shame to put all our eggs in one basket when we do not have the evidence to suggest any of the available options are superior.

Commentary: Nothing will come of nothing: Surgical reimplantation for anomalous aortic origin of a coronary artery moves the field forward
Julie A. Brothers, MD, Philadelphia, Pa

In certain cases, TAR is a reasonable alternative to the unroofing procedure for interarterial, intramural anomalous coronary arteries.
Outcomes after common arterial trunk repair: Impact of the surgical technique

Neil Derridj, MD, MPH, Olivier Villemain, MD, PhD, Babak Khoshnood, MD, PhD, Zahra Belhadjer, MD, Régis Gaudin, MD, Olivier Raisky, MD, PhD, and Damien Bonnet, MD, PhD, Paris, France

Autologous connection using left atrial appendage without monocusp insertion was associated with better outcomes for reconstruction of the right ventricle outflow tract in common arterial trunk.

Commentary: The story of an appendage: From being the less important part of the heart to becoming the cornerstone of a repair

Mauro Lo Rito, MD, San Donato Milanese, Italy

Repair of the common arterial trunk using the left atrial appendage and avoiding prosthetic conduits reduces the reintervention rate without a survival difference.

Commentary: Right ventricular outflow tract reconstruction during repair of truncus arteriosus: Everything old is new again

Joseph B. Clark, MD, Hershey, Pa

For truncus repair, valveless right ventricular outflow tract reconstruction using left atrial appendage interposition can offer equivalent early survival and improved freedom from reintervention.

Long-term outcomes of warfarin versus aspirin after Fontan surgery

Chantal Attard, BSc (Hons), PhD, Paul T. Monagle, MBBS, MSc, MD, FRACP, FRCPA, FCCP, Yves d'Udekem, MD, PhD, Mark T. Mackay, MBBS, DRANZOG, FRACP, PhD, Julie Brindy, MBioMedEng, Rachael Cordina, MBBS (Hons), PhD, FRACP, Ebrahim Bani Hassan, DVSc, DVM, PhD, Peter Simm, MBBS (Hons), MD, FRACP, Kathryn Rice, MB, CHB, FRACP, and Vera Ignjatovic, BSc (Hons), PhD, the ANZ Fontan Registry Research group, Parkville, Westmead, Sydney, Melbourne, and Clayton, Australia; and Auckland, New Zealand

Stroke was frequent in the Fontan cohort regardless of thromboprophylaxis type. No benefit of long-term warfarin prophylaxis could be demonstrated over aspirin post-Fontan surgery.

Commentary: The case for a comprehensive clinical, basic, and translational research strategy to understand, prevent, detect, and treat cerebrovascular injury in Fontan patients

David Kalfa, MD, PhD, New York, NY

Cerebrovascular injury is frequent in Fontan patients regardless of anticoagulation therapy. This gap needs to be filled through a comprehensive clinical, basic, and translational research strategy.

Commentary: Less is more

Constantine D. Mavroudis, MD, MSc, MTR, and Katsuhide Maeda, MD, Philadelphia, Pa

Among Fontans treated with aspirin or warfarin, this study found increased bleeding in the warfarin group, but no thrombosis difference. Further studies are needed to optimize Fontan anticoagulation.

Commentary: Aspirin versus warfarin in patients with a Fontan circulation—the clot thickens

Adam M. Lubert, MD, and Andrew N. Redington, MD, Cincinnati, Ohio

This study suggests an extraordinary incidence of brain injury in Fontan patients but is underpowered to demonstrate a difference between aspirin and warfarin in preventing thrombotic complications.
Congenital: Fontan: Invited Expert Opinion

1234 What “FUEL”s the Fontan circulation—solvitur ambulando!
Jack Rychik, MD, Philadelphia, Pa

The relative magnitude of factors contributing to pulmonary blood flow in a Fontan circulation is unknown. Pulmonary vasoreactivity is likely just one of many determinants of pulmonary blood flow.

1239 Commentary: Fontan circulation, pulmonary blood flow, and lessons from the FUEL (Fontan Udenafil Exercise Longitudinal) study
John M. Karamichalis, MD, New York, NY

Understanding the complexity and the magnitude of contribution of the determinants of pulmonary blood flow in Fontan circuit is crucial in designing further practical experimentation.

1240 Commentary: It’s the engine, not the fuel
Carl L. Backer, MD, Lexington, Ky, and Cincinnati, Ohio

Decreasing pulmonary vascular resistance may provide marginal improvement for Fontan patients, but it is the strength of the engine in the circulation that is the most important factor for determining pulmonary blood flow.

1241 Commentary: The Fontan: Propping up the push, the pull, the plumbing, and knowing when to fold
David P. Bichell, MD, Nashville, Tenn

Despite Fontan optimization, failure ensues for many. Of modifiable factors, greatest impact may come from preemptive recognition of failure, a timely transition to specialized adult congenital care.

Thoracic Articles in AATS Journals

e425 Thoracic

Thoracic: Lung Cancer

1244 Comparison of cancer control between segmentectomy and wedge resection in patients with clinical stage IA non–small cell lung cancer
Yasuhiro Tsutani, MD, PhD, Yoshinori Handa, MD, PhD, Yoshihisa Shimada, MD, PhD, Hiroyuki Ito, MD, PhD, Norihiko Ikeda, MD, PhD, Haruhiko Nakayama, MD, PhD, Kenichi Yoshimura, PhD, and Morihiro Okada, MD, PhD, Hiroshima, Tokyo, and Yokohama, Japan

Segmentectomy is the preferred oncologic procedure as sublobar resection to treat clinical stage IA NSCLC with better cancer control than wedge resection.

1253 Commentary: Be selective when you wedge
Philip A. Linden, MD, Cleveland, Ohio

Segmentectomy likely has a lower risk of recurrence than wedge resection for early lung cancers, but wedge resection may be safer in high-risk patients.
1254 Commentary: Wedge versus segmentectomy—It is best to err on the side of caution
Waël C. Hanna, MDCM, MBA, FRCSC, Hamilton, Ontario, Canada

Segmental resection confers a survival advantage over wedge resection in stage IA NSCLC, even with low incidence of nodal spread.

1255 Commentary: Statistical adjustment disorder: The limits of propensity scores
Paul J. Speicher, MD, MHS, Huntsville, Ala

Sublobar resection is likely appropriate for early-stage lung cancer, but advanced statistical methods are no substitute for prospective data.

1257 Comparison of three nutritional scoring systems for outcomes after complete resection of non–small cell lung cancer
Mamoru Takahashi, MD, PhD, Terumasa Sowa, MD, PhD, Hironobu Tokumasu, MD, MPH, Tadashi Gomyoda, MD, Harutaro Okada, MD, Sachiko Ota, MD, and Yasuji Terada, MD, PhD, Kyoto and Okayama, Japan

Preoperative nutritional status has a prognostic impact on patients with NSCLC. Evaluation of nutritional status will help to predict perioperative complications and survival.

1269 Commentary: Food for thought: Assessing the influence of malnutrition in patients with lung cancer
Africa F. Wallace, MD, and Benny Weksler, MD, MBA, Pennington, NJ, and Pittsburgh, Pa

Nutritional status may be a modifiable preoperative risk factor. Preoperative nutrition assessment and personalized interventions may improve perioperative outcomes and, ultimately, prognosis.

1270 Commentary: Using nutritional scoring systems to predict outcomes after lung cancer surgery: Food for thought
Monisha Sudarshan, MD, MPH, and Sudish C. Murthy, MD, PhD, Cleveland, Ohio

Nutritional status can prognosticate postoperative outcomes and overall survival.

1272 Defining low-risk lesions in early-stage esophageal adenocarcinoma
Smita Sihag, MD, MPH, Sergio De La Torre, BA, Meier Hsu, MS, Tamar Nobel, MD, Kay See Tan, PhD, Hans Gerdies, MD, Pari Shah, MD, Manjit Bains, MD, David R. Jones, MD, and Daniela Molena, MD, New York, NY

T1 esophageal lesions shorter than 2 cm, without evidence of lymphovascular invasion, carry a low (<10%) recurrence risk and are associated with improved survival at 5 years.

1280 Commentary: All that glitters isn’t gold: Defining low-risk lesions in early-stage esophageal adenocarcinoma
Joanna Sesti, MD, and Subroto Paul, MD, MPH, West Orange, NJ

Among patients with T1 esophageal adenocarcinoma, those with tumors <2 cm in length without lymphovascular invasion have a low risk of recurrence.
**Commentary:** Risk stratification for superficial esophageal adenocarcinoma: Reducing risk in a risky business!
Saurav Adhikari, MD, and Siva Raja, MD, PhD, FACS, Cleveland, Ohio

Early-stage esophageal cancer may be amenable to endoscopic therapy, but requires careful assessment of cancer characteristics.

**Commentary:** Defining low-risk lesions for esophageal preservation informed by resecting the organ
Brian E. Louie, MD, MHA, MPH, FRCSC, FACS, Seattle, Wash

Esophageal preservation for early Barrett’s cancers requires knowledge of risk factors for recurrence to select appropriate patients. This knowledge often comes from analysis of resected specimens.

### Thoracic: Lung Transplant

**1284 Local versus distant lung donor procurement does not influence short-term clinical outcomes**
William D. Gerull, MD, Zhizhou Yang, BA, Daniel Kreisel, MD, PhD, Ruben Nava, MD, Bryan F. Meyers, MD, MPH, G. Alexander Patterson, MD, Benjamin D. Kozower, MD, Ramsey R. Hachem, MD, Chad Witt, MD, Derek Byers, MD, PhD, Hrishikesh Kulkarni, MD, MSC, Rodrigo Vazquez Guillamet, MD, Gary Marklin, MD, and Varun Puri, MD, MSC, St Louis, Mo

The new lung allocation policy, with higher proportion of distant lung transplants, is likely to incur greater costs but provide similar outcomes.

**Commentary:** New lungs may be right around the corner
Samantha E. Halpern, BA, and Matthew G. Hartwig, MD, MHS, Durham, NC

Use of distant donor lungs is safe, albeit more costly and logistically cumbersome. Efforts to increase lung availability may improve access to transplantation and reduce need for distant procurement.

**Commentary:** Long-distance relationships work well in lung transplantation
Konrad Hoetzenecker, MD, PhD, Vienna, Austria

Long-distance organ sharing should not be hindered by a fear of prolonged cold ischemic times.

### Thoracic: Thoracic Outlet Syndrome

**1297 Safety of robotic first rib resection for thoracic outlet syndrome**
Bryan M. Burt, MD, Nihan Palivel, BS, Davut Cekmecioglu, MD, Paul Paily, MD, Bijan Najafi, PhD, Hyun-Sung Lee, MD, PhD, and Miguel Montero, MD, Houston, Tex

The transthoracic robotic approach improves safety and enables first rib resection without retraction of the neurovascular structures that serve the arm.
Commentary: Robotic first rib resection: A safe, modern update
Brian Housman, MD, and Raja M. Flores, MD, New York, NY
The authors present a safe, efficient technique for first rib resection that makes a historically complex procedure widely available to surgeons with robotic experience.

Commentary: Just do it… robotically!
John F. Lazar, MD, Washington, DC
Thoracic outlet syndrome can be an extremely challenging disease to diagnosis, but if you are going to operate, a robotic first rib section should be considered the gold standard.

Commentary: Time to take ownership of the first rib
Brian Mitzman, MD, Salt Lake City, Utah
TOS is an orphan disease often treated by non-thoracic specialists. Robotics provides unrivaled visualization and outcomes. It is time for our specialty to step up and own this disorder.

Notice of Correction

Announcements
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Cover Photographs


Center: (Congenital) From Outcomes After Common Arterial Trunk Repair: Impact of the Surgical Technique. Illustration of the reconstruction of the RVOT by the LAA surgical technique.

Right: (Thoracic) From Safety of Robotic First Rib Resection for Thoracic Outlet Syndrome. Exposure of the first rib during robotic transthoracic approach.