Editor’s note

The 6th Oriental Congress of Thoracic Surgery (OCTS) was successfully held in the Shanghai Exhibition Center from Sept. 19 to Sept. 21, 2019. As one of the Oriental Brand Series of Shanghai Medical Association, the congress has gathered many well-known thoracic surgeons at home and abroad, including experienced thoracic surgeons from many Chinese hospitals and members from the Society of Thoracic Surgeons (STS), European Association for Cardio-Thoracic Surgery (EACTS) and European Society of Thoracic Surgeons (ESTS). Focusing on the latest advancement in thoracic surgery and research, the congress has provided a significant chance for speakers and audiences for sharing and discussion, with wish for benefiting the patients. The AME editorial team was with great honor to invite Dr. Peter Licht to conduct a brief interview during the meeting (Figure 1).

Expert introduction

Peter Licht, MD, PhD.

Peter Licht (Figure 2) is Professor of Cardiothoracic Surgery at Southern Danish University, Odense, Denmark and a senior consultant in general thoracic surgery at the Department of Cardiothoracic Surgery, Odense University Hospital. He graduated from Copenhagen University Medical School in 1990 and completed his surgical residency and fellowships in cardiothoracic surgery at Aarhus and Odense University Hospital, Denmark. His clinical interests are focused on minimally invasive thoracic surgery and he runs several international video-assisted thoracoscopic surgery (VATS) lobectomy seminars every year. His research includes clinical and experimental studies and he has published numerous peer-reviewed papers in international journals as well as several book chapters. He is a member of the editorial board of the World Journal of Surgery and the Annals of Thoracic Surgery.

Interview (Figure 3)

SHC: Could you briefly introduce yourself and tell us about your education and work experience?

Dr. Licht: I am a general thoracic surgeon that trained in Denmark where I live and work. I graduated from Copenhagen University in 1990 and I took my surgical residency at various Danish hospitals before I became a cardiothoracic fellow. I trained in three universities in Denmark and they are Copenhagen University, Aarhus University and Odense University where I currently live and work. I hold a consultant position as thoracic surgeon and I am also a professor of thoracic surgery at the Southern Danish University in Denmark.

SHC: Could you briefly introduce your speech on “Sublobar resection vs. Lobectomy for early stage lung cancers”?

Dr. Licht: I’m back in Shanghai for the fifth times I believe and this is the sixth oriental conference on thoracic surgery and this is a joint venture between Shanghai Medical Association and STS from North American and the two European organization, European Association for Cardio-
Thoracic Surgery (EACTS) which I represent and the ESTS. I was fortunate to be invited to give a talk on “Sublobar resection vs. Lobectomy for early stage lung cancers”, I think I emphasized very clearly that we are waiting for the results of three randomized trials before we could finally give a solid background whether or not sublobar resection should replace lobectomy for early stage lung cancer.

**SHC: In recent years, new therapies to treat lung cancer have come out, like targeted therapy and radiotherapy and there are also many progresses. Do you think these new therapies will replace thoracic surgery to treat lung cancer in one day?**

**Dr. Licht:** So do I believe whether the new modalities such as stereotactic radiation therapy or targeted immunotherapy will replace thoracic surgery? I think everybody has been asking that question for a long time. We really need solid data to confirm whether it’s equivalent with surgery, but for now we only have solid data to confirm that surgery remains the mainstay for treating early stage lung cancer. But, I suspect that stereotactic body radiation therapy (SBRT) could have a role in treating early stage lung cancer in the future given the preliminary combined results from the Stars and Rosel trials that was published in The Lancet Oncology a few years back. Although there are methodological issues with these trials, the results were actually favoring SBRT, and I am certain we need to investigate further into this topic before we can make any solid recommendations. I can extend on this: For now we are absolutely confident to use SBRT in high-risk patients in Europe and the question remains whether we is oncologically adequate to use in patients who can tolerate or who have low risks of surgery. We have been asking for decades whether or not chemotherapy and radiotherapy will replace surgery but for now all data suggests that surgery is the gold standard for treatments of early stage lung cancer.

**SHC: What has given you the greatest sense of satisfaction in your career?**

**Dr. Licht:** I like clinical work, I like to work with patients and I like to help out. I think one of the most rewarding things that I’ve come across is teaching. I really enjoy teaching younger colleagues how to operate and how to do clinical work. I actually take pride in preparing my younger colleagues to be better than I am because they will be operating on me one day.

**SHC: What would you do if you were not a doctor?**

**Dr. Licht:** How about if I could have a vineyard and grow my own red wine and sell them to everyone who likes wine and that would be fantastic. But I also thought it would be interesting to work in the airline industry. I think the engineering behind aircrafts is very interesting and challenging. That’s a fantastic job as well, but I still believe that nothing beats thoracic surgery.

**Acknowledgments**

None.

**Footnote**

**Conflicts of Interest:** The author has no conflicts of interest to declare.
References

1. Liu A. Interview with Dr. Peter Licht: I enjoy teaching and take pride in teaching my younger colleagues to be better than I am. Asvide 2019;6:346. Available online: http://www.asvide.com/watch/33031

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