

In conclusion, this survey has highlighted the shortcomings in the QoL research among the ESTS community. With this information, the Society may improve the standard of research in this field, endorsing specific questionnaires, incorporating patient-reported outcomes more and more into guidelines and facilitating multicentre studies.

Conflict of interest: none declared.

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eComment. Quality of life in thoracic surgery: often neglected but of vital importance!

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Quality of life (QOL) and in general, patient-reported outcomes, are becoming increasingly important when evaluating the short-term and long-term results of technically complex surgical interventions. This pertains particularly to bimodality and trimodality treatment combining different therapies which are known to have a profound impact on a patient's well-being and daily functioning. Is an aggressive treatment warranted when it reduces QOL to a great extent, even when it proves to be an effective therapeutic modality?

In thoracic surgery, QOL has been neglected for a long time with only a limited interest in its recording and evaluation to determine whether a change in therapeutic approach should be implemented. In the EORTC 08941 phase III trial randomizing patients with stage IIIA–N2 lung cancer between induction chemotherapy and surgery versus induction chemotherapy and radiotherapy, QOL forms were incompletely filled out with a lot of missing data, which did not allow for a valid QOL analysis [1]. In this way, a comparison of QOL between surgery and radiotherapy was not feasible. Moreover, the ideal validated questionnaire applicable to a wide range of thoracic surgical procedures is not available yet.

In the present report, the European Society of Thoracic Surgeons (ESTS) performed a timely survey amongst its members to determine current practice of QOL registration in the general thoracic surgical community [2]. Bram Balduyck, one of the co-authors, successfully defended a doctoral thesis at the Antwerp University in Belgium on QOL in thoracic surgery, which covered pneumothorax to pulmonary metastasectomy combined with isolated lung perfusion [3,4]. In total, 1250 members were invited to participate in the survey and 150 (12%) responded, mainly surgeons from Southern Europe. The most commonly used questionnaires were SF-36 and EORTC C30. Only 20% of surgeons used the additional EORTC LC13 module. Rather surprisingly, of the 150 responders, 54.4% never collected QOL data in their daily practice, something that should certainly be improved in the near future. Only 21.2% of the responders collected preoperative data on QOL. Several items were proposed for inclusion in future questionnaires as e.g. postoperative complications, comorbidities, surgical and oncological baseline data and wound pain, healing disorders, oxygen requirements, and return to work.

The ESTS recognizes QOL as an important topic to be incorporated in our surgical practice. Thoracic surgeons should be encouraged to pay adequate attention to its evaluation and recording in a broad range of thoracic surgical procedures. They should be prepared to provide QOL data when discussing results of surgical interventions. This is of vital importance as the minimally invasive and invasive surgical procedures are increasingly compared not only to one another, but also to less invasive treatment modalities as stereotactic radiotherapy and radiofrequency ablation. QOL cannot be neglected anymore!

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