

A special STS presidential task force on the 50th anniversary of The Annals has selected a group of articles from The Annals archives that are considered landmark. Brief commentaries on several of these landmark contributions will be published in each 2015 issue of The Annals. The commentators are intimately familiar with the work and its significance. Most will provide a uniquely personal perspective, having worked or trained with the authors of the original articles.

50TH ANNIVERSARY LANDMARK COMMENTARY ON MOUNTAIN CF. ASSESSMENT OF THE ROLE OF SURGERY FOR CONTROL OF LUNG CANCER. ANN THORAC SURG 1977;24:365–73

In his work “Assessment of the role of surgery for control of lung cancer” published 37 years ago, Dr Clifton F. Mountain began to explore the impact of the staging system he helped create on the utility of surgical treatment of lung cancer [1]. In his introduction he summarized that there existed 3 major determinants of survival: “immunological and physiological status of the host, the biological characteristics of the tumor, and the location, extent, and total tumor burden imposed.” The staging system was focused on the final elements; morphology (or histopathology) was the available tool to address biology.

The work makes it clear that the staging system was a significant step in creating a common language. Publications such as these validating its use were absolutely necessary to disseminate its use, which was in its infancy. One need only read the discussions that follow the article to see how Mountain’s work was changing the conversation. Dr Paulson used terms such as intranodal, perinodal, and ultranodal, and Colonel Stanford, who reviewed an impressive 3000 patients, still segregated the tumors by histology and their ability to perform a “resection for cure.” There was a need for a common language, and the bulk of the comments recognized both that fact and the insights such a system would allow.

One of these insights was the recognition that examination by stage would reveal appropriate targets for adjuvant therapy. These practitioners realized that not everyone would benefit from adjuvant therapy. For example, if stage I lesions were to benefit, any treatment must be “safe and easy to administer.” These observations were echoed in the comments of Dr Scannell. The recognition that the staging system would help identify the most effective targets for adjuvant treatment was the foundation for the next 2 decades of studies that examined these “newer concepts of multimodality adjunctive treatment.” In essence, the staging system constituted our

initial baby steps in personalized cancer care. If only Dr Mountain could witness the concept of maintenance targeted therapy, immunotherapy, and the success of adjuvant therapy. The foundation he created allowed us to visualize these possibilities before we had any notion as to what form they would finally take.

Still, the most impressive changes in the past 37 years have come in the form of that second determinant of survival described at the end of his introduction: disease “biology.” The substantial advances in our understanding of this aspect of lung cancer are only now starting to ripple through the treatment options we provide. It is as if we have uncovered the first few tantalizing coins of a vast treasure buried nearby. The initial excavation was begun by Dr Mountain and those pioneers. He gave us the common language and scraped away the first few layers. Once we looked more closely, and the tools became available, we began to aggressively unearth the “biology.” Many giants have followed, slowly deepening the pit and revealing a vast treasure of opportunity. I think this is the aspect of cancer care that would most excite Dr Mountain and is the realization of what he recognized would be needed to treat this terrible disease.

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Reference

1. Mountain CF. Assessment of the role of surgery for control of lung cancer. *Ann Thorac Surg* 1977;24:365–73.

50TH ANNIVERSARY LANDMARK COMMENTARY ON FAVALORO RG. SAPHENOUS VEIN AUTOGRAFT REPLACEMENT OF SEVERE SEGMENTAL CORONARY ARTERY OCCLUSION. ANN THORAC SURG 1968;5:334–9

Fortune favors the prepared mind. –Dr Louis Pasteur, 1854

In the mid-1960s there were 2 surgical treatments for coronary artery stenosis: Vineberg’s internal mammary artery implantation and coronary endarterectomy with pericardial patch closure [1, 2]. Although both procedures were effective, they both had important limitations.

Vineberg’s technique of implanting the skeletonized end of an in-situ mammary artery into a small tunnel in the ventricular myocardium improved myocardial blood flow and relieved angina through the formation of vascular connections from the internal mammary artery to the coronary circulation. However, these connections took