

CONCLUSION

In summary, although both Thoracoscore and ESOS.01 appear to be reasonable prototypes and represent seminal ways to identify the risk for patients undergoing pulmonary resection, ESOS.01 appears to be more efficient in assessing risks of a high-risk population—the elderly, the breathless and the cardiovascularly morbid. Its use should therefore be prioritized over Thoracoscore, which is more complex to calculate (as it requires more variables), and which obviates respiratory reserve as a factor. We believe that these systems should not be used to deny access to surgery to certain patients as they are not intended to individually predict patient risk. They should solely be used to assess outcomes of entire practices, and the results in a high-risk cohort of patients or series with a complex profile should be taken cautiously. Another use would be to characterize a cohort of patients in order to facilitate benchmarking and comparisons.

Conflict of interest: none declared.

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eComment. Re: Accuracy of two scoring systems for risk stratification in thoracic surgery

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A word of caution must be used in the interpretation of this study [1] since this is a retrospective analysis on a relatively limited, single institution prospectively collected data. In this setting, the authors have correctly pointed out that a ranking between the two scoring systems is not within the scopes of this paper. In fact, Thoracoscore has proved its usefulness in several thousand patients prospectively entered in the database [2,3]. On the other hand, European Society Objective Score (ESOS) still needs to be prospectively used in similar numbers prior to defining its potential impact of risk scoring [4]. In addition, it has to be recognized that Thoracoscore has been used by several institutions in France, adopted by the French Society, and its use supported is in the United Kingdom. A widespread contribution to the European Society of Thoracic Surgeons Database is likely to significantly help in outlining risk management strategy. Accordingly, I am not sure the Reader could actually draw final conclusions on particular merits of each scoring system other than stating that ESOS worked better for the authors' dataset.

With this in mind, I believe the commendable take home message from this paper, especially for the new generations of surgeons, is that a scoring system should be utilized in the clinical practice in order to better stratify the operative risks and ultimately better serve our patients. To this purpose, both systems have proved to be suitable for use in thoracic surgical units across Europe.

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