ESTS Presidential Address

A piece of cake†

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Honorary Officers, Distinguished Members and Guests, Dear Family,

Thank you all for coming to listen to my presidential address [1], the greatest honour I could ever receive in my professional career. I am fortunate that my close family is sitting here in front of this meeting room to be part of this glorious moment.

PRIVILEGED TO SERVE THE SOCIETY

I became a member of the European Society of Thoracic Surgeons (ESTS) in 1995, 2 years after its foundation. By searching through the ESTS archives handed over to me by Detlev Branscheid, I came across my own application form as it was transmitted by fax to the secretariat in Heidelberg (Fig. 1). My sponsors were Toni Lerut and Jean-Marie Wihlm, the first and the second treasurer of this society, respectively. The signature of Jean-Marie was still missing and I do not know whether he has ever completed my form. So I may not have been a full ESTS member at all…!

I had the honour of serving this distinguished society for the past 11 years, first as a regent for Belgium from 2002 to 2004, then as a councillor from 2003 to 2005, as general secretary from 2006 to 2012 and finally as your president since our 2012 meeting in Essen. These have been wonderful years that gave me the opportunity to develop my personal skills, to broaden my horizons and to meet and become close friends with many thoracic surgeons from Europe and all over the world. I have enjoyed participating in many educational events of the society in past years and meeting with younger colleagues during training courses in Antalya, Elancourt and Kazan. I was able to travel many miles around the globe to represent the society at various national and international meetings during my presidency from Los Angeles (STS), to Kobe (ASCVTS) and Minneapolis (AATS).

LIFE IS A PIECE OF CAKE

During my whole professional career, I have been able to listen to numerous presidential addresses given at various international scientific meetings, including ESTS. I would never have imagined that one day, this honoured task would rest on my shoulders. The most difficult job, however, is to come up with a sexy title when so many past-presidents have preceded me in this duty. You may have noticed that there is a clear link between the title of my presidential address ‘a piece of cake’ and the theme of the previous session celebrating the 20th anniversary of our society. When driving through the village where we live, I came across an advertisement on the wall of a shop selling self-made design furniture. This picture inspired me on the team work we do every day among officers and councillors, baking together a cake that we serve to our membership every year. This will be further explained during my address.

Looking up on Google the meaning of this expression, I got to know that the words ‘life is a piece of cake’ were first written in 1936 by the American Poet and Humourist Ogden Nash (1902–1971), in his book the Primrose Path [2]. The expression ‘a piece of cake’ is often used when we mean to say that a certain task is straightforward and easily accomplished with little effort. Synonyms are a bagatelle, a small thing or affair, or a trifle. The famous Beatle George Harrison (1943–2001) once stated: ‘all the world is birthday cake, take a piece, but not too much’.

BIRMINGHAM CLOSE TO MY HEART

I am delighted for the opportunity to deliver my presidential address here in Birmingham, the city where my training in general thoracic surgery started 13 years ago, under the leadership of the late Prof. Hugoe Matthews at the former East Birmingham Hospital, now called the Birmingham Heartlands Hospital, the biggest thoracic surgical unit in the UK headed by Mr Pala Rajesh. As the famous American singer Randy Newman (1943-present) stated in one of his most successful songs ‘Birmingham’ out of his 1968 album the Good Old Boys: ‘there ain’t no place like Birmingham’. This 12-month period in Birmingham was one of the greatest moments during my surgical training that I will always remember. The exposure to thoracic pathology and the training in general thoracic surgery was exceptional, with a lot of friendship between the registrars. I have fond memories of spending evenings together with Don Low and his wife Donna. I am very grateful that he accepted my invitation to come all the way from Seattle to be among us today for this meeting. Don has become one of the leading experts in oesophageal surgery in the USA. I enjoyed very much the support and friendship from Mr David Gourevitch, senior registrar at that time, now being a

consultant sarcoma and upper gastrointestinal surgeon at the Queen Elisabeth hospital here in Birmingham.

CEDALION STANDING ON THE SHOULDERS OF ORION

I can stand here in front of you only because of the education and training that I have received from many important people in my personal and professional life. Like the famous Isaac Newton (1643–1727) once said: ‘I could see further only as I was standing on the shoulders of giants’. This is nicely depicted in the 1658 portrait by Nicolas Poussin exhibited in the Metropolitan Museum of Art in New York showing Cedalion standing on the shoulders of Orion (Fig. 2).

First of all, I have to thank my father Roger and my mother Marcella who worked very hard as market-men running a small business, so that I could go to university and finish Medical School at the University of Leuven, Belgium. They have raised me with love and have supported me through my whole career. Mam and Dad, many thanks wholeheartedly. Unfortunately, earlier this year my brother Luc and I have lost our beloved father when attending the 2013 annual meeting of the Society of Thoracic Surgeons in Los Angeles, CA, USA.
I am very grateful to my trainers in general surgery, Dr Kesteman and the late Dr Roekaerts at the Virga Jesse Hospital in Hasselt, Belgium. And to Prof. Jacques A Gruwez, chief of the Department of Surgery at the University Hospitals Leuven, where I completed my surgical training. He taught me the triple ‘A’ principle of becoming a successful surgeon: ‘be Able, be Affable, and be Available’.

Much gratitude goes to all heads of the surgical departments, especially those thoracic and cardiac mentors: A. Lacquet, J.A. Gruwez, G. Stalpaert, G. Deneffe, W. Daenen, P. Broos, T. Lerut. They were all crucial in my decision making to start a career at the University Hospitals in 1992, first in the Division and later, in 1994, in the Department of Thoracic Surgery, covering the whole spectrum of general thoracic pathology including lung, oesophagus, pleura, chest wall, mediastinum and transplantation.

My career would not have developed as it has now without the great influence and leadership of one person, very familiar to this society, a founding member, past-president and honorary member: Prof. Dr Toni Lerut. He organized for me a 2-year training period in thoracic surgery abroad during the years 1990–1991. That period has been decisive for my professional life up to this day.

I was fortunate to be able to spend 1 year in the regional Department of Thoracic Surgery here in Birmingham in 1990, where I trained in general thoracic surgery under the leadership of the late Hugoe Matthews, Deirdre Watson and Frank Collins, present here today (Fig. 3A). Prof. Matthews was a well-respected oesophageal surgeon in the UK. I was told that he was the only trainee who ever survived a 2-year period as senior registrar with Mr Ronald Belsey at Frenchay Hospital in Bristol. Deirdre Watson was one of the first female thoracic surgeons in the UK. Frank Collins taught me how to enter the chest in 2 min with one knife and two hands! Thank you Frank, what an experience in those days! I remember that in 1990 a computed tomography (CT) scanner was not yet in place at East Birmingham Hospital while we in Leuven already had three machines at that time. For every new patient coming to the out-patient clinic with a diagnosis of suspected lung cancer, we had to book a slot for the CT scanner up in a lorry visiting the hospital every 2 weeks!

During my stay in Birmingham, Toni had contacted Robert Ginsberg who had just moved from Toronto to New York to become the chief of the Thoracic Service at Memorial Sloan Kettering Cancer Center (MSKCC). I received a letter confirming that I could spend 6 months as a clinical observer at Memorial Hospital (Fig. 3B). During my stay at MSKCC from January until June 1991, I was able to observe and discuss surgical practice with other thoracic surgeons working in the service, among whom were Nael Martini, Patricia McCormack, Manjit Bains, Valerie Rush and the late Michael Burt. This was for me a unique opportunity to spend time in one of the largest cancer centres in the USA with many visitors from around the world giving invited lectures, one of whom was Peter Goldstraw, honorary member of this society and invited lecturer today, looking back on the evolution of science in the 20-year history of the European Conferences on General Thoracic Surgery organized by ESTS. Bob Ginsberg was the spiritual father of the Lung Cancer Study Group. I remember, like it was yesterday, when he was analysing the results of a randomized trial comparing the role of limited resection vs lobectomy for T1N0 non-small-cell lung cancer. The publication of that study in the Annals of Thoracic Surgery in 1995 remains a reference paper in the treatment of non-small-cell lung cancer to date [3]. Shortly after my arrival in New York, Ginsberg arranged for me to attend the 27th meeting of the Society of Thoracic Surgeons that took place in San Francisco mid-February. This was my first visit to a large international conference on cardiothoracic surgery (Fig. 4). I will always remember this meeting as an exciting event. Ginsberg invited me to have dinner together, on the Monday evening. After a taxi drive through San Francisco, we ended up in an Italian restaurant, where I as a young trainee met the whole Toronto thoracic team headed by Griffith Pearson, including Joel Cooper, Alec Patterson and other famous surgeons. This evening was a memorable moment in my professional life as I witnessed how important team building is among a group of surgeons.

After my stay in New York, my training abroad was not completed. Toni received a reply letter from Mr John Dark, consultant cardiothoracic surgeon in Newcastle upon Tyne, confirming that I could spend 6 months with him for further training in lung
transplantation (Fig. 3C). In July 1991, I arrived at the Freeman hospital to work as a cardiothoracic transplant fellow in the cardiothoracic department under the leadership of Prof. John Dark. Dear John, thank you so much for teaching me how to master lung transplantations and for boosting my research interest in the field of donor organ shortage. This has had a large impact on the rest of my academic career in Leuven. I remember a nice story from these days. We were coming back from a county hospital in your old red Volvo, where we had assessed, for urgent lung transplantation, a young mother with acute lung failure, who ended up

Figure 3: (A) Letter written by Hugoe T. Matthews confirming the vacancy for a registrar post at the East Birmingham Hospital, Birmingham, UK. (B) Letter written by Robert J. Ginsberg offering a clinical observership at the MSKCC in New York, NY, USA. (C) Letter written by John H. Dark offering a cardiothoracic transplant fellowship at the Freeman Hospital, Newcastle upon Tyne, UK.
on a ventilator after giving birth to her first child. You asked me what research topic I would be interested in as a PhD student when back in Leuven. I told you I was interested in the use of non-heart-beating donors for lung transplantation after I came across a paper by Tom Egan published in Annals of Thoracic Surgery in 1991 [4] demonstrating that lung cells remain viable for a certain period after cardiocirculatory death. I remember vividly the words you replied to me: ‘This will never work’. It is remarkable to observe today the increasing use of lung donors after circulatory death (DCD) with equally good results after transplantation compared with conventional, brain-dead donors. DCDs now comprise a significant proportion of our donor pool, especially in the UK, with you being an absolute fan of these donors!

In January 1992, after having been away for 2 years, I returned to the University Hospitals of Leuven, where the lung transplant programme had already started up with the first patient successfully transplanted in July 1991. The first weekend being back home, I was called out of the swimming pool because of a donor lung offered for our second transplant recipient. Toni and myself flew to Hannover to retrieve the organs. Unfortunately, we arrived too late and the local team had already explanted and packed the lungs. So we could only fly back and perform our second single-lung transplant in a recipient with pulmonary fibrosis. I cannot thank Toni enough for his vision, leadership and support in the expansion of our lung transplant programme, now one of the largest in Europe following Vienna and Hannover. Together with the whole staff and all members of the Leuven Lung Transplant Group, more than 700 transplants have been performed until the end of the year 2012 with more than 80 transplants last year. This would not have been possible without the tremendous effort of a whole team of dedicated physicians and specialized nurses working in the operating room, the intensive care and in the outpatient clinic. Many thanks to all. Overall, patient survival in our programme turns around 90% at 1 year, 80% at 2 years and 70% at 5 years (Fig. 5). This compares very well with the survival reported in the Registry by the International Society for Heart and Lung Transplantation (ISHLT) [5].

The Department of Thoracic Surgery has also been very supportive in developing a research laboratory investigating new ways of expanding the donor pool. I am very grateful to all research fellows (J.Q. Kuang, R. Gasparri, Z. Hao, F. Rega, A. Neyrinck, C. Van De Wauwer, N. Geudens, C. Meers, F. Chen, S. Wauters, A. Olland, J. Somers, A. Stanzi) who have spent some time in the laboratory over the past 12 years. Their work has largely influenced my academic career. After more than 10 years of research in the laboratory on the technique and potential applications of ex vivo lung perfusion, we have now been able to successfully implement this method in the clinic with the support of the Transmedics company. The OCS™ Lung device provides a clinical platform for lung preservation shortening the cold ischaemic period, for ex situ assessment and resuscitation, and hopefully one day for immunomodulation to induce graft tolerance.

AN UMBRELLA SOCIETY?

As previously stated, I became involved in the society in turbulent years shadowing Richard Berrisford as general-secretary elect. It was in that position that I participated in an historical meeting that was crucial for the future of our society. The officers of ESTS and the European Association for Cardio-Thoracic Surgery (EACTS) gathered in Leuven on 17 December 2005 to discuss, after five previous successful joint meetings in Lisbon, Vienna, Leipzig, Barcelona and Stockholm, the future collaboration between both European societies. The goal of this meeting was to discuss ways for scientific and financial collaboration that could eventually lead to a new ‘umbrella’ society, joining all cardiac and thoracic surgeons in Europe. EACTS was represented by Tom Treasure as president, Bruce Keogh as secretary general and José Pomar as treasurer. For ESTS delegates were Semih Halezeroglu as president, Gaetano Rocco as treasurer and myself as general secretary. The so-called ‘umbrella’ picture was taken a few moments after we had reached agreement on the mutual satisfaction of both societies (Fig. 6). A few weeks later, this agreement was unanimously approved by the ESTS Council, but rejected by all the EACTS councillors except two. The Stockholm meeting in September 2006, therefore, was the last joint meeting with our sister society. ESTS was left on its own with no educational platform, no journal and a low financial budget, but with a young, dynamic and enthusiastic group of officers and councillors willing to invest time to move the society forward, to fulfill our mission: ‘to improve quality in all
aspects of our speciality: from clinical and surgical management of patients to education, training, and credentialing of general thoracic surgeons in Europe and worldwide (Alessandro Brunelli, 2012). The famous quote by the English surgeon John Halle (1529–1568) ‘the surgeon must have the heart of a lion, the eyes of a hawk, and the hands of a woman’ was rephrased to ‘the thoracic surgeon must have the lungs of a whale, the ears of a bat, and the skin of an elephant’.

It was in that year, 2006, that we had to look for a suitable venue to organize the 2007 spring meeting with a budget below 100 000 €. As the projected venue of Rome, with Erino Rendina and Federico Venuta as local organizers, turned out to be more expensive, Toni Lerut offered to host the 2007 meeting in the University buildings at the campus Gasthuisberg in Leuven. Council appointed him as chair of the local organizing committee and myself as programme director. It turned out to be a very successful meeting with more than 600 participants from all over the world, the largest ever since the Istanbul meeting in 2002. The quote ‘a piece of cake’ dates back to that year. As no professional conference organization was involved at that time, all the work was done by local people on a voluntary basis. Administrative secretaries and nursing staff were mobilized to help organize the meeting.

It is from that meeting that I learned with the great help of Sue Hesford in the secretariat how to set up a scientific meeting. Organizing the annual conference became like cooking a new cake every year. Thank you so much, Sue, for your hard work over the years. You have baked seven cakes in a row, each with a different flavour, from Leuven, to Bologna, Krakow, Valladolid, Marseille, Essen and now Birmingham.

**A PROFESSIONAL CAKE FOR OUR MEMBERS**

Over the last year I had the honour of serving as your president. I have to admit that wearing the golden chain as the highest responsible person in a rapidly growing scientific society is certainly a challenging job! To stick to the theme of this presidential address, I would like to compare the success of our society with all the elements indispensable to bake a tasteful cake. These include: (1) ingredients in the correct proportions; (2) a mould for shaping and presenting the cake and (3) an oven to finish the end-product.

Let us start with the ingredients for a successful cake. These include: flour, baking powder, butter, sugar, milk, eggs and a flavour. Similar to the cake, the ingredients for a successful society can be translated word by word as: members, patients, harmonization, finances, training and education, database and quality control. Our society has seen a linear growth in membership over the years, reaching nearly 1300 members from 70 countries in 2013. The ESTS has now become the largest society of general thoracic surgeons in the world. This reflects the need to have a society specifically dealing with general thoracic surgery as a monospeciality. Indirectly, our society has an enormous potential to influence the care of patients across Europe presenting with thoracic surgical problems. I am very grateful to all members who brought ESTS to the attention of their fellow surgeons and trainees. On the other hand, the rapidly growing membership is putting a lot of pressure upon our administrative secretariat to keep up to date with the administration and to respond swiftly to specific questions from individual members. Equality has always been a cornerstone of our society. The majority of our members come from various European countries with different economies and consequently different learning opportunities. ESTS has controlled this inequality by substantially reducing membership fees as well as registration fees according to the per-capita income of the country where the member surgeon is practising. It is well known that outcome in patients is related to a critical volume of surgical procedures in our daily practice. We, therefore, need to convince our politicians to centralize major thoracic surgical procedures into larger centres. This was nicely illustrated in a 2001...
paper from the MSKCC in New York describing the influence of hospital volume on survival after resection for lung cancer [6]. The impact of volume is also demonstrated for lung transplantation with a risk of 1-year mortality being significantly lower in centres with a volume of more than 30 transplants on average every year [5]. On the other hand, we are also responsible as health educators to inform our patients on the negative impact of smoking on life expectancy as nicely demonstrated in a recent paper in the New England Journal of Medicine [7]. On average, survival was reduced by 11 years in women and 12 years in men between current smokers and never smokers. We can never increase mean life expectancy that much with surgery! Europe is an amalgam of different cultures, languages and legislations. That is the beauty of our continent—each country is serving pastries with different flavours and colours. However, it also creates a burden for exchange of doctors between countries. The European Directory of Thoracic Surgery set up 10 years ago by Richard Berrisford offers information to our members on structuring of thoracic surgery in each European country. This directory needs regular updates by our national regents as legislation and training systems are changing rapidly. The European Union of Medical Specialists (UEMS) was created to harmonize training and education between countries. A new European Board of Thoracic Surgeons (EBTS) was recently founded, chaired by Gilbert Massard as president and Jari Rasanen as secretary treasurer. The first exams of this new board took place here in Birmingham on Friday and Saturday, with 10 successful applicants thereby becoming EBTS diplomats. As a result of its rapid growth, the yearly budget of our society has increased five times between 2006 and 2012 from €200,000 to nearly a million euros. The society is spending much of its income to support all educational events in accordance with the main objectives of our mission. We have to carefully watch the balance between income and expenditure to build up a financial reserve for stability. At the end of next month, officers will gather in our new headquarters in London for a strategic meeting to draw a business plan how to develop the society over the next 10 years. We should not be afraid of taking crucial decisions. ‘Never was anything great achieved without any danger’, once stated by Nicolo Machiavelli (1469–1527), an Italian philosopher and writer from the 15th century. Our treasurer Kostas Papagiannopoulos has the full council support when making such strategic decisions. The educational projects form the core business of our society including the European School of Thoracic Surgery with teaching courses now all over Europe: Antalya, Elancourt, Budapest, Kazan, St Petersburg, Krasnodar and Kirovograd. Itinerant courses on specific topics are organized locally by experts in the field. The sponsored travel fellowship programme facilitates the visit of established surgeons to expert thoracic centres across Europe. We are grateful to our consecutive Directors of Education (Gaetano Rocco, Federico Venuta, Gilbert Massard) for their time investment in these school projects. The long expected EBTS Textbook on Thoracic Surgery, edited by Jaroslaw Kuzdzal, is now in its final stage. We are hopeful that the book will become available during next year’s meeting in Copenhagen. Jarek, thank you so much for your continued efforts to make this a comprehensive and modern textbook. I am sure it will become a reference guide on general thoracic surgery for the decade to come. The working groups form another core activity of our society. Experts and key opinion leaders come together to discuss specific topics, so that recommendations and existing guidelines can be reviewed or renewed and presented to our members. I want to thank all chairs of the groups for their time investment in the past and in the future. ESTS should be proud of the amount of scientific papers that came out from all these activities. Some of those are frequently cited showing its importance in guiding our daily practice. The ESTS database was established in 2001 by Richard Berrisford and continued by Alessandro Brunelli and Pierre-Emmanuel Falcoz as an initiative for quality improvement and patient safety among European thoracic surgeons. It has grown tremendously in the amount of patient data entered, allowing clinical research and publications based on a large dataset, that will significantly advance our understanding in thoracic surgery. The Silver book has now become a reference for bench marking between units and countries contributing to the database. An initiative was taken to harmonize data fields and definitions with the Society of Thoracic Surgeons. In that way, thoracic surgical performance can be compared between Europe and the USA. Finally, the ESTS Institutional Accreditation Programme was set up to award a quality label to those units that have contributed to the database and are ranked above the 50th percentile of a composite performance score, based on processes and outcome measures [8, 9]. An on-site visit for assessment by peers is organized by an independent company looking at the structural, procedural and professional characteristics of qualifying units. As of tomorrow, 10 such units across Europe will have received a certificate from our society.

Besides the ingredients, we also need a mould to give the cake a shape and nice look so that it becomes attractive to those that are interested to buy and taste. In addition, a cookery book describing all the secrets of the best recipes is needed if we want to preserve the knowledge and experience for future generations. Likewise, a scientific society needs a well-functioning secretariat, a professional and enthusiastic leadership, a recognizable logo and a scientific journal. Since its foundation in 1993, two secretaries have committed a great deal of their professional life to the society. Johanna Bosse became the first secretary working under the leadership of Ingrid Vogt-Moykopf and Detlev Branscheid in Heidelberg. After a short interval, in 2001 Sue Hesford became the new administrative secretary based in Exeter, with Richard Berrisford as a back-up for logistic problems up to day. Thanks Richard. Sue has done a tremendous job for our society, running a one woman business from the office. The secretariat will soon have a new administrative secretary and Sue will take the lead as Executive Director. Thank you so much Sue for all the hard work over the years. In fact, Sue’s name stands for the Secretariat Upon Exeter. During the Essen conference, council has taken an important decision to move the office of our registered Charity to a new place in the UK. The headquarters are now based in London in the premises of the Avanta office at Capital Place. This creates great opportunities to further expand the office with more people employed and to hold council meetings close to Heathrow airport. Besides secretarial support, a society needs good leadership with dedicated officers and councillors who are willing to invest on a voluntary basis, a large part of their private time, to take on responsibilities and to bring in new ideas and projects for further development and growth. Team work is of key importance. As stated by Laurens Ceulemans, a surgical resident at our place: ‘to fully appreciate the beauty of Bach’s symphonies, listening to one person’s whistle is not enough, you will need an orchestra to play it’. Importantly, a scientific society should not function like a for-profit organization with a top-down structure but rather bottom-up. The Ad Hoc Committees within ESTS were created by Gaetano Rocco to feed the council with new ideas. Some of the Committees have been very active in developing questionnaires...
on specific topics, such as Quality of Life and Patient Safety. The Ad Hoc Committee on website and communication has worked hard to develop a new and modern website that came to life earlier this year. We are grateful to Doug West and his group for taking the lead in this project. Every scientific society that respects itself needs a logo to promote instant public recognition. The logo of ESTS dates back to 1995. It represents the tracheo-bronchial tree in the middle of the chest cavity. Since its foundation in 1993, it was felt that a journal was needed to increase the visibility of the society. The initiative taken by our founding father Ingolf Vogt-Moykopf to set up a Journal on General Thoracic Surgery, unfortunately, could not survive on its own without private money. In 1999, an agreement was reached with the editor of the European Journal of Cardio-Thoracic Surgery and with Elsevier for this journal to become the official publication for ESTS. In 2011, Oxford University Press became the publishing company.

Finally, prerequisites for an oven to successfully bake the cake include: a solid brand name, energy, a timer and a glasscase to watch the pastries rising. Likewise for a society, the crucial elements are monospeciality, enthusiasm, terms of office and good international relations. In many countries, lung surgery is still performed by general surgeons without proper training and credentialing. There is now ample evidence that postoperative mortality is lower and hospital stay is shorter when these procedures are performed by general thoracic surgeons [10]. It is our duty to lobby with health authorities to have our speciality widely recognized and protected in the interest of our patients. An interesting debate is whether the speciality of cardiothoracic surgery should be divided or stay as one [11]. Cardiothoracic and general thoracic surgeons should not compete with each other, but rather collaborate in overlapping fields like lung transplantation and cardiopulmonary support for respiratory failure. Our leadership does not lack enthusiasm if one appreciates where our society stands today, 20 years after its foundation in 1993. Following the approval of our new constitution at last year’s meeting in Essen, the society has now set clear terms of office for all official positions within ESTS. This guarantees a regular turn over in people and in ideas over the years. ESTS has always maintained a good and close relationship with our sister societies in Europe and other continents in East and West as witnessed in the pictures taken in 2007 on the occasion of the 43rd annual meeting of the Society of Thoracic Surgeons in San Diego, CA, USA (Fig. 7), and earlier this year on the occasion of the 21st annual meeting of the Asian Society for Cardiovascular and Thoracic Surgery in Kobe, Japan (Fig. 8).

WHAT IS IMPORTANT IN LIFE

Finally, I specifically would like to thank a few people. Without their help over the years, I would not have been able to stand here in front of you today. I am very thankful to the staff of our Department of Thoracic Surgery in Leuven, formerly headed by Toni Lerut. And as you all know, behind a successful man, there is always a supportive woman. Dear Gertji, many thanks for your support, interest and hospitality since we have known each other. Dear Toni, many thanks for your leadership and your visionary way to develop and structure our department and for all your support in my career and for the friendship over the years. I wish you an enjoyable stay as visiting professor at the Brigham and Women Hospital in Boston in the team of David Sugarbaker. I am also very thankful to all other staff members in our department, currently headed by Paul De Leyn, for their continuous support and care for my patients during the days and weeks that I have been absent fulfilling my duties for the society. Dear Paul De Leyn, Willy Coosemans, Philippe Nafteux and Herbert Decaluwé, it is a great pleasure to be working in such a fantastic and supportive team. I also want to acknowledge the help of other staff members: Hans Van Veer currently training with Gail Darling at the Toronto General Hospital, Georges Decker, Philip Lerut and Jan Lesaffer. Thank you for your commitment and support in our oesophageal and lung transplant programmes.
In my position as president, I witnessed that our society over the past 20 years has grown from childhood to adulthood [12], with the help of many dedicated and hard-working officers, directors and council members. The society is healthier than ever thanks to you all now and in the past. Special thanks go to one person in the society who supported me from the beginning and still many years later, our past-president currently working at the National Cancer Institute in Naples, Gaetano Rocco. Dear Tany, I will never forget your friendship and your help in my professional and personal life.

I want to thank my family, especially my mother and mother-in-law being present here today, for their continuous love and care for our family. I could not have stood here in front of you without your enormous help in daily life. My biggest thanks goes to my wife Noella for her daily support, love and stability. Noella, you could not have given me any greater present in life than our two beautiful daughters Louise and Hélène, incredible gifts from God.

Finally, I want to thank the society for having granted me the highest honour of serving as your president and the many years before. Congratulations on your 20th birthday. I want to finish my presidential address with a quote from Buddha: ‘Thousands of candles can be lighted from a single candle, and the life of the candle will not be shortened. Happiness never decreases by being shared’. As this is the 21st European Conference on General Thoracic Surgery, during breaks you will hear songs by the famous British singer-songwriter Adele (1988) from her album ‘21’, the winner of the 2012 Grammy award for the best album of the year.

Time has come to invite you all to the presidential reception to enjoy a piece of the cake and to bring a toast to the health of ESTS. Thank you wholeheartedly.

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**REFERENCES**