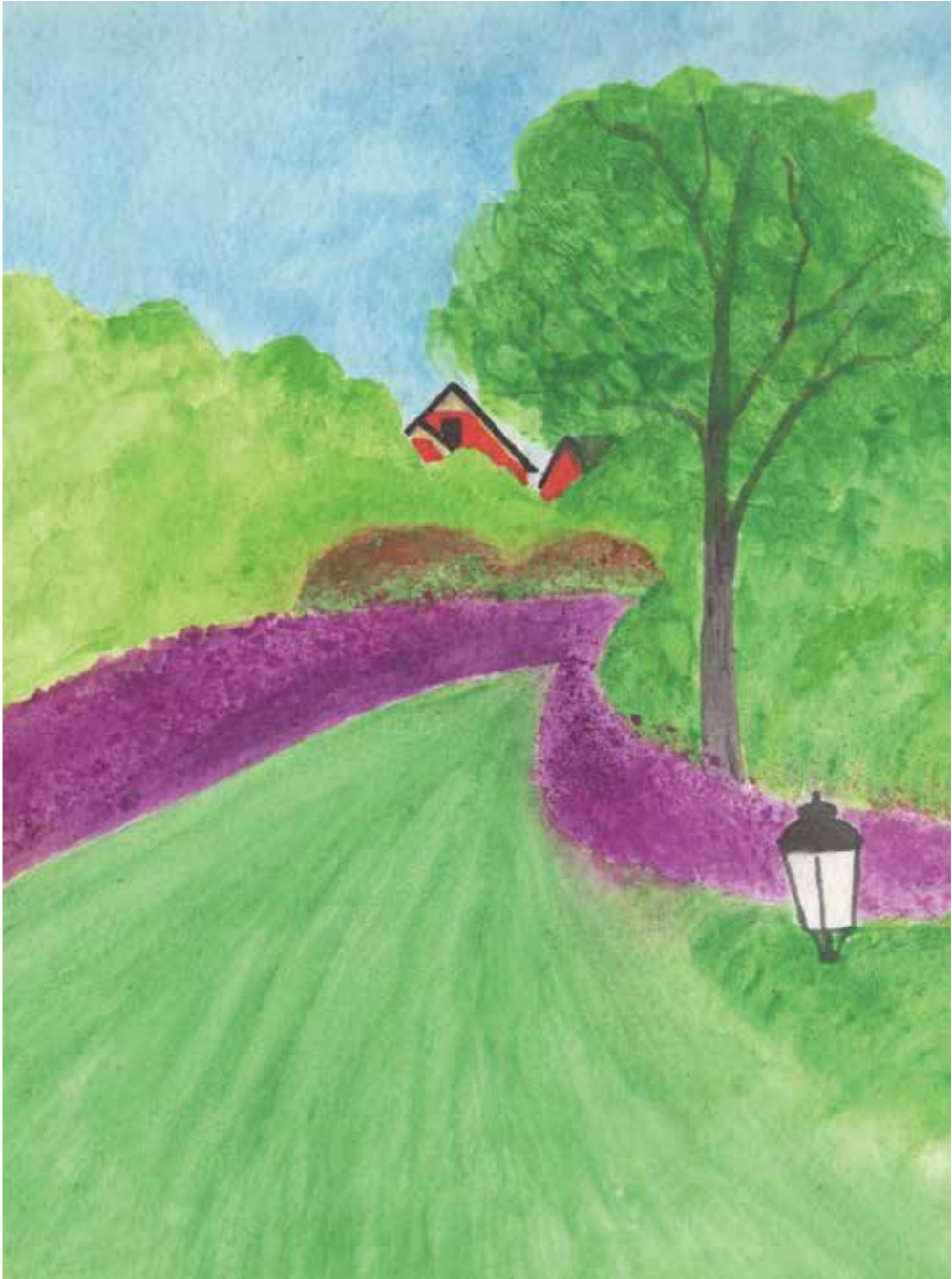


# A Marvelous Experience



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# A Marvelous Experience

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Editor: Lili Liao



# **AME Publishing Company**

Room C 16F, Kings Wing Plaza 1, NO. 3 on Kwan Street, Shatin, NT, Hong Kong

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First published in 2018  
Printed in China by AME Publishing Company

Editor: Lili Liao  
Cover Image Illustrator: Zhijing Xu, Shanghai, China

## **A Marvelous Experience** (Hard Cover)

ISBN: 978-988-79496-2-6  
AME Publishing Company, Hong Kong

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# **A Marvelous Experience**

## **(FIRST EDITION)**

### **Editor**

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Lili Liao, AME Publishing Company

### **Authors**

---

Jie Dong, AME Publishing Company

Chen Gao, AME Publishing Company

Lili Liao, AME Publishing Company

Renfang Wang, AME Publishing Company

### **Translators**

---

Puipui Chu, AME Publishing Company

Avery Wang, AME Publishing Company

### **Proofreading Editors**

---

Jeremy Chapnick, AME Publishing Company

Grace S. Li, AME Publishing Company

### **Cover Image Illustrator**

---

Zhijing Xu, Shanghai, China

### **Executive Typesetting Editor**

---

Xiaoyan Hu, AME Publishing Company

# Preface I

## Why did I establish AME?

On the evening of March 3, 2016, we held the event “Mingyi-AME Academic Gala Dinner” in conjunction with the Ming-Yi Medical Charity Foundation at the White Swan Hotel in Guangzhou to celebrate the coverage of *Translational Cancer Research* (“TCR” for short) published by AME into Science Citation Index Expanded (SCIE).

So, why did we choose March 3?

TCR is the second journal of AME to be indexed by SCIE, while the first one was *Journal of Thoracic Disease* (*JTD*). Interestingly, both journals were indexed by SCIE after they had been established for three years and three months. Therefore, we chose the date 3<sup>rd</sup> March to celebrate this second milestone. This celebration also aimed to encourage our team to take up new challenges, and continue publishing quality journals that could be covered in SCIE in an even shorter period of time after their establishment.

Indeed, being covered in SCIE is an important goal. However, it is not our only goal.

We need academic journals as platforms to share ideas. For example, if *The New England Journal of Medicine* (“*NEJM*” for short) belongs to China, we would be able to launch a “column” featuring the history and culture of traditional Chinese medicine in every issue to attract dedicated international enthusiasts and promote traditional Chinese medicine. Of course, this is merely an assumption.

Let us take another example that is closer to reality. Let us assume that an outstanding Ph.D. student has completed his/her research and graduation thesis after 2 or 3 years of hard work. However, according to school regulations, the student can only apply for thesis defence to obtain a diploma after his/her thesis is officially accepted by a SCIE-indexed journal. Unfortunately, the publication process from submission of a thesis to its acceptance takes at least 6–8 months, and may even take much longer in reality.

What does it mean to Ph.D. students whose graduations are postponed by almost one year as their theses could not be published on time? Their future promotions would also be postponed, hence losing their advantage when competing with colleagues of the same age; it may also be possible that their partners may not be willing to wait for them and propose to break up with them...

Such cases might have already happened around us, or they may soon happen if they have not already. We want to put a stop to these unfortunate circumstances, but it is very difficult to do so.

The root of the problem is that the current “academic publishing” industry is too conservative. The peer review system that has been used for hundreds of years by the industry has countless advantages; but it also has an “innate defect”.

An interesting cartoon has depicted the peer review system in a metaphorical way: before it is reviewed, a thesis is like a mundane four-wheeled car; however, the author will then carry out modifications according to the reviewer’s opinions and suggestions, eventually creating an eight-wheeled car with a canon on top.

Here comes the question: is it necessary to spend such huge amount of manpower and time to modify the cars (theses) so “excessively”? Would the “excessive modifications” be misleading to the consumers (readers)?

We may also think about another question: should we create an academic platform with “green path” that allows more efficient publication processes, given that the quality of theses can be maintained? Is it important to do so? If the answers are yes, the next question would be “how are we going to establish this platform?”. Life is about finding and solving problems.

Managing an academic journal requires endless enthusiasm and painstaking effort; it is like a gardener’s dedicated cultivation of beautiful yet fragile flowers. The brand of an academic journal takes years, decades, or even generations to build, but it can also be destroyed overnight.

According to the so called “scientific research process”, researchers start with the selection of topics, then they design research projects, write tenders, apply for funds, start experimentation, collect data, analyse statistics, write papers, select journals to submit their theses, and make countless revisions until the paper is published. As they spend a lot of time and effort on their research, researchers carefully consider which journals they would submit their theses to. One of the most important factors they consider is the reputation of the journal—whether it is recognized and well-respected in the academic arena.

AME was established in July 2009. However, 9 years of establishment is very short when considering the branding process of an academic journal. Therefore, our team members often remind themselves to pay attention to details at all times.

After 9 years of hard work, we have published 60 journals, of which 18 are covered in PubMed and 8 are indexed by SCIE. I believe that a series of our journals will be included in PubMed and SCIE in the near future, and their impact and impact factor will continue to rise. However, other than that, what I hope to see the most is that one day when people are discussing a specific column, they would think of AME and our journals—just as everyone associates “case records” with the case records of Massachusetts General Hospital in *NEJM*. This mutual beneficial cooperation between *NEJM* and Massachusetts General Hospital is a great success. Countless cases have proven that such intertwined bodies will reach new heights together. We hope to create our own beneficial relationships and hence created the “iMDT Corner” (which stands for International Multidisciplinary Case Discussion Corner) in AME’s journals.

When my friends asked me “what kind of company is AME?”, my colleagues and I find it very difficult to explain to them.

Therefore, our team spent a few months sorting out the work AME has done so far: by telling the stories behind the publication of the *Annals of Cardiothoracic Surgery* (ACS), we explain how AME publishes journals; with the MOOK books publishing model, we explain how AME publishes books in happy and easy way with the Book Editors; by looking at the scenes behind the interview project, we find out how AME help Chinese doctors to get on the international stage; through production process of iMDT products, we explain how AME connects doctors with patients and other doctors, and how we put our core value into practice—Patients Come First!

Deep down, I know that we still have a long way to go to reach AME’s goals and dreams. I hope that my colleagues, friends and other like-minded peers can support AME on this long and wonderful journey!

**Stephen D. Wang**

Founder and CEO of AME Publishing Company

## Preface II

It is a well-worn cliché that medicine has evolved at an incredible pace in recent years. What is perhaps less appreciated is the fact that the world of medical publishing has also evolved in parallel over the same time and at a pace that nears—or even exceeds—that of clinical advances. Indeed, it is fair to say that the rapid developments in medical publishing have complemented and often driven those recent developments in medicine and surgery.

Some of those great advances in medical publishing may be more familiar to clinicians. These include the advent of computerized indexing of the literature, and the availability of journal contents online. Medical journals themselves have adapted to the digital era by using fully electronic peer-review systems, grading of reviews to maintain quality, and sophisticated software to exclude academic improprieties. Open-access journals have now proliferated, generating heated debate over their value to the medical community. On one hand, some have accused the explosion of such journals as being cynically profit-driven and a nuisance through their flooding of scientists' inboxes with requests for article submission. On the other hand, they offer authors greater opportunities to reach readers, and often with quick publication times.

Into this rapidly changing environment of medical publication, AME Publishing has emerged as a unique and innovative entity. Whereas many publishing companies born into these interesting times have struggled, AME has quickly made its way to the upper echelons in terms of respectability and recognition. It has launched a fantastic number of journals - but unlike many other publishers and journal offices, AME has backed each title up with the assembly of truly world-class editorial boards with very well-recognized leaders in their specialities and then supported them with an extraordinary, tireless editorial staff. The journals are run with pragmatism (not dogmatism), and can accommodate new trends and preferences amongst both authors and readers alike: the success of the Special Issues run by many AME journals attest to this. Often, the editorial staff can be seen journeying far and wide to medical conferences around the world to meet international experts and take the pulse of where clinical interests and developments are headed. The close relationships developed between the clinical innovators and the publishers foment a symbiosis, allowing good medical ideas to reach the world efficiently. It comes as no surprise that AME has achieved such success and respectability in the world of medical sciences so quickly. No other publisher I know of has had so many journals become indexed or attained Impact Factors in such a short space of time.

With any story of success, there follows interest in how such success was attained. Whether one is curious, intrigued or eager to emulate, that story is one that needs



to be read. This book tells that story. For anyone with any interest in medical publication—whether as an author, a reviewer, an editor, or a reader—a behind-the-scenes look at how one of the most dynamic, young medical publishing companies operates promises to be most interesting. How did such a publisher start up? How did it climb its way to the top? What makes it tick? Who are the people behind its rise? Within the pages of this celebratory book, one can find the answers.

**Alan D. L. Sihoe**

*Editor in Chief, Journal of Visualized Surgery;  
Clinical Associate Professor, Department of Surgery, The University of Hong Kong;  
Chief of Thoracic Surgery, The University of Hong Kong Shenzhen Hospital;  
Guest Professor, Department of Thoracic Surgery, Tongji University Shanghai  
Pulmonary Hospital*

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“Mook,” which comes from fusing the words “magazine” and “book”, is a new publishing model which combines the “genes” of a magazine and book. It has the best characteristics of both, using the extensiveness and quick updates of a magazine, as well as having the weight and traditions of a book. AME's first attempt at using the Mook publishing model in the field of medical publishing was just in March 2015, and at the present AME has already published more than 50 of these mooks.	
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At the present, there are at least 300,000 lead-practicing doctors in China. Therefore, we urgently need a professional platform to showcase their rich clinical and scientific research experiences, and unique management concepts. On the other side of the coin, we hope that we can help our international counterparts to better understand the excellent work of Chinese scholars. Therefore, the aim of the AME interviews is to “let Chinese doctors go international more efficiently”, accelerating the promotion of the	

Chinese doctors' practices, and increasing their international influence.

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In April 2018, a new column called, the iMDT Corner, shortened as iMDT, was added to the *Journal of Thoracic Disease*, abbreviated to *JTD*, the first journal published under AME. As a platform for international multidisciplinary consultation, this addition will utilize the wide pool of medical experts AME has built relations with over the 9 years since its establishment, to allow patients to receive medical advice from leading experts around the world without having to leave the country. At the same time, clinical achievement and academic exchanges will take place in the form of the, “iMDT case report.” This signifies that AME has made the leap from academic publishing to clinical consultations a reality, and now serves as an important link for both (among doctors and between doctors and their patients).

## **Chapter 1 How to establish a journal?**

### ***ACS: A surgical journal that redefines journals of surgery***

How many people, how many years, and how much effort do you need to establish a peer-respected journal? Take the experience of *Annals of Cardiothoracic Surgery* (shortened to *ACS*) as an example, which is launched in 2012 and becomes AME's 6<sup>th</sup> journal indexed by Science Citation Index Expanded, you will find the answer.



# ACS: A surgical journal that redefines journals of surgery

**Editor's note:** This is a journal that in the 6 years since its establishment insists on being open access, using the special issue format in every issue. From systematic review to clinical research, from experience sharing to surgical illustration and then to surgical videos. This is a surgical journal loved by the cardiothoracic surgeons.

This is also a journal that has received the recognition, support, and praise from the leading experts in the field of cardiothoracic surgery, such as William Walker (the pioneer of Video-assisted thoracic surgery in the world), David J. Sugarbaker (President of AATS 2014 annual meeting), Valerie W. Rusch (Renowned expert in the field of malignant pleural mesothelioma), Tirone E. David (President of AATS 2015 annual meeting), Joseph S. Coselli (President of AATS 2016), and Thoralf M. Sundt (President of AATS 2017).

And a journal that has been recognized by the US National Library of Medicine and included into its library catalogue.

Moreover, this is a journal that, to the surprise of many Chinese cardiothoracic surgeons, is published by Chinese people, under a Chinese publishing company.

On May 22, 2018, 6 years after its establishment, it was finally accepted into Science Citation Index Expanded (SCIE), making it the AME's 6<sup>th</sup> indexed journal.

Its name is *Annals of Cardiothoracic Surgery*, its Chinese translation is 《心胸外科年鉴》, abbreviated to *ACS*.



Reference: the homepage of the *ACS* website

We must start by asking a few questions: what kind of journal is *ACS*? Over the past 6 years, how many interesting and worthwhile stories has it created? Lets begin by first starting with the journal's young Editor-in-Chief Tristan Yan.

### **Who is Tristan Yan?**

Tristan Yan was born in 1979 and studied medicine in the University of New South Wales in Australia.

In May 2018, Tristan's over a decade long medical career has provided him with a shining resume. While he studied in Australia, as a result of his excellent academic performance, he received a recommendation from Professor David Morris from the University of New South Wales's surgical oncology department and in 2005. He then went on to study as a fellow under the American peritoneal tumor surgery expert, Professor Paul H. Sugarbaker. He has published over 35 SCI papers in that year alone and has participated in over 120 surgeries, earning Professor Sugarbaker's praise. In 2009, he published a paper on thoracoscopic surgery in the *Journal of Clinical Oncology* entitled Systematic Review and Meta-Analysis of Randomized and Nonrandomized Trials on Safety and Efficacy of Video-Assisted Thoracic Surgery Lobectomy for Early-Stage Non-Small-Cell Lung Cancer. This is currently one, of the two papers, which had been published in *JCO* on thoracoscopic surgery. The other was published by the renowned cardiothoracic surgeon, Scott J. Swanson in 2007 regarding the research results of CALGB 39. This paper defines the complete VATS process, and establishes a place for thoracoscopic's surgery. In 2010, he became one of the founders of thoracoscopic surgery Professor William B. Walker's disciples . After training for a year in Edinburgh, he successfully completed 60 thoracoscopic surgeries, setting a new record among Professor Walker's disciples. In 2012, he became the Editor-in-Chief of AME's 8<sup>th</sup> journal, *Annals of Cardiothoracic Surgery (ACS)*. *ACS*'s inaugural issue was a special issue guest-edited by Professor Walker on minimally invasive Pulmonary Resection. This special issue has also become the final academic work of Professor Walker. Afterwards, Tristan invited other leading cardiothoracic surgeons from around the world, like Douglas J. Mathisen, David J. Sugarbaker, Thomas D'Amico, Joseph Coselli, Scott LeMaire, John A. Elefteriades, Joseph Bavaria, Lawrence H. Cohn, Rakesh M. Suri, Duke Cameron, Y Joseph Woo, Santi Trimarchi, Mark La Meir, Friedrich Mohr, Martin Misfeld, to be the Guest Editors for the journal. Among the Guest Editors, there is also Paul H. Sugarbaker's younger brother, David J. Sugarbaker, the world-renowned thoracic surgeon, who had also led a special issue on esophageal surgery (Vol. 6, No. 2).

What charm did Tristan possess that had allowed him to shine in the international cardiothoracic community, and had earned him the recognition of these world renowned experts?

**To almost everyone who has had a chance to meet him has all said the same things, he is: hardworking, good at thinking, and good at summarizing**

When he first began practicing medicine, Tristan didn't have a lot of interest in medicine. It wasn't until he had met Professor David Morris that his interest in medicine began to grow.

Ning Liang, who has worked for BAT (the abbreviation of Baidu, Ali, and Tencent), once said, when God plans out someone's destiny or gives them a mission, he is actually giving them a purpose, or something to become kind of, addicted to. Follow this thing, is the key to unlocking one's destiny.

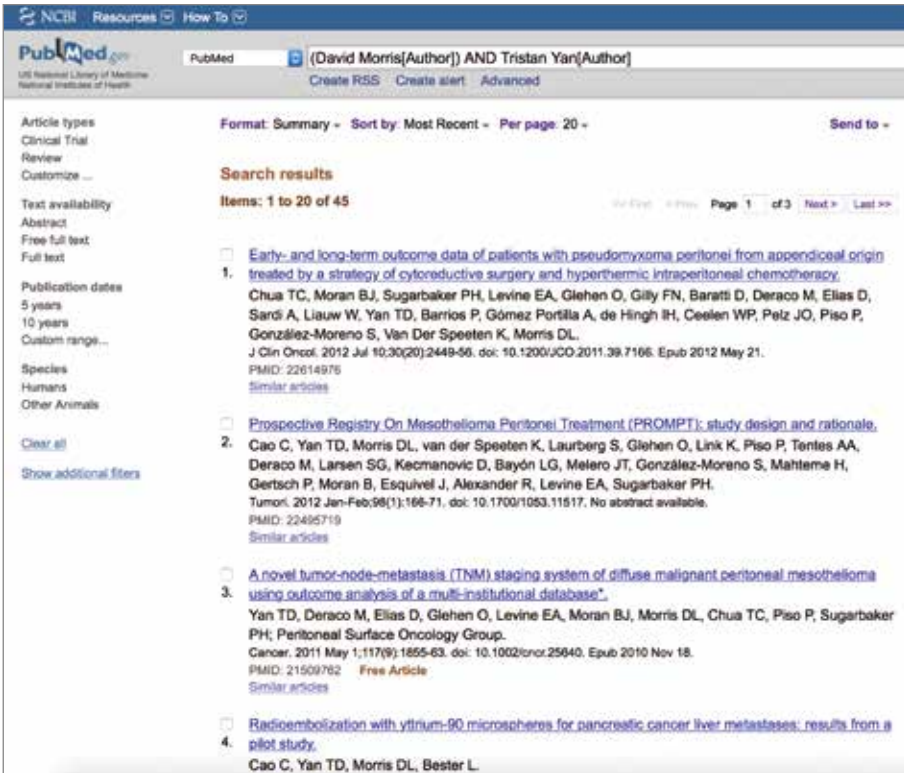
For Tristan, surgery was his key to unlocking his fate. He became fascinated by surgery, devoted all his energy to his studies, and dedicated his whole self to becoming an excellent surgeon.

Professor Morris often went to a private hospital in Australia on the weekends to perform surgery and Tristan became his surgical assistant. The hospital was very far from where Tristan lived. In order to arrive at the hospital in time for the morning rounds and surgery, and also save some travel expenses, Tristan can often be seen catching a train at 4 am on a Saturday morning. He also has to be careful when calculating his departure time, as the next train leaves half an hour later and he would be late. After a two-hour train journey, he arrives at the hospital and immediately follows his mentor to conduct his rounds. Then, at 7 am he starts his day of surgery. Just like this, the days went by. Day after day, year after year, and Tristan had established a solid foundation in basic surgical skills such as knot tying and stitching and also accumulated substantial clinical experience. In addition to teaching Tristan surgery, Morris also taught him how to read literature, conduct research and write papers. From 2006 to 2012, under the Professor Morris's guidance, the two of them had published 45 papers together (*Figure 1*).

Tristan's diligence and eagerness to learn, had led Professor Morris to always be on the look out for new opportunities for him. In 2005, with Professor Morris's recommendation, he successfully became a fellow under the international peritoneal oncology expert, Professor Paul H. Sugarbaker. For Tristan, the most important thing he had learned during this period, was how to balance his clinical work and his scientific research, so that he could become an academic surgeon. Tristan did not let his mentor down, and after publishing his first paper on the 15th of February, 2005 in *Cancer*, he had taken full advantage of Professor Sugarbaker's global peritoneal tumor database. Within a year, he had wrote and published over 35 SCI papers. Although Professor Sugarbaker jokingly says that Tristan almost emptied out his database, he often expresses his love and admiration towards Tristan.

In order to improve the prognosis of patients with peritoneal carcinomatosis (PC), Professor Sugarbaker had first advocated for a peritoneal resection in 1989, and then in 1997, when he published the procedure for a peritoneal resection in *Annals of*





**Figure 1** Tristan Yan and his mentor Professor Morris have already collaboratively published 45 papers.

Surgery. As of May 4, 2018, this paper has been cited 1,140 times (*Figure 2*).

In addition to learning, Tristan also often thinks, how did Professor Paul Sugarbaker, the founder of oncological surgery, achieve so much and establish such a strong reputation within the international academic community? After a year, he slowly started to realize the answer to this question. The answer lies in the way Professor Paul Sugarbaker had behaved as a person, and how he approaches academia. For example, Professor Sugarbaker had led to the establishment of a global, peritoneal tumor database. He had actively encouraged doctors from the participating centers to carry out a spirit of ownership. He also decided that the database would have a chairman rotation system and hoped that everyone would take turns managing the database, as to maximize its value. In order to reward the participants, after a center had contributed to a certain number of cases, they will obtain the right to use to the database for scientific research. After the first draft of a research paper has been completed, doctors from the participating centers can provide their comments and suggestions for the draft. This combining of knowledge,



**Figure 2** As of May 4, 2018, the paper Professor Sugarbaker published in *Annals of Surgery* in 1995 has been cited 1140 times.

allows everyone to achieve even more. You could say that Professor Sugarbaker established the rules of the game, this way. Tristan, *ACS*, and *AME* have all learned a lot from the way Professor Sugarbaker had established the global peritoneal tumor database and had applied a lot of what they learned into the work they did after.

After returning to Australia, Tristan had continued to follow the development of the international cardiothoracic surgery community, and was always on the lookout for his next opportunity to learn something new. In 2008, a year after Professor Swanson's famous thoracoscopic study was published in *JCO*, Tristan decided to follow this trend of studying thoracoscopic surgery and to continue strengthening his foundation in this field. However, he was still in his twenties and had never performed a thoracoscopic surgery before, how was he going to present a respectable academic resume, to the international experts?

One day, Tristan was still thinking about this problem when suddenly, he had an epiphany. Everyone is trying prove that thoracoscopic surgery is better than thoracotomy. Was it possible to approach this problem in another way? Could we approach it from a thoracotomy angle, and could we critically assess the advantages and the disadvantages of a thoracotomy?

Tristan immediately started working on this idea. After he had systematically reviewed and conducted a meta-analysis on 21 studies, he finally concluded that a thoracoscopic surgery is superior to thoracotomy. His paper was published in May 2009 in *JCO* (Figure 3). Since then, *JCO* has not published any papers regarding thoracoscopic surgery and its battle with minimally invasive open chest surgery also came to an end.

### **A plan without a vision, is opportunistic**

We all begin as a newcomer to societies challenges, kind of like a game. Who is able to win first depends on each of the players' abilities and strengths. At the very beginning, everyone's quality and ability are about equal; however, after a series of decisions that have been made, everyone's paths, visions, resources and energy have diverged greatly.

After publishing his thoracoscopic paper in *JCO* in 2009, Tristan suddenly became famous. Many well-known thoracoscopic experts had started throwing olive branches at him, inviting him to come for exchanges. However, he did not let his success get

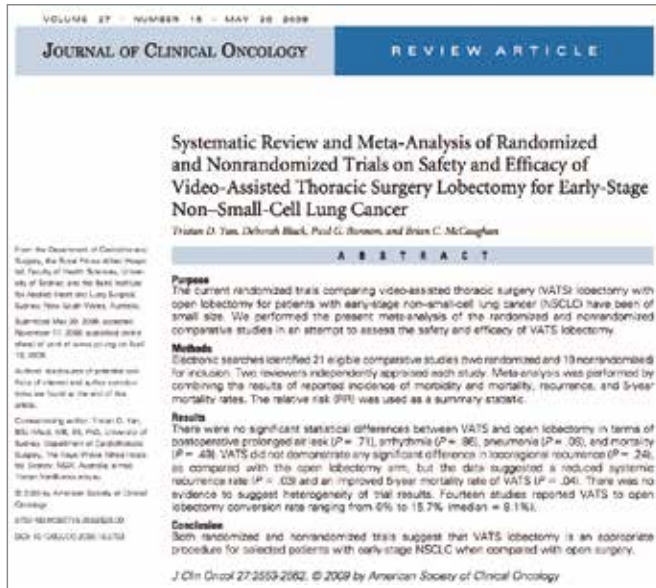


Figure 3 Tristan’s thoracoscopic meta-analysis paper published in *JCO*.

to his head, and had maintained a calm headspace. Although he had published a paper in *JCO*, he still did not have any surgical experience. Therefore, he could not be too pompous or arrogant, so he had made his decisions carefully.

Between 2009 and 2010, Tristan visited major thoracoscopy centers around the world to really understand, learn, and gain experience in the field. Finally, after serious consideration, he chose to study thoracoscopic surgery under the guidance of Professor William B. Walker at The Royal College of Surgeons in Edinburgh, UK.

There was no one in the field who did not know who Professor William B. Walker was. On April 1, 1992, Professor Walker performed the world’s first video-assisted thoracoscopic lobectomy, and with this he had become a leader in the field. There is no doubt that the application of this surgical technique had contributed greatly to the advancement of thoracic surgery, and there had been very few other innovations which had been comparable. This surgical technique also revolutionized the way thoracic surgeons performed surgeries, which had benefitted countless patients around the world.

Professor Walker’s steadfast academic style had captivated Tristan. Under Professor Walker’s guidance, Tristan eagerly absorbed more knowledge during his year in Edinburgh. However, at the beginning, because Tristan had lacked experience in thoracoscopic surgery, a lot of his classmates were skeptical about whether or not he could complete a thoracoscopic surgery, and how many he could complete in the future. One of his classmates, who is now the Editor-in-Chief of the world’s largest cardiothoracic surgery website CTSNet, Doctor Joel Dunning, even

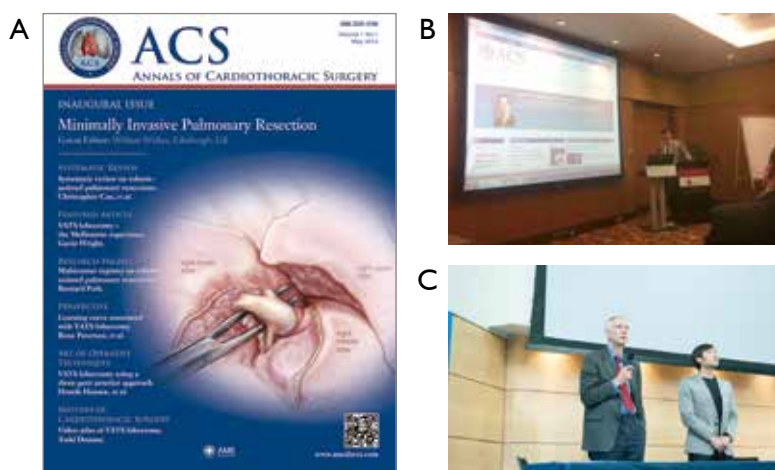
decided to make a bet with him. No one thought that by the time he had finished his time in Edinburgh, Tristan would have completed over 60 thoracoscopic surgeries, even more than Joel Dunning. This number also set a new record for the number of thoracoscopic surgeries which had been performed by a student of Professor Walker. Afterwards, Doctor Dunning became an Associate Editor at *ACS*, and the two classmates had become partners in the cardiothoracic surgical field.

Tristan's hard work finally earned him the recognition, and the support of Professor Walker. When he found out that the journal Tristan was the Editor-in-Chief of was about to be published, Professor Walker readily agreed to be a Guest Editor for the inaugural issue. He also invited several heavyweights in the field of cardiothoracic surgery such as Gavin M. Wright, Bernard J. Park, Thomas A. D'Amico, Todd L. Demmy, Joel Dunning, Henrik J. Hansen and Robert J. Cerfolio etc. to introduce and discuss the topic of a minimally invasive lobectomy.

On May 5–6, 2012, during the Royal Australasian College of Surgeons & 81<sup>st</sup> Annual Scientific Congress held at the Kuala Lumpur Convention Center in Malaysia, Tristan first introduced *ACS* to his peers (*Figure 4*) and with this, *ACS* was officially launched.

This issue of *ACS* became Professor Walker's last piece of an internationally published work. This circular ending and beginning relationship had demonstrated perfectly the transition of skills from the mentor to his student and has become a good story within the field.

In addition, when developing new research ideas, Tristan, who conducts both clinical work and scientific research, pays special attention to reminding himself that he shouldn't choose a topic at random and write papers just for the sake of publishing them. Instead, he needs to think, and as a clinical doctor he knows what is that the



**Figure 4** *ACS*' inaugural issue (A), Tristan introducing *ACS* to his peers (B), Tristan and Professor Walker (C).

main purpose of the scientific research topic, as well as to solve clinical problems. Therefore, his main consideration should be to understand the practical value of the research, so that patients benefit from it. As a result, all of Tristan's papers share one similarity that they all have a high citation rate. As of 22 May, 2018, his papers, including the famous *JCO* paper (which as of 4 May, 2018 has been cited 630 times on Google Scholar), have been cited a total of 6181 times.

This also became an important aim for *ACS* and other journals under AME: focus on a paper's clinical value, "Patients Come First".

"Either you don't do it, or you put 100% in." This is the principle Tristan has been following all these years. Before high school, he had been strongly influenced by a traditional Asian culture. He was particularly low-key with his work, but he also took a lot of the teachings he had received as a child to heart. Tristan was originally left handed. When he first decided to become a surgeon, he decided that he wanted to be able to use both hands, like the China's famous dual wielding-gun woman, Wenguo Zhaohong. Moreover, for a cardiothoracic surgeon, there are a lot of inconveniences that come with being left-handed during surgery. Therefore, Tristan had paid special attention to turning his right hand so that both hands would be skilled at performing surgery. As of now, he is able to perform surgery with both of his hands, and has achieved one of his goals—to become a dual wielding-gun shooter, just like Wenguo Zhaohong, in the cardiothoracic surgical field.

### **Becoming an acquaintance began with the discovery of an error in the *JCO* paper**

2009 was not an ordinary year for Tristan and Stephen Wang.

One of them was in Sydney, Australia, and the other was in Guangzhou, China. The two of them never would have thought that in that year, they would be connected by thoracoscopy.

In July, two months after Tristan had published his thoracoscopy paper *JCO*, 27-year-old Stephen Wang founded the AME publishing company and also created the company's first journal—*Journal of Thoracic Disease*, its Chinese translation is 《胸部疾病杂志》 and it's abbreviated to *JTD*.

While Stephen was preparing for the establishment of *JTD*, he was also thinking about the direction of which the journal should take. To focus on the prospects, and developments made in the field, and the development and promotion of new technology became the key aspects. At the same time, there was heated debate regarding the advantages and disadvantages of thoracoscopic surgery, and thoracotomy and Stephen was paying close attention to the developments of this debate.

One day, when he was researching and reading literature, he found a small error in Tristan's paper (*Figure 5*). Maybe because the error was difficult to spot, so it managed to slip past the editors. Stephen immediately sent an email to Tristan

explaining the error, and Tristan expressed his sincere gratitude to him. With this, their relationship began.

After this initial interaction, Stephen's strong admiration for Tristan's experience and knowledge had led him to invite Tristan to write a manuscript for the first issue of *JTD*. The manuscripts were titled, "Treatment Failure after Extrapleural Pneumonectomy for Malignant Pleural Mesothelioma (Figure 6) and "True Video-Assisted Thoracic Surgery for Early-Stage Non-Small Cell Lung Cancer" (Vol 1, No 1).

After this academic exchange and collaboration, along with a series of exchanges that had occurred at a later time, Stephen and Tristan had developed a better understanding of each other's abilities and views and decided to work together more

**Table 1.** Summary of the 21 Trials Included in the Present Systematic Review

Quality Assessment Score	No. of Patients	Clinical Stage		Procedure	
		Stage	No.	Stage	No. of Patients
19	61	cIA + B	61	No rib spreader, access $\leq$ 8 cm	PLT
18	100	cIA	100	No rib spreader, access $\leq$ 8 cm	PLT
13	67	cIA + B	67	Rib spreader, access $\leq$ 10 cm	PLT
9	70	cIA	70	No rib spreader, access $\leq$ 7 cm	PLT
16	44	cIA	36	No rib spreader, access $\leq$ 6 cm	PLT
		cIB	8		

**Figure 5** Stephen discovered in Table 1 of the Procedure Section of Tristan's paper, under "No. of Patients" is PLT (posterolateral thoracotomy).

The screenshot shows the JTD Journal of Thoracic Disease website. The page title is "Treatment Failure after Extrapleural Pneumonectomy for Malignant Pleural Mesothelioma". The authors listed are Tristan G Yan, MoMa Tin, Michael Boyer, Jocelyn McLain, Paul G. Bannon, Brian C McLaughlin. The abstract text is as follows:

**Abstract**

**Background:** Extrapleural pneumonectomy (EPP) has been used as a treatment option for selected patients with malignant pleural mesothelioma (MPM). The primary end-point of this study was disease-free survival (DFS). Prognostic indicators for local and overall DFS were statistically analyzed.

**Methods:** Between October 1994 to April 2006, 69 patients who had complete macroscopic cytoreduction after EPP formed the basis of this report. In recent years, selected patients received adjuvant radiotherapy and pembrolizumab combined with cisplatin or carboplatin. The clinicopathologic data of all patients were prospectively collected in a computerized database. Statistical analysis was performed by using Kaplan-Meier method and compared using the log-rank test. Cox-regression model was used for multivariate analysis.

**Results:** The mean age at the time of EPP was 59 (S.D. = 8) years. Nineteen patients (27%) experienced perioperative complications. The median survival was 21 months (range 2 to 104). The local disease recurrence rate was 51%. The median local DFS was 22 months (0 to 73). The overall disease recurrence rate was 64%. The median overall DFS was 18 months (range 0 to 73). In multivariate analysis, epithelial subtype ( $p = 0.028$ ) and adjuvant radiotherapy ( $p = 0.025$ ) were independently associated with an improved local DFS. Adjuvant radiotherapy ( $p = 0.011$ ) was also independently associated with an improved overall DFS.

**Conclusions:** This study demonstrated that that local disease failure was still a considerable clinical problem following complete EPP. The data also showed that patients with epithelial histology and receiving adjuvant radiotherapy were associated with an improved disease control.

**Figure 6** Tristan accepted Stephen's invitation and wrote a manuscript for *JTD*'s inaugural issue.

in the future.

Stephen never would have thought that in the near future, Tristan would become the Editor-in-Chief of AME's 8<sup>th</sup> journal, *ACS*, and that the two's relationship would continue to develop further.

### **A 29-year-old CEO makes a 32-year-old doctor an Editor-in-Chief. That is something only AME is crazy enough to do!**

As his relationship with Tristan deepened, Stephen had become more and more determined to establish a journal on cardiothoracic surgery, and had invited Tristan to be the Editor-in-Chief. However, Tristan was unmoved and rejected his invitation saying, "You were born in 1982, I was born in 1979, are you crazy?"

In 2011, Stephen and the founder of DXY, Tiantian Li, went to Sydney to visit Tristan. The two of them introduced their idea of creating *ACS* to him and invited him to take on the role of being an Editor-in-Chief. Tristan did not express any clear intentions and only took them out for a meal before leaving them.

After they came back from the trip, Stephen considered his options and still insisted that no one was a more suitable candidate for the position of Editor-in-Chief of *ACS* than Tristan was. In 2012 around Chinese New Year, he got on another plane for Sydney, determined to get Tristan on board. This time, he stayed for 10 days.

At the beginning, Tristan didn't have a lot of interest. He said, "I work 18 to 20 hours a day, 6 to 7 days a week. All the clinical work I've been doing has started to take a toll on me. If one want to set up a journal, one have to fully dedicate yourself to it and I don't think I have the energy to do that. Moreover, I've already published over 100 SCI papers myself, so why would I take on this sort of work?"

"So you've published 100 papers, but I have a question for you. What is the difference between the first paper you published and the hundredth? If your hundred and first paper was rejected by the editorial office, would you be upset?"

"Are you willing to continue being a team player? Instead, how about you try and change your role and be the coach, or to be the reference for once?"

Stephen's words had an obvious impact of Tristan—it made him think of a prominent character like Professor Paul H. Sugarbaker. Although Professor Sugarbaker is a world renowned doctor, he still gets upset when his manuscripts get rejected and afterwards he has to continue his hard work. But Tristan still had his concerns, and was not willing to state his position on the matter.

Stephen went on to say, "The top three cardiothoracic surgery journals in the world—*The Annals of Thoracic Surgery*, *European Journal of Cardio-Thoracic Surgery*, and *The Journal of Thoracic and Cardiovascular Surgery*, there are no essential differences between these journals and internal medicine journals. They all focus on publishing important research results. The only difference is that these journals focus on surgery instead of internal medicine. Some of the more unique characteristics of surgery do not play a prominent role in these journals. Things such

as surgical videos, surgical maps, etc. are rarely present. Moreover, you yourself are a young doctor, so you would better to understand the journal's target audience and the importance of their development cannot be underestimated. By helping others, we are also helping ourselves. What benefits us is also benefitting other people. We are setting up a medical journal which is targeted towards young doctors and that will be enjoyed by young doctors, what's not to be excited about?"

Maybe Stephen's words finally got to him, or maybe there were something in particular that he said that struck a chord, but Tristan was finally convinced and decided to work hand in hand with AME and ACS.

"I have another question, why did you chose me? Do you think I'll be able to handle it?"

"Believe in the power of belief."

### **We want to set up a surgical journal that focuses on 'surgery'**

So they did what they said they would. In the restaurants they met at, Stephen and Tristan had planned out certain parts of ACS, such as its aims, visions, logos, and the topics for the first two issues and Guest Editors.

*ACS's aim:* As Tristan is a young cardiothoracic surgeon himself, he is able to be both the Editor-in-Chief and a reader. Therefore, young doctors became ACS's target audience and becoming a journal that is enjoyed by both young doctors and older doctors became their goal.

*ACS's vision:* To make ACS an influential journal amongst the international cardiothoracic surgery community and a journal that is well respected by its peers (*Figure 7*).

Now that they have established the journal's direction, they had to figure out the details. Stephen gave Tristan his absolute trust and allowed him to act according to his own ideas. Everything, including all the columns, was decided by Tristan because his background as a cardiothoracic surgeon and his vast clinical experience had meant that he would truly understand the needs of the cardiothoracic surgeons.

First of all, they needed to have columns that reflected the characteristics of surgery. It's not hard to realise that a lot of surgeons are highly skilled at making a hand-drawn surgical map. Through these maps, they are able to review their work and to improve on it. Therefore, Tristan decided to set up an "Art of Operative Techniques (*Figure 8*)" column that explains the crucial cardiothoracic surgical



**Figure 7** The ACS logo that was born on a restaurant napkin combined the heart and the chest these two elements.



techniques through illustrations. This column was very well received by readers.

However, as majority of surgeons had hand-drawn their illustrations, how to present these illustrations in the form of a standard surgical map was a problem of which Tristan had struggled with.

After introductions made by friends, resume collections, interviews and other rounds of screening and assessment, Tristan finally decided to make Beth Croce, an artist from Sydney, the artist behind *ACS's* Art of Operative Techniques column.

In her recommendation letter for *ACS*, Beth Croce said this: I was contacted last year and asked if I would be interested in joining the highly motivated *ACS* team, providing medical illustrations that would be accurate, informative and also artistic. As a certified medical illustrator with 18 years experience (MA from Johns Hopkins Medical School, Baltimore USA), 10 of those as in-house illustrator in cardiac surgery departments, I felt it was a good fit.

Over the past year I have found Editor-in-Chief Dr Tristan Yan and his colleagues well organized, focused, with uncompromisingly high standards that promise to make the *Annals* a long-term player in a crowded field of lesser cardiac publications. I think that this is in part due to embracing of visual media (both video and illustration) and contemporary distribution formats (web and ebook in addition to hard copy).

In my practice I illustrate cardiothoracic procedures for clients worldwide and can say that the art program for this publication is unique in both the amount of illustration present and its quality. I am currently acting as Illustration Editor for the *ACS* and help ensure that only the highest standard of professional illustration is present in each volume. When substandard illustration is submitted, the art is redrawn, in consultation with the contributor. I believe that the art program of the *ACS* is without peer among cardiothoracic periodicals.

I have enjoyed working with *ACS* production team over the past year and my



**Figure 8** The “Art of Operative Techniques” column and a schematic diagram of the surgical operation done for Marfan syndrome.

participation in the journal is one of my favorite parts of my practice. Dr Yan has selected a dynamic, hard-working and friendly group of individuals who are a pleasure to work with, providing a cohesiveness that sees us through the demands of timely publication in an ever-evolving field. I look forward to the progress of this journal in 2013 and beyond.

As *ACS* is a cardiothoracic surgery journal, some illustrators might struggle to understand some of the illustrations depicting the surgical procedure. When these problems arise, Tristan often personally draws the illustrations, labels them clearly, and then sends to illustrators so that they can turn them into professional medical illustrations to complete the column's surgical map. Tristan's hand-drawn illustrations, and the professional illustrations that are ultimately published in the journal (*Figure 9*), as well as the exact location and position of neurovascular components in the hand-drawn illustrations, require a lot of special cautions to be specified in the illustrations. There are multiple steps in process from the illustrator first understanding the hand drawn illustration, to gradually coloring it in, adjusting it, and finally completing the illustration. Each step of this process is crucial and cannot be underestimated (*Figure 10*). Because the two of them are quite a great distance apart, they generally communicate through the internet. The two of them often discuss one illustration for hours, and the illustration often goes back and forth between them several times during the fixing process.

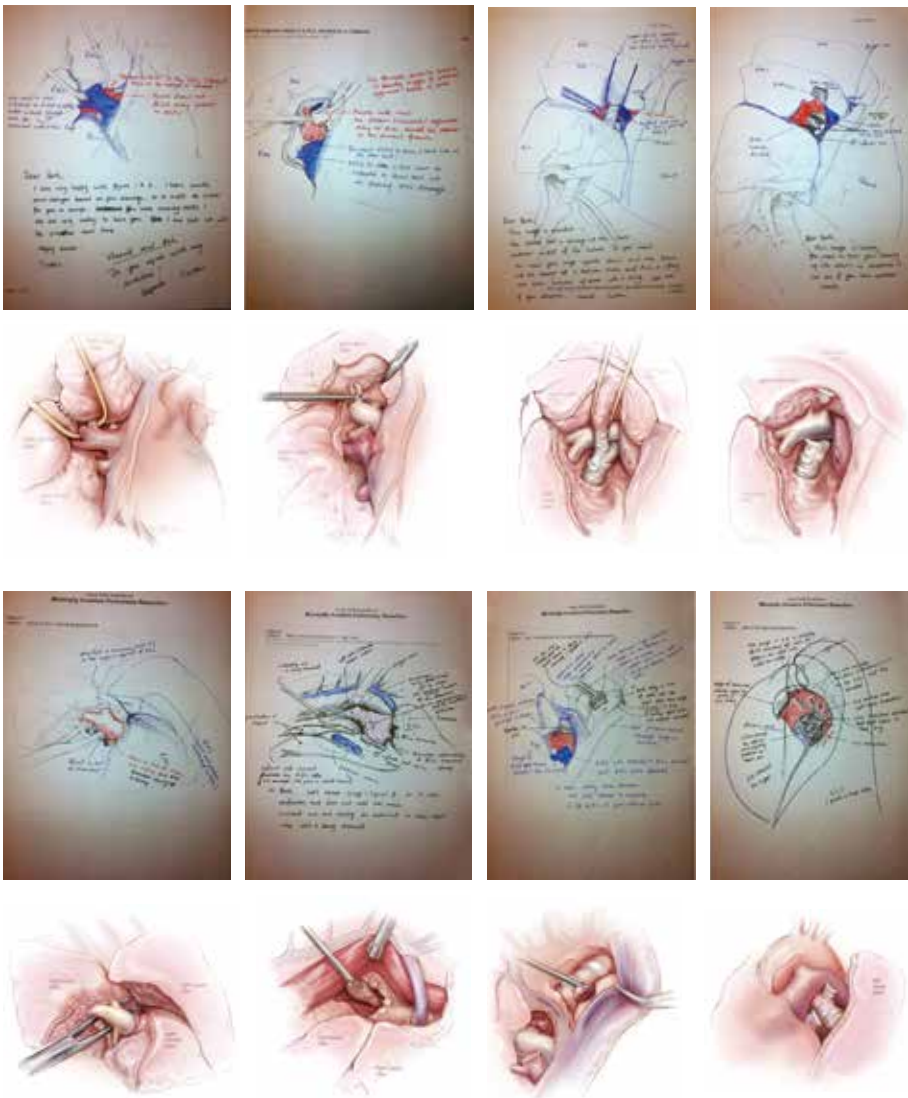
Afterwards, because some of the illustrations were rather complex, and because Tristan became increasingly busy, the person in charge of the current issue had become responsible for breaking down the surgical videos, sending the screenshots to the illustrator, and then the illustrator drew the illustrations based on the screenshots. Regardless of how it changes, Tristan has always personally ensured the quality of the Art of Operative Techniques column, and this column has also become one of *ACS's* most popular ones.

Another one of *ACS's* columns that reflected the characteristics of surgery is Masters of Cardiothoracic Surgery, a column that displays cardiothoracic surgical videos (*Figure 11*). This column focuses on presenting surgical videos with narrations that have been provided by internationally renowned experts. This column hopes to explain the surgical procedure in detail through the use of multimedia and to provide young doctors with a valuable opportunity to learn.

It is worth mentioning that when these experts provided these videos, they do not only ensure the quality of the video is good, and that the narration is detailed, they also follow *ACS's* requests and provide time stamps for each step of the surgery to help the readers find each step more easily (*Figure 12*).

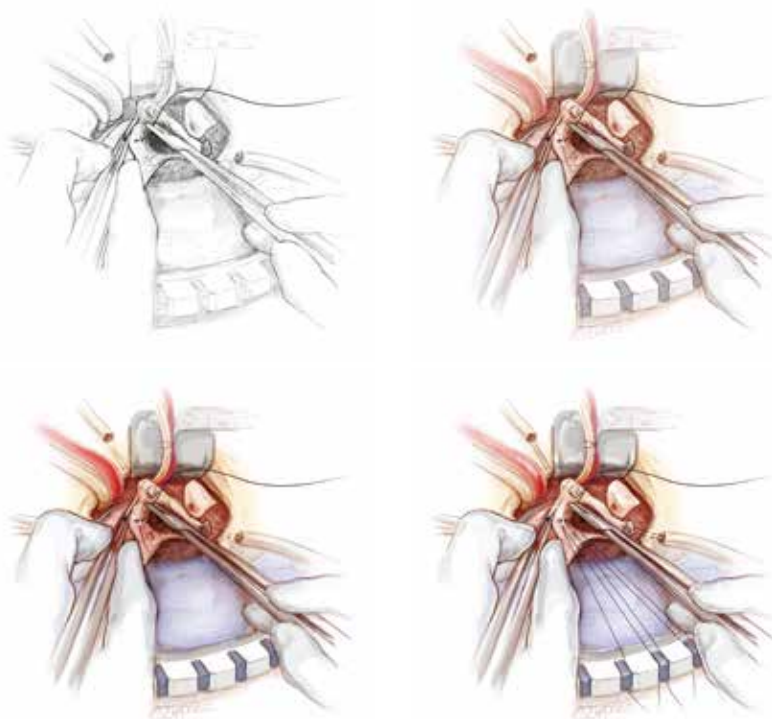
Secondly, a majority of the journal's target audience consists of young surgeons; therefore, *ACS* has specially set up columns of Systematic Review and Meta-analysis, Keynote Lecture, and Featured Articles respectively.

The Systematic Review and Meta-analysis column (*Figure 13*) specializes in publishing a systematic reviews and meta-analysis of the latest topics which are



**Figure 9** Drawings done by Tristian, all done by hand with the requirements sent to the illustrators and final illustrations published in *ACS*.

related to cardiothoracic surgery. Through evaluating, and selecting and synthesizing the latest data, this column aims to obtain the highest quality of evidence-based medical data available. This data is of high clinical value and can be used as a reference for clinical doctors.



**Figure 10** The illustrator gradually transforms the images done by the surgeons into a professional work of art for the journal.


Home > Masters of Cardiothoracic Surgery

Welcome to Masters of Cardiothoracic Surgery

Masters of Cardiothoracic Surgery features narrated videos provided by renowned surgeons. This section is designed to be a detailed "how to" multimedia manual for operative procedures.

You are welcome to provide commentary and discuss any of the published video articles, via the **Your Comments** section. The **Your Comments** section will be available for general public viewing. If you wish to comment on a video article in Masters of Cardiothoracic Surgery, please locate the video article, click on the **Your Comments** tab and email your letter directly to the Editor-in-Chief. The authors of the original publication will be given the opportunity to respond to **Your Comments**. Please note that letters submitted to the **Your Comments** section are limited to 500 words. Join in the discussion today! All accepted letters will be published online within 48 hours and selected letters will be published in the print journal.

Vol 7, No 2 (March 2018): Tracheal Surgery

 **Tracheal stenosis—resection and reconstruction**  
 Hugh G. Auchincloss, Douglas J. Mathisen  
[Full Text \(Video\)](#) | [PDF](#)

**Figure 11** Introduction on the Masters of Cardiothoracic Surgery column homepage.

**Masters of Cardiothoracic Surgery**

### Tracheal stenosis—resection and reconstruction

Hugh G. Auchincloss, Douglas J. Mathisen  
 Division of Thoracic Surgery, Massachusetts General Hospital, Boston, MA, USA  
 Correspondence to: Douglas J. Mathisen, MD, Division of Thoracic Surgery, Massachusetts General Hospital, 55 Fruit Street, Founders 7, Boston, MA 02114, USA. Email: dm1athise@partners.org.  
 Submitted Feb 01, 2018. Accepted for publication Feb 26, 2018.  
 doi: 10.21037/acs.2018.03.10

**Video Chapters**

- 00:00:23 Clinical vignette
- 00:01:07 Preparation
- 00:01:21 Excision
- 00:03:18 Division of trachea
- 00:07:32 Anastomosis
- 00:14:01 Single muscle mobilization
- 00:23:53 Completion

**Figure 12** Of the March 2018 Issue of *ACS*, a surgical video demonstrating tracheal stenosis-resection and reconstruction by Doctor Hugo G. Auchincloss and Doctor Douglas J. Mathisen from the Massachusetts General Hospital. To the right of the video are the different surgical steps and their respective timestamps.

Home > Systematic Review

### Welcome to Systematic Review

**Systematic Reviews and Meta-analysis** is a featured section with published systematic reviews and/or meta-analyses from the ACS addressing contemporary topics within the field of cardiothoracic surgery, based on the principles of evidence-based medicine. These reviews aim to identify, appraise, select and synthesize the highest-level evidence available in the current literature.

You are welcome to provide commentary and discuss any of the published systematic reviews. The **Your Comments** section will be available for general public viewing. If you wish to comment on a review article in this section, please locate the review article, click on the **Your Comments** tab and email your letter directly to the Editor-in-Chief. The authors of the original publication will be given the opportunity to respond to your comments. Please note that letters submitted to the **Your Comments** section are limited to 500 words. Join in the discussion today! All accepted letters will be published online within 48 hours and selected letters will be published in the print journal.

Vol 7, No 2 (March 2018): Tracheal Surgery

**A reassessment of tracheal substitutes—a systematic review**  
 Brooks Udelsman, Douglas J. Mathisen, Harald C. Ott  
[Full Text](#) | [PDF](#)

**Figure 13** Introduction on the “Systematic Review and Meta-analysis” column homepage

The Keynote Lecture column (*Figure 14*) had been specially designed with the fact that the young doctors have limited opportunities to participate in larger scale, more international cardiothoracic surgery conferences, and therefore are unable to personally listen in first person, to the experts discussing high quality report analyses of the trending topics in the cardiothoracic field.

In the column introduction, the Keynote Lecture was described like this: *ACS* invites experts to present keynote lectures on hot topics in cardiothoracic surgery. Each report is accompanied by an overall review article. By integrating the recommendations which were made by the experts with vast clinical experiences, the readers will be able to better apply the results of scientific research into a clinical practice.

As a young cardiothoracic surgeon himself, Tristan understands the needs of other young cardiothoracic surgeons and therefore designed the Keynote Lecture column. This column has received the support of the world renowned cardiothoracic experts such as Tirone E. David, Y. Joseph Woo, John A. Eleftheriades, David P. Taggart, Friedrich W. Mohr, Martin Misfeld, Mark La Meir, Thomas A. D'Amico, Randall B. Griepp, and Brian F. Buxton. They have all accepted *ACS's* invitation to present keynote lectures, and have also acted in strict accordance to the editorial office's requirements. Not only did they maintain their high video and sound quality, they also labelled each chapters in detail, so that the readers could find the chapters they needed, whenever they needed. Their attention to detail is extremely admirable (*Figure 15*).

The Featured Articles column (*Figure 16*) embodies the essential characteristics of the international peer-reviewed journals. In order to ensure that cardiothoracic surgeons are up to date with the recent advancements in the diagnosis and treatment of cardiothoracic disease, this column publishes raw data from a number of clinical studies, including randomized controlled clinical studies, prospective studies, single and multi-center reports as well as results from basic research.

A lot of these studies summarize the cases and the experiences of the authors from prominent cardiothoracic surgery centers around the world. These studies provide a large set of data reports and demonstrate the idea of quality materials producing quality products.

**Accomplishing something might not be difficult, but its difficulty lies in persevering; persevering itself might not be difficult, but the difficulty lies in persevering itself until the end**

From their initial characterization of the *ACS*, Stephen and Tristan had already decided that they would be “creating a journal that was well-respected among its peers” not only as a slogan, but something that was going to be put into practice.

Tristan, who always put 100% into everything he does, insisted on making *ACS* a journal that focused on its “special issue”. Every issue centers around a topic and is



Figure 14 Introduction on the “Keynote Lecture” column homepage



Figure 15 In the March 2018 issue of *ACS*, three authors from Division of Thoracic Imaging, Department of Radiology, Massachusetts General Hospital gave on keynote lecture on “Imaging of the Trachea”. On the right side of the video are the different report chapters and their corresponding time stamps.



**Figure 16** Introduction on the “Featured Articles” homepage.

thoroughly explored through categorized sections, such as illustrated articles, surgical videos, systematic reviews, keynote lecture, and featured articles, these issues would provide a great breadth of knowledge. Every *ACS* issue followed this format, issue after issue, year after year, soon doing this for 6 years.

In order to ensure the quality of each issue, Tristan insists on checking every issue himself. Moreover, after each issue has been published, Tristan will act as a reader and read the entire issue. After reading, he summarizes the areas of which the issue did well in and the areas that could be improved.

As *ACS*'s influence continues to grow, many people have tried persuading Tristan to make the journal a monthly or even a biweekly journal. This would increase the journal's number of manuscripts and its click-through rate, further promoting the journal and increasing the chance of it being included in SCI. However, Tristan had to put his busy clinical and business schedule into consideration. In order to maintain the journal's quality, Tristan decided to adhere to a two month schedule, of which the journal had been following for the past 6 years.

Moreover, considering that the *ACS*'s target audience mostly consists of young doctors, despite pressure coming from the journal's cost and profit, Stephen and Tristan have insisted on the journal being free and open-access, while other well-known cardiothoracic surgery journals have been paid to read. Their reasoning behind this is so that this valuable information will be accessible to young cardiothoracic surgeons and that they will benefit from it.

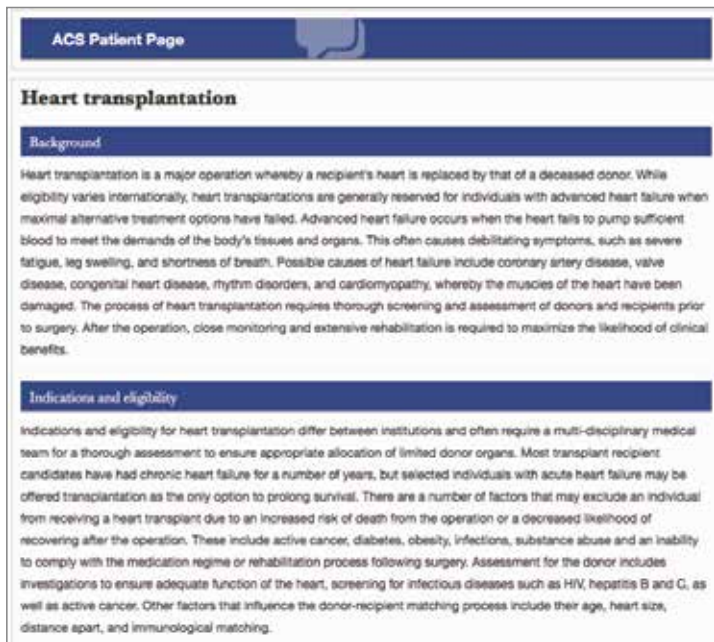
In order to accomplish something, you must make compromises. Over these 6



years, “special issues”, “free”, “open-access”, “every two months” have been the principles *ACS* has adhered to. All the updates and improvements *ACS* has made were made in order to satisfy the needs of the readers, or as a response to their feedback.

For example, the *ACS* Patient Page. This is also an important feature of *ACS* as it combines both the professional and the popular sciences. Initially, this column used a case-introduction format and colloquial language to introduce readers to the disease. After, Tristan realized that using the traditional case introduction format that included a summary of medical records, test results, diagnosis, and treatment choices was not suitable for their readers. Therefore, they improved these columns by using categories like background, indications and eligibility, operation, benefits, and risks to introduce the case. This allowed the case to be more easily understood (*Figure 17*).

In addition, because *ACS* has unique characteristics such as being closely integrated with clinical practices, able to bring together experts, being free and open-access, it has caught the attention of many cardiologists. The Executive Assistant to CEO of AME Publishing Company Assistant Grace S. Li still remembers her experience of attending the 2013 American Association for Thoracic Surgery Annual Meeting: “Back then, *ACS* had only been established for a year; however, its



**Figure 17** The improved *ACS* Patient Page is a lot more in line with the patients' reading habits.

reputation far exceeded that of AME's. The *ACS* booth attracted numerous amounts of readers from both China and abroad. A lot of readers were able to specifically state the issues and the columns they needed.

"The internet has allowed us to establish a closer relationship with our readers around the world. Our readers' opinions will always be the most important thing to us." Stephen emphasizes.

### **ACS's secret to establishing a good reputation—exceeding the expectations of their readers**

A few years ago, there was a story that was shared on Weibo about a person who had requested that the waitress should do a takeaway bag for their unfinished watermelon after they had finished eating their meal, and was refused. After they had paid for their meal, the waiter brought them an unopened watermelon instead and said: "As you wanted to take away your watermelon, we've prepared an uncut one for you. It isn't sanitary to bring back an open watermelon."

The person was deeply touched by the restaurant's efforts. The key to establishing a good reputation is to go above and beyond for your clients.

Jun Lei, the founder of Xiaomi Technology, once shared, a good product markets itself, good service also markets itself. People will naturally be willing to promote a product if they think it is good.

Here at *ACS*, we agree with this sentiment.

From its establishment in May 2012 to June 2018, *ACS* has published 37 special issues, has had 29 world renowned scholars as Guest Editors, and published 744 papers.

*ACS*'s strong reputation in the field of cardiothoracic surgery is supported by these figures, but the real secret behind its reputation, is their ability to exceed the expectations of the cardiothoracic surgeons who are reading it.

There is a certain consensus in the industry in regards to the standards of international journals and how to evaluate influential journals. A standard international journal must have a good international integration; for example, authors, readers, citations, including open academic markets, degree of display of international databases. While simultaneously, it should be open, collaborative, and be able to participate in the industry's exchanges and discussions, as well as participate in its development and innovation. In terms of evaluating influential journals, everyone agrees that they should be defined by both quantitative and qualitative aspects. Quantitative aspects include the journals impact factor. Regarding qualitative aspects, if there are disciplines in which a journal's influence cannot be assessed using quantitatively, then qualitative factors, such as its awards and praise it receives as well as being displayed in international evaluations are also indicators of a journal's impact.

After learning that *ACS* was applying to be included in SCIE, many world

renowned experts had actively helped promote ACS, and wrote recommendations which had detailed their experiences over the years working with AME, ACS, and Tristan,

*The content and format of the Annals of Cardiothoracic Surgery is certainly quite novel. In contrast to other journal of this type, which usually include a series of reviews on various topics, the Annals of Cardiothoracic Surgery includes very high quality systematic reviews and meta-analyses, summaries of the most recent laboratory and clinical researches, and sections on the operative technique. The emphasis on high quality videos, illustrated articles and web-based distribution sets an important contemporary standard for surgical journals. The editorial office for the ACS is proactively involved in establishing the high quality journal standard. I have provided the edited textbooks, and served as guest editor for other publications of this type. I must say my experience with interacting with the staff of the ACS indicate that their work was of the highest caliber.* **(Valerie W. Rusch, MD, Chief, Department of Thoracic Surgery, Memorial Sloan-Kettering Cancer Center, New York, NY, US; Guest Editor of the special issue on ‘Malignant Pleural Mesothelioma’ of ACS)**

*Being an Associate Editor of the journal, I have been involved in the tremendous progresses the journal has achieved over the last years. I have contributed with Prof. Friedrich Mohr to the ACS an issue of minimally-invasive mitral valve surgery, a surgical technique for which our center is worldwide recognized. We continuously participate in the ongoing issues which have a remarkably high quality of scientific works and practical clinical contributions by world leaders in their field.* **(Martin Misfeld, MD, Co-Director, Department of Cardiac Surgery, Leipzig Heart Center, Leipzig, Germany. Associate Editor of ACS, Guest Editor of the special issue on ‘Minimally invasive mitral valve surgery’ of ACS)**

*The Annals of Cardiothoracic Surgery represents significant advancements for the specialty literature of cardiothoracic surgery. As Editor-in-Chief of CTSNet, the world’s largest cardiothoracic surgery website (with 4 million hits per year and 40,000 regular members), I can see that ACS is very popular with our members. We regularly notify our members of the contents of each issue of the Annals of Cardiothoracic Surgery, and have been very impressed by the responses these notifications have had.*

*ACS is a unique and innovative peer-reviewed resource that devotes each issue to a specialty subject, creating a comprehensive and useful compendium of knowledge. Its outstanding illustrations and instructive videos perfectly complement the well-researched articles. This modern multimedia format abstains from the past’s traditional textual presentations, and instead embraces the future’s audio-visual scholastic environment.*

*ACS is truly an outstanding and valuable resource. Its free-usage policy and fast-tracked review process ensures a rapid and widespread dissemination and the application of the latest research.* **(Joel Dunning MD, Thoracic Surgery, James Cook University)**

**Hospital, Middlesbrough, UK. Editor-in-Chief of CTSNet.org. Associate Editor of ACS, Guest Editor of the special issue on 'Minimally Invasive Mediastinal Surgery' of ACS)**

*Each issue (of ACS), produced on time every two months, covers all aspects of a specific topic within Cardiothoracic Surgery. The articles range from the high quality meta-analyses through clinical series, research highlights, illustrated articles and extremely well produced narrated videos as well as surgical pitfalls. Its format has proven incredibly useful to our members.*

*The format of the journal is unique and as such, the contributors have been of the highest caliber. Indeed, the Guest Editors of every issue are each noted as the leaders in their fields. Each issue has become a resource in its own right, and the series is sure to become an indispensable part of the Cardiothoracic Surgical literature worldwide.*

*The Royal Australasian College of Surgeons has endorsed the Journal as a resource for its Surgeons and Trainees alike. I am confident that the Annals of Cardiothoracic Surgery will have a lasting impact on our field of surgery. [Julian A. Smith, Councilor and Chairman, Professional Development, Immediate Past- President, Australia and New Zealand Society of Cardiac and Thoracic Surgeons (ANZSCTS)]*

*Each issue of ACS is devoted to a specific and important modern surgical topic, detailing the latest ground-breaking surgical techniques, clinical management, and translational research. Such a detailed focus on a single subject has made each issue a comprehensive compendium of modern cardiothoracic surgery, offering a highly focused scholastic source of knowledge.*

*Furthermore, ACS has truly embraced today's technological and multimedia environment. In addition to the didactic articles, each issue offers interactive surgical videos from the world's leading cardiothoracic surgeons, demonstrating operative techniques and providing invaluable advice to viewers. Readers now have the unique opportunity to watch pioneering surgeons operate, and to garner new advice from their wisdom.*

*The educational value of ACS cannot be understated. Each issue of ACS presents systematic reviews on controversial topics and provides the best succinct summaries to clinicians. Keynote Lectures and Research Highlights expound the latest in cutting-edge research from renowned academics, while the perspectives from the leading surgeons detail their outlook on issues of importance.*

*The innovative format of ACS is further epitomized by its open access policy and efficient peer-review system that allows for an instant wide-spread application of the research findings. Its articles feature professionally created diagrams that complement the technical details, which further highlights its invaluable educational worth.*

*In closing, the pioneering format of Annals of Cardiothoracic Surgery has not been seen in any other journal. I am certain that this format in particular, the presentation of the themed issues, which are accompanied by the video articles from the leading surgeons, represents the format of the future for all surgical journals. (Scott LeMaire, MD, MRCS,*

**Scottish Cardio-Thoracic Trainees Representative, Member of the Trainees Committee of the Royal College of Surgeons of Edinburgh; co-Guest Editor of the special issue on ‘Thoracoabdominal Aortic Aneurysm Repair’ of ACS)**

*I have found this journal to be a valuable educational resource in my practice. The journal is very well organized, with a vast diversity between both of the cardiac and thoracic topics, as well as having a wealth of instructional videos. This is one of the few journals that has such an extensive and comprehensive video library. The contributions have been from the internationally recognized surgeons in their respective fields and subspecialties who have also appreciated the value of this journal. (Joseph Lamelas, MD, Associate Professor, Consultant Cardiovascular Surgeon, Mount Sinai Medical Center, Miami Beach, FL, USA)*

*Under Prof. Tristan Yan’s leadership and guidance, the Annals of Cardiothoracic Surgery has experienced a tremendous growth and reader support since 2012. The quality of the article submissions and editorial content is outstanding, and the dramatic increase in the citation count as well as viewership on the website are testimonies to the success of the journal. The success has led to several education grants, and as well as official support from the Australian and New Zealand Society of Cardiothoracic Surgeons.*

*Not only does the authorship span experts from the entire globe, the editorial board that has been assembled represents an international cast of leaders and authorities in the field of cardiothoracic surgery. These experts are not just limited to one portion of the world, but span almost every continent. (Edward Chen, MD, Associate Professor, Director, Aortic Center and Thoracic Aortic Surgery, Emory University of Medicine, Atlanta, GA, USA)*

*I have seen ACS’ tremendous rise within the cardiothoracic community, particularly as its reputation for high quality articles continue to impress many. I have seen its remarkable educational value first hand for both the trainees and the fellow consultant surgeons alike. The themed issues are a modern compendium of knowledge for each procedure, which is incredibly useful for today’s time-strained surgeons. I have seen the important contributions from the well-respected surgeons, and the opinion leaders in the field, which helps to shape the debate around various topics, for many more years to come.*

*I have been privileged enough to have been invited to submit several manuscripts to the journal in the past. I have found that the ACS Editorial Office is highly professional and efficient. They pride themselves on the timeliness of their responses, and the integrity of their review process. Finally, as a cardiothoracic surgeon with >15 years of experience, I wish to further emphasize the authority of the Editorial Board and the authors who are invited to contribute. These individuals are at the pinnacle of their respective sub-specialties of their surgical practice and clinical research, and their advice and thoughts are worth an immense weight in our community. (Marco Di Eusanio, MD, PhD, Assistant Professor of Cardiac Surgery Department, Sant’Orsola- Malpighi Hospital, Alma Mater Studiorum University*

**of Bologna, Italy; Guest Editor of the special issue on ‘Minimally Invasive Aortic Valve Surgery’ of ACS)**

*The main focus is to highlight a subspecialty topic in each issue, aiming to provide a critical analysis and comprehensive overview of the contemporary, and at times, the controversial aspects of a particular topic. It can be accessed in “hard copy” or on the “web”. The quality of the journal is outstanding and I believe its format is unique. So far, the contributors for each issue have been world leaders in their field, and this has significant impacts in terms of the quality and attractiveness of the journal to its potential readers. In each issue, the readers are taken through a systemic reviews of the subject, research highlights and featured articles along with sections on the art of operative techniques including a masters of cardiothoracic video section documenting operative techniques. Already, I believe the journal has become the gold standard for updates on its covered topics. The concept of subspecialty issues of a journal, which covers topics from systemic literature reviews to the precise operative technique, is unparalleled in our specialty.*

*I cannot recommend the journal highly enough, in the specialty of cardiothoracic surgery it has provided a welcome and inspiring addition to the resources practicing surgeons and researchers in the field have, to gain up to date information which has undergone a peer review process. I am convinced due to its unique format and user friendly format it will go from strength to strength and become one of the leading points of reference in our specialty.* **(Malcolm Underwood, MB chB, FRCS(EL), FRCS(crh), MD, FCSHK Chairman, Cardiothoracic Surgery Board, The College of Surgeons of Hong Kong, Chief, Division of Cardiothoracic Surgery Department of Surgery, The Chinese University of Hong Kong, Hong Kong, China)**

*ACS is unique in terms of its format and educational values. Actually, thanks to exclusive features such as interactive videos, systematic reviews, illustrated articles, operative videos provided by renowned surgeons, it offers something new comparing to the current journals. Moreover, ACS facilitates and stimulates the discussion and sharing of pertinent clinical information amongst surgeons and physicians concerned with the surgical treatment of cardiovascular diseases.* **(Roberto Chiesa, Chief Vascular Surgery Department, Ospedale San Raffaele, Milano, Italy)**

A letter from Vakhtang Tchantchaleishvili, a cardiothoracic surgery resident at the University of Rochester in New York, USA, to the ACS editorial office, with no doubt reflects the thoughts of ACS’s readers (See *Figure 18*).

**Dear editor,**

*I have been reading Annals of Cardiothoracic Surgery (ACS) from the day of release of its first issue.*



**Figure 18** A letter from Vakhtang Tchantchaleishvili, a cardiothoracic surgeon at the University of Rochester in New York, USA.

*I find it to be a unique and extremely educational journal for several reasons, which I am going to elaborate further on.*

*I would like to start with the fact that ACS is the only cardiothoracic surgical journal in the world where each issue is focused on a specific topic. These issues are guest edited by world experts in the field. Not only is this format unique, but it gives an exceptional educational value to the journal. Because of this, ACS is an excellent learning tool for me and other residents in cardiothoracic surgery. I am sure that is an equally valuable resource for continuous medical education of fully trained surgeons.*

*ACS has a well balanced content, which is its another strength. The topic for each issue alternates between cardiac and thoracic surgery. Each issue has a consistent, well defined structure and includes systematic reviews, lecture series, operative techniques, and tips by world-class cardiothoracic surgeons. All of these are well illustrated in full color. Because of this, each issue reads fast and effortlessly.*

*A special point worth mentioning is the multimedia friendliness of ACS. Interactive videos (lectures, surgical techniques) in each issue bring ACS beyond the traditional limits of a printed journal, making it a multimedia source of learning and education. The videos are high definition and platform independent, thus not restricted to a specific device or operating system. Combined with the fact that each journal issue is open access from the day of release, ACS is “optimized” for portable electronic devices and tablet computers—primary reading and learning tools for many of us these days.*

*In summary, ACS is a free, open access, expert edited multimedia journal with excellent quality that reads easily and effortlessly, and is accessible on any device, anywhere you go. Its unique format of focused issues makes it an invaluable educational tool for cardiothoracic surgery residents like me.*

*Whenever ACS is mentioned to young cardiothoracic surgeons in China, almost all of their first reactions are—“I really didn’t expect it to be a Chinese journal!”*

One day in 2017, when Doctor Jianjun Qin from the Department of Thoracic Surgery at the Henan Cancer Hospital was searching for literature, he stumbled across a review published in *ACS* written in collaboration by American oncologists, radiologists, and thoracic surgeons titled “The Current Status and Future Direction of Esophageal Cancer Treatment”. After reading it, he felt like he gained a lot from reading the review. He himself is a thoracic surgeon and has an interest in esophageal cancer. After reading the review, he suddenly had an idea: Could this review be translated and introduced to my Chinese colleagues? Everyone would benefit greatly from reading this review. However, he was concerned about copyright issues, so he tried to contact *ACS*’s editorial office through its website homepage. What he didn’t expect was that *ACS* is the journal under AME Publishing Company, a publisher he had started paying close attention to back in 2015! He decided to take a chance and went to Mr Stephen Wang for advice. He never expected Mr Wang to allow him to use the review for free. After this review was sent through the Chinese Medical Association’s Thoracic Surgeons Public WeChat, it was estimated to have been read by over 5,000 people.

Doctor Ran Mo from the Department of Cardiothoracic Surgery at Nanjing Drum Tower Hospital’s story with *ACS* is even more tortuous. One day in 2013, back when he was still an intern, a mentor who had just come back from a meeting abroad gave him a journal saying, “This issue is about TAVI (transcatheter aortic valve placement). Take it and have a good read of it.” He had previously written a paper about TAVI and wanted to see the reviews of his colleagues overseas, so he went back to his dorm and started studying the journal.

The journal he received was called *Annals of Cardiothoracic Surgery*. At the time, Doctor Mo thought that it might belong to the same series as *ATS*, *JTC*, *JCS*, the journals we are familiar with. The names of the journals are similar; therefore the contents of the journals are probably also similar. As for the name of the publishing company AME, he speculated with his “shallow” English that the publisher was probably something like the American Medical XXX association.

But after all, it was the first time he had seen a physical copy of a “foreign” journal



and he was shocked that the journal had such a beautiful cover. What impressed him the most at that time were the illustrations in the journal. With 10 exquisite medical illustrations, entire process of a transapical TAVI operation was demonstrated in an easily understandable way. After all, it was still a new technique, and there had only been a few of cases in China, so despite having previously read a lot of literature on it, this was the first time he had intuitively understood the operation procedure.

Fate is a funny thing. As a result of his good performance during his internship, Doctor Jia Wei from the hospital's oncology department came to find Doctor Mo. Doctor Wei told him that a journal had asked her to recommend a cardiothoracic surgeon to help translate an English issue and she recommended him. At the time, he didn't fully understand the situation but he agreed to do it anyway. When he read the specific details Doctor Wei sent over, he was shocked. The journal that he was translating was *ACS*, and among the issues was the TAVI one he had studied.

What surprised him even more was that it wasn't a foreign journal, instead it was published by a Chinese publisher. After completing the task, he was fortunate enough to go to Guangzhou and met Mr Stephen Wang, the founder of AME Publishing, in rather simple office and conference room. "My initial feeling was that the company had chosen a great direction for their company. They utilized the leading academic journal and editorial office model. Unfortunately, I didn't have money otherwise I would have definitely bought stocks from the company."

In the following years, *ACS* remained Doctor Mo's favorite AME journal. It also maintained a consistent thematic discussion format with every issue revolving around one theme, from reviews to clinical research to surgical illustrations to surgery videos. For a doctor like him who had only just begun practicing cardiothoracic surgery, this type of interesting, yet concise format was more suitable. He also recommends the younger doctors who have just begun their careers in cardiothoracic surgery to read *ACS*. "I believe if they stick with this model, *ACS* will not only become an excellent SCI journal, but will also be a great teacher to every doctor or student in cardiothoracic surgery.

In the Peking University School of Medicine eight-year long degree class of 2002, there were 3 students who had been deemed, noteworthy. These three students had started their medical education together, interned together and after graduating, all three of them entered cardiothoracic surgery. As a result, their classmates often jokingly referred to them as "the three musketeers of cardiothoracic surgery." They are Doctor Kezhong Chen and Doctor Xiao Li from Peking University People's Hospital, and Doctor Xinghua Cheng from Shanghai Chest Hospital. After they began their medical careers, because of various reasons, they all crossed paths with AME and *ACS*.

"*ACS*'s first issue left a very strong impression on me. The theme of the issue was thoracoscopic surgery. I know a lot of leading experts in the field of thoracoscopic surgery from around the world who have written manuscripts on the various topics, including D'Amico, Swanson, Tommy, and McKenna. They are all seniors I respect

very much and so therefore, being able to publish a paper in the same issue as them was a great honor. As my career trajectory was going towards a minimally invasive chest surgery method, and have also conducted systemic review and analysis on thoracoscopic lung surgery, therefore this issue's theme would help me deepen my understanding of the experiences of medical centers and doctors around the world." *ACS*'s first issue is still fresh in Doctor Chen's memories. He admits that by discussing and analyzing one theme in each issue, *ACS* greatly reduces the amount of time its readers need to spend on finding literature. If *ACS* is properly utilized, it can greatly improve the efficiency of their work. At the same time, he expresses his appreciation of the work done by *ACS*: "Basically all the English journals related to thoracic surgery that I can name are published by AME. China's rapid development in thoracic surgery is closely linked with the work done by AME."

Another "musketeer", Doctor Cheng especially emphasizes: "The second I saw that this journal was published with regards to the needs of the surgeons, I knew I had to start collecting it. Using the "tracheal tumor" issue as an example, Tracheal tumors are rarely seen in the clinic and everyone's understanding of it is limited, so I was the one that the *ACS*'s draft had covered, in regards to the different aspects of tracheal tumor treatment. They covered aspects such as anatomy, new research developments, surgical techniques, and tracheal transplantations, it was very focused. One of the Guest Editors for this issue is Professor Douglas J. Mathisen from the Massachusetts General Hospital, a renowned professor in thoracic surgery. *ACS*'s ability to invite the world renowned experts had demonstrated the high recognition it has received from the international cardiothoracic surgery community. *ACS*'s surgery video column has also made some important changes as it has led to an increase in multimedia resources. In this regard, *ACS* and AME are in the forefront. Although some other journals also publish videos, their presentation of these videos is still relatively conservative when compared to *ACS*. Utilising the internet and multimedia in this manner greatly benefits the development of the journal."

The only female thoracic surgeon among "the three musketeers" Doctor Xiao Li says, AME's focus and dedication, professionalism and progress have been witnessed by all. The publication of one special issue after another, one journal after another, the rate of the progress of which AME's has achieved is second to none. Moreover, the work AME has carried out has Chinese characteristics, and through this work they have brought life the field of thoracic surgery. Their high standards, their various formats, their strong influence, these are the real reasons why AME has been recognized by so many academics. In terms of *ACS*, she says her first impression of *ACS* was that it was professional and Westernized. In this context, "westernized" is definitely used as a commendatory term—at the very beginning she didn't even know *ACS* was under AME. "Professional rigor with the style and design elements of 'big name' journals. Columns like Keynote Lecture Series, Perspective, Masters of Cardiothoracic Surgery are all fascinating. For young cardiothoracic surgeons, *ACS* is a gift. Every issue is worth keeping and there is too much that can be learn from

each issue, *ACS*'s readability is amazing.”

### **Suffering drives a person to achieve even more**

For someone who is dealing with great pain, happiness is only temporary and worthless, because it is pain that drives you to become stronger.

If you want to punish someone, then make him the Editor-in-Chief! This phrase has been circulating in the literary circle for over 20 years and is still used. This phrase illustrates the difficulty of being an Editor-in-Chief. For Tristan, who has several roles, he needs to squeeze out time in order to conduct his work as Editor-in-Chief of *ACS*. However, with his competitive personality, he has to put his all into everything he does. Stephen and Grace both used “a combination of an angel and the devil” to describe him. When you first meet him, you see a modest, low-key scholar with both intellectual and emotional intelligence. When exchanging messages, if an inaccurate word or even punctuation is used, he will immediately request for it to be fixed.

“When I first came to AME, I was put in charge of *ACS*. It was June 2012; *ACS* had only been established a month ago. Regarding Guest Editors, authors, illustrations, content, typesetting, there were a lot of things that I needed to discuss with Tristan. There’s only one word I can use to describe my feelings at that time, pain. The reason I felt that way was because Tristan would often point out and correct mistakes that I would make in my emails and would severely criticize me. Tristan felt that the emails we sent did not reflect on us as individuals but on *ACS* as a whole. If a word or punctuation was used inappropriately, then the recipient might be left with the impression that “*ACS* is not serious enough;” therefore, we needed to be extra careful. Although I was extremely wary at the beginning, looking back at it now it was very beneficial. This rigorous and meticulous style continues to influence me to this day.” Today, Grace is as comfortable talking to international experts as she is talking to a friend and looking at the Tristan’s teachings, she is extremely grateful.

*ACS* utilizes the special issue format, and this format is an important reason why readers admire the journal. However, in terms of developing the journal, this format is quite limiting and the fact that it accepts less “free submissions” also affects the journal’s promotion.

In 2015, after *ACS* first application for SCI inclusion was rejected, Stephen and Tristan had one of their rare disputes. After all, according to regulations, their next applications would have to be three years later.

“Despite dedicating so much energy and effort, we were still rejected. I want to quit being *ACS*'s Editor-in-Chief.”

“How about I be the Editor-in-Chief then?”

Stephen was half-joking when he said this but what he said allowed Tristan to realize how much *ACS* meant to him.

For him, *ACS* was like a child whom he had watched slowly grow and develop. If someone was to snatch this child away from him, how could he let that happen?

Ultimately, Tristan was not willing to leave *ACS*, but he made a promise to Stephen, he was confident that in three years, *ACS*'s reputation in the industry and its strength would allow it to be included in SCI.

Eunice Xu, the Head of AME's Science Editorial Department, once expressed her feelings towards journals and *ACS*. Feelings cannot be used when running a journal, because running a journal requires long term dedication and persistence, there aren't peak seasons and off seasons. A team needs 3 to 6 years or even long before it gets settled. It needs to overcome challenge after challenge, tribulation after tribulation and as standards evolve, maintain its own characteristics in order to achieve the recognition and results it has today. Over these 6 years, AME and *ACS* have persisted and they will continue to put the readers first and run a journal that is well respected by their peers.

Eugene Garfield, the creator of Impact Factor (abbreviated to IF), once said: "Although IF has its flaws, there is no better indicator to replace it." Mr. Stephen Wang said frankly: "We all know that the National Higher Education Entrance Examination (commonly known as Gaokao) in China is not the only indicator of a person's potential. However, as there is currently no better substitute for it, it is used as an initial assessment of a person's potential. IF is the same, we can only respect it."

On May 22, 2018 at 6 am, Stephen, who was planning a trip to the airport to take get on a plane, received a long-awaited email.

**Dear Mr. Stephen Wang,**

We are delighted to inform you that *Annals of Cardiothoracic Surgery* has been selected by Clarivate and will be included in SCIE from VS(1)2016 onwards.

### **“Dare to take responsibility” is not only a slogan**

In May 2013, *ACS*' position and identity in academia was officially recognized: the editorial office received a notice from the US National Library of Medicine that *ACS* was officially included into their library catalogue. The National Library of Medicine is a professional information center for medicine, pharmacology, medical biology, and medical chemistry and is part of the National Institute of Health (NIH). In 1956, it became a national medical library in the US and in 1971 it brought the Medical Literature Analysis and Retrieval System (MEDLARS) online and established the Online Medical Literature Analysis and Retrieval System (MEDLINE) (Note: The introduction to the library is taken from the Baidu Encyclopaedia) (*Figure 19*).

*ACS*'s success cannot be separated from the hard work of everyone at *ACS*. Dedicating 100% of your energy to one thing might not be hard, but dedicating



Figure 19 The US National Library of Medicine website homepage.

100% of your energy to everything for 6 years requires a lot of conviction.

“Everything *ACS* has done goes back to our initial vision for the journal. The support we’ve received from so many readers over these six years, has put an even heavier weight on our shoulders as we want to be worthy of our readers’ trust. We have to dare to take responsibility and to contribute courageously to the world’s advancement in cardiothoracic surgery.” Stephen voiced the hopes of everyone at *ACS*.

This is something Doctor Diego Gonzalez-Rivas from the Coruña University Hospital in Spain can relate to. When the uniportal VATS was under heated debate, *ACS* and *JTD*, another journal under AME, discussed the topic. In 2016, with Doctor Diego Gonzalez-Rivas as the Editor, AME published a book entitled *This is Life: The Journey of Uniportal VATS (Figures 20–22)*.

“The more the truth is debated, the clearer it becomes. Back when thoracoscopy first came out, it was also highly controversial. Today, it has already become a widely



Figure 20 *ACS*’s issue on “Uniportal Video-Assisted Thoracoscopic Lobectomy”.



Figure 21 JTD's issue on "Uniportal VATS".

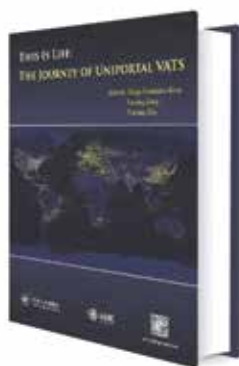


Figure 22 The cover of *This is Life: The Journey of Uniportal VATS*.

recognized and promoted as a form of technology in the international cardiothoracic community. We should face up to the new forms of technology that emerge and provide evidence that indicates their pros and cons. Avoiding them won't solve any problems. Discussing and promoting new technology is our duty." Stephen said.

### **From the Global Peritoneal Tumor Database to the CORE Group to AME's Expert Collaboration Group, the DNA behind it is the same**

As mentioned earlier, Tristan's experience as a fellow under Professor Paul H. Sugarbaker allowed him to realize the importance of word "cooperation".

Back then, Professor Sugarbaker clearly understood that amongst other cancers, peritoneal cancer can only be regarded as a small cancer; therefore, not a lot of doctors were working on it. But he realized, the fewer people there are, the more

united they should be. So, he then led the establishment of the Global Peritoneal Tumor Database, and used the chairman rotation system to encourage cooperation between data management and personnel and to allow the participants to receive something in return. Through this, he hoped to firmly unite everyone. When emails are sent, there is almost always a long list of recipients and the message is always transparent and shared.

Recognizing the importance of such collaboration, Tristan recruited a number of diligent, eager, and hardworking young doctors/ students from various medical universities in Australia to form CORE Group (Collaborative Research Group). In the organization and operation of some of *ACS*'s columns, they members play an important role and act as Tristan's right hand.

The abbreviation AME comes from Academic Made Easy, Excellent, Enthusiastic, its Chinese translation being “欲穷千里目，快乐搞学术”. AME has always aimed to work on ‘CNS’ which represents three levels and shares a lot of similarities with the Global Peritoneal Tumor Database and CORE Group. CNS stands for Content (placing the most value on content, accumulating excellent medical content through the publication of journals and books), Network (through the process of editing and promoting journals and books, establishing a vast collaborative network that links doctors in China with doctors overseas, internal medicine with surgery, pathology and other discipline), and System (creating an innovative and enjoyable research system, for example developing “ABER”, its Chinese translation being “认领系统” online platforms, much like ‘Uber’ for the publishing world, it successfully connects the needs of the journal editors with the needs of reviewers. A journal's editorial office will publish information regarding a manuscript on ABER, then a registered reviewer will select a manuscript that he or she is interested in to review. After they have finished reviewing the manuscript, they will receive coins as a reward. Reviewers will be able to exchange these coins on ABER for products such as books and journals).

In addition to this, AME also utilized the knowledge of almost 400 international experts from various disciplines to form the AME Academic Collaborative Group and conduct an international consultation on pending papers for publication. This further showcases the concept of a collaboration.

You could say that the DNA behind Professor Paul H. Sugarbaker's Global Peritoneal Tumor Data Bank, Tristan's CORE Group, and AME's Academic Collaborative Group is the same. They were all created to promote a type of collaborative environment. Although these three projects all take different forms, they are fundamentally the same.

## The Finale

Everyone, don't forget to go to this link to read more about *ACS*: <http://www.annalscts.com>.

Also, our Editor-in-Chief Tristan D. Yan is born and raised in Beijing.

His Chinese name is Dongbo Yan (*Figures 23-24*).



**Figure 23** ACS's Editor-in-Chief Tristan D. Yan (Dongbo Yan)



**Figure 24** Tristan and the AME team at AME's 2013 annual meeting.

**Writing Editor:** *Lili Liao, AME Publishing Company.*

**Translator:** *Avery Wang, AME Publishing Company.*

**Proofreading Editors:** *Jeremy Chapnick, Grace S. Li, AME Publishing Company.*





## **Chapter 2 How do we publish books?**

### **“Mook”: Reinventing editorial habits to create an easy and happy publishing process for book editors**

“Mook,” which comes from fusing the words “magazine” and “book”, is a new publishing model which combines the “genes” of a magazine and book. It has the best characteristics of both, using the extensiveness and quick updates of a magazine, as well as having the weight and traditions of a book. AME’s first attempt at using the Mook publishing model in the field of medical publishing was just in March 2015, and at the present AME has already published more than 50 of these mooks.



# “Mook”: Reinventing editorial habits to create an easy and happy publishing process for book editors

Mook, which comes from a hybrid between the words, magazine and book, is a new publishing model which combines the genes of both a magazine and a book. It has not only the extensiveness and quick updates of a magazine, but it also has the weight and tradition of a book.

AME first began using the mook publishing model in the field of medical publishing on the 26<sup>th</sup> of March, 2015. It began with the launch of the first mook, *Lung Cancer* at the launch event held during the 3rd Asian Single Port VATS Symposium & Live Surgery Conference (*Figure 1*).

As the co-Editor of *Lung Cancer*, and the president of the First Affiliated Hospital of the Guangzhou Medical University, Prof. Jianxing He thinks, “*Lung Cancer* can be said to be the first academic material about lung cancer with both a Chinese and English version in regards to an individualized treatment option. The content is rich and in-depth. It not only refined the categorization of lung cancer diagnosis by using modern gene sequencing technology to analyse cell condition, using things like genetic DNA, RNA, and etc., but it also introduced many new methods and progressive ideas of individualized surgery methods in the terms of lung cancer treatment. As a monumental academic work, this book is a valuable guide for an individualized diagnosis and for the treatment of lung cancer as a whole.”

Over the past three years, AME has published more than 50 of these medical mooks to date (*Figure 2*). Do not underestimate this accomplishment, as this number accounts for half of the total number of all of the English medical books which have been edited by Chinese doctors since the founding of the People's Republic of China ever. The mook model has reshaped the mindset of an Editor, changing it from creating the table of content and then the content, to first creating the content and then the table of content. This makes the publication of a medical journal as simple and quick as assembling a LEGO set, making publishing a relaxing and enjoyable process. Professor Minhua Zheng from the Ruijin Hospital, Shanghai Jiao Tong University School of Medicine expressed his feelings saying that he thinks that this publishing model has “broke the tradition, and built a new model for academic journal publishing.”

So why did AME create this mook model? What kind of evolutions or changes has mook experienced in the past 3 years? What is in the future? To begin, let us go back, back to the beginning of mook, and find out the answers to these questions.



**Figure 1** On its launch, Lung Cancer was supported by the Editor, the chairman of the conference, and the leading experts in the field. From left to right: AME's Executive Assistant to CEO Grace S. Li; Dr Keneng Chen, MD, PhD, professor of thoracic surgery, cancer hospital, school of oncology, Peking university; Dr Calvin Ng, professor of Cardiothoracic Surgery at Prince of Wales Hospital, The Chinese University of Hong Kong; Dr Thomas A. D'Amico, MD, professor of Department of Thoracic Surgery, Duke University Medical Center; Dr Sanghoon Jheon, MD, professor of Department of Thoracic Surgery, President of Seoul National University Bundang Hospital; Dr Jianxing He, MD, FACS, professor of Thoracic Surgery, President of the First Affiliated Hospital of Guangzhou Medical University; Dr Alan Sihoe, Professor of Queen Mary Hospital and Thoracic Surgery at the University of Hong Kong Shenzhen Hospital.

## A meeting

AME won the generous investment of Ding Xiang Yuan (DXY) at the beginning of 2011. This was also the year that AME started to know the mook model.

AME's founder and CEO Stephen Wang as well as the founder of DXY, Tiantian Li, had visited the People's Medical Publishing House of Beijing at the end of 2011. Stephen met the former head of the People's Medical Health Publishing House journal branch, the Senior Editor Xiangdong Li for the first time just then. The two had a great time talking about publishing journals. During the conversation, Li Xiangdong mentioned that her teacher, Professor Zuming Luo, the former director of the Department of Neurology of the West China Hospital of Sichuan University, discussed with them in great details about her model, which she had called the “year



**Figure 2** Collection of more than 50 mooks which have been published by AME, as of the end of June 2018.

book”, which had become a very popular publishing model around the world.

What is a year book? It is a compilation of many popular articles from the past year which adhere to a theme. Mook takes many inspirations from this year book model, and the two share many similar characteristics. “Its content is more updated and recent, when it is compared with a traditional book. Additionally, it is more in-depth and thorough also, when it is compared with a journal, as this year book model contains perspectives from all sorts of different professionals around various topics.” Xiangdong Li explained (*Figure 3*).

**Being up-to-date: journals > mooks > traditional books**  
**Being thorough: journals < mooks < traditional books**

**Figure 3** A comparison between being up-to-date and the thoroughness of magazines/journals, mooks and traditional books.

“The first thing that had come to my mind when I heard about the year book was something like the, *Reader’s Digest*.” Born in the late 80s, Wang had read a lot, and was heavily influenced by the *Reader’s Digest* as a student. In fact, *Reader’s Digest* is a great compiler of a lot of good contents, and actually, it does not create content itself. Even though it didn’t create its own content, this did not prevent it from being very popular among students at that time.

“The more information we can receive during the era of technological explosion, the more important it is for us to sort out all of the useful information. So we can save time looking for, filtering and obtaining information that we need and don’t need. This is especially true for the medical industry.” Wang explained that outpatients, surgery, ward rounds, attending academic conferences, writing academic papers and etc. have already taken up a lot of time for clinicians. Therefore, they need someone to help them to filter out the content that is not related to their profession, and to improve their reading efficiency.

This idea is was used as an inspiration for AME’s mook series.

Mook is more theme-focused than a journal, and complements well with the ideas of a journal. At the same time, mook only needs to be systematically edited and sort through existing contents. It does not need to create new content, allowing the publication process to be efficient.

In the four years which followed after the first 2015 English-Chinese bilingual mook called *Lung Cancer* was published, more and more mooks had been published, one after another. At the moment of receiving the freshly published *Lung Cancer* book, Xiangdong Li reminisced, “Stephen is really amazing; he produced what he wanted to!”

## **Editors, are you happy?**

We believe that many people who have had experience with being an Editor, knows that writing a book requires a lot of time and effort.

Let’s take a look at some of the complaints from some Editors:

“It’s very difficult to write a book. The Editor is exhausted from urging the authors to submit their articles on time. The people involved are also very drained.”

“Task management when writing a book is difficult, as it may go through several people; and the quality of the received articles may be unsatisfactory, so it takes time to edit them.”

“The person who decides the publication time of the book is the one who drafts the slowest. If you encounter a few slow authors, it will take at least three or five years from the planning period to the actual publishing.”

“The most terrible thing for this publishing model is that the finished products are all so similar; they are all written about the same exact topics of anatomy, pathophysiology, surgical procedures, and comprehensive treatments. They are like massive blocks of texts, and no one enjoys reading them.”

Therefore, a saying has been circulated in the literary field for the past 20 years; to punish a person, let them be an Editor!

So, can writing a book become an enjoyable task? Of course!

229 experts from 12 countries coming together to write and publish a book in just six months, does that sound incredible? That was how the book *‘Lung Cancer’* was published.

The first AME book which had been published in the mook model, *Lung Cancer* has compiled 68 excellent papers from the fields of pathology, diagnosis, treatment overview, surgical treatment, medical treatment, radiation therapy, prognosis and translational research. These papers are all from AME’s *Journal of Thoracic Disease (JTD)*, *Translational Lung Cancer Research (TLCR)*, *Translational Cancer Research (TCR)* and other AME academic journals related to lung cancer.

Since the content of the book does not need to be rewritten, what the Editor has to do is logically assemble each part together. “It is like building Legos; we first find each of the LEGO components, and then assemble them together quickly.” Wang fondly described.

However, the process of producing these LEGO-like components was not simple.

Although *Lung Cancer* was first published in 2015, the preparation work for the publication dates back to 2013. At that time, *JTD* has been established for more than four years, while *TLCR* and *TCR* had been established for one year. However, the existing content format from the magazines was insufficient for assembling a book about lung cancer. Since 2013, the AME editors from the academic journals which related to lung cancer started to invite experts to write about various hot topics in regards to lung cancer for their special issues, and invited well-known scholars from China and abroad to form an international editorial team. They invited these experts to elaborate on these topics in the form of seminars. This allowed us to present the progress of lung cancer research from different perspectives, combining through each of the points of expertise to create a whole story.

AME has published more than 50 academic journals which have been about lung cancer, including 18 special issues which have also related to lung cancer in the last two years. Recalling the experiences about organizing the special issues at that time, Mr. Wang was quite emotional, “Even in this era of an information explosion, the discussion on some specific fields is still not deep enough. If we did not focus on lung cancer, we would not have found what was missing in this area, and would not have invited these experts to write the related articles.”

There are no shortcuts to success, and everything needs to be built up. As AME’s many academic journals have accumulated a large number of articles in just those two years, the Editors had a lot of components to assemble for the book *Lung Cancer*. “*Lung Cancer* is like AME’s baby, carried in the womb for 10 months.” Wang joked.

As of June 2018, AME has published a total of 60 English medical academic journals. In 2017 alone, the AME platform published 6,518 medical academic papers from around the world. These have relied on a large database of journals of which



AME currently publishes, which allows the English version of the mook to be published on a schedule of 3 to 5 months only.

In July 2015, AME established a claiming system (Figure 4), which had greatly improved the efficiency of the translating and editing process. After the publication of each journal’s special issue, the translator will be recruited immediately, and all translation work can be completed within one month. This makes it possible to simultaneously publish the mook English and Chinese books simultaneously and quickly.



Figure 4 The claiming system interface.

Mook not only greatly improves the publishing efficiency, but it can also ensure the quality of the book, as it is compiled from the already published content. On one hand, the journal articles are published under the strict peer review system of journals, and on the other hand, as the articles are included in the PubMed/SCI database, the number of time the articles are read, downloaded, and cited are recorded. Editors can consider such objective statistics when screening for the content in their compilations.

To date, AME has published more than 50 English and Chinese academic journals that are advancing with the times and have gained international influences, including *Lung Cancer*, *Colorectal Cancer*, *Esophageal Cancer*, *Thyroid Surgery*, and etc. Amongst them, the second edition of *Lung Cancer* was even approved by the “National Key Book Publishing Project”.

Let us view some medical experts' comments on the Mook Publishing Model, and its related books:

Mook broke traditions, and built a new format for academic publishing. —**Minhua Zheng, Editor of *Colorectal Cancer*, former vice president of Ruijin Hospital affiliated to Shanghai Jiao Tong University School of Medicine, and director of Shanghai Minimally Invasive Surgery Clinical Medicine Center.**

The Mook publishing model is short and fast, which results in a more readable format than a traditional book, and its readers can learn more. Also, the Editors, people who participate in the writing, and readers will not be drained. —**Shugeng Gao, Associate Editor of *Esophageal Cancer*, Assistant to the Hospital/Institute Director, Director, Department of Thoracic Surgery, Cancer Hospital & Institute, Chinese Academy of Medical Science.**

Mook uses modern editing methods to rapidly showcase new developments, new technologies, and new achievements in various fields in the industry at an incredibly fast speed. Allowing us to quickly and comprehensively acquire the latest knowledge. —**Jingqiang Zhu, Associate Editor of *Thyroid Surgery*, Director of Thyroid Breast Surgery, West China Hospital, Sichuan University.**

Mook has a great impact on our traditional publishing process and brought with it many new breakthroughs in the publishing process to it. Publications published in the past were very rigid, basic, clinical, experimental, and could basically be recited; but the mook publications are not like this, they widely accept new things, new methods, technology, and knowledge, making it more attractive. —**Dong Wei, Member of Editorial Board of *Colorectal Cancer*, Vice President of the 150th Central Hospital of the Chinese People's Liberation Army (PLA), Director of the Institute of Anorectal Surgery of PLA.**

*Esophageal Cancer* is a professional medical publication that can facilitate English learning. Reading the Chinese version after reading the English version, is a good opportunity for young doctors to improve their English. —**Yin Li, Associate Editor of *Esophageal Cancer*, Director of Esophageal Surgery, Department of Thoracic Surgery, Cancer Hospital, Chinese Academy of Medical Sciences.**

Although it may seem similar, doctors from different hospitals always have different practices and experiences to bring to the table. This publication can help to provide these different opinions. —**Qunyou Tan, Member of Editorial Board of *Uniportal Video-Assisted Thoracic Surgery*, Director of Department of Thoracic Surgery, Daping Hospital, Third Military Medical University.**

Mook publications are not simply a compilation of the internationally popular articles, but they are also composed of the resonance between editors and authors. —**Anlong Zhu, Editorial Board of *Colorectal Cancer*, deputy director of Department of Colorectal Surgery, the First Affiliated Hospital of Harbin Medical University.**

Through this model, AME can help to promote the world's most cutting-edge articles to China directly, in the fastest way possible, and can also help to promote Chinese articles to the world. This is an excellent communication platform between China and the whole world.—**Yong Feng, Member of Editorial Board of *Colorectal Cancer*, Director of Department of Colorectal, Sputum and Minimally Invasive Surgery, Shengjing Hospital, China Medical University.**

The Mook publishing model is an innovative way to bring the experts' comments on controversial issues into the public eye. This is one of the most effective ways to promote the development of emerging scientific fields. —**Joe Y. Chang, Department of Radiation Oncology, MD Anderson Cancer Center, University of Texas, USA.**

The Mook publishing model provides a critical perspective on the latest developments in a particular field. It avoids the shortcomings of traditional books where some chapters may become obsolete during publication due to the rapid update of knowledge. —**Orhan Bulut, Department of Gastrointestinal Surgery, Harvey Dev Hospital, University of Copenhagen, Denmark.**

By reshaping the behavior of the Editor, bookmaking has become a process that can be done easily and happily. Professor Shugeng Gao said with a smile, “AME is engaging in academics in a happy way, and we are publishing books in a happy way too!”

### **How difficult is it for the Chinese to publish an English medical book?**

It has been 69 years since the founding of the People's Republic of China. However, the total number of English medical academic books published by Chinese doctors is still very limited. We have to acknowledge the fact that the field of medical journal publishing is still dominated by the developed countries such as Europe and the United States. Chinese doctors are restricted by various factors such as geographical location, language, and international influence. This makes it very difficult for them to invite international experts to write for a book and thus publishing English medical books with an international influence remains a challenge to Chinese doctors.

The AME Mook publishing model has put a stop to this situation. Take *Lung Cancer* as an example, it was written by 229 authors from many countries, like China, the United States, the United Kingdom, Canada, Australia, Spain, Italy, Germany, France and 12 others, and including well-respected experts such as Professor Rafael Rosell and the former Chairman of the NCCN Guidelines, Professor Thomas A.D'Amico of Duke University School of Medicine, etc (*Figure 5*).

*Lung Cancer* is only able to achieve this level of internationalization and peer recognition because the level of international reach is high for *JTD* and other lung

cancer-related journals, from the sources of the content of *Lung Cancer*.

“Only the internationalization of authors and editorial boards can bring about this level of internationalization to our readers and increase the international influence of the journals.” Internationalization is the principle that Mr. Wang has been emphasizing since the establishment of AME. Taking the statistics of *JTD* in 2015 as an example (Figure 6), a total of 525 articles were published in that year, of which international articles accounted for more than 60%; while international members of the editorial board accounted for about 70% of all members.

“When compiling the materials used to publish the books, we will consider the author’s international influence and whether his/ her perspective is representative of it.” said AME Science Editor Mingzhen Gao.

With quality academic content, and the support of the international experts and young and middle-aged doctors in China, AME has built a mook network, making Chinese doctors no longer publishing alone.

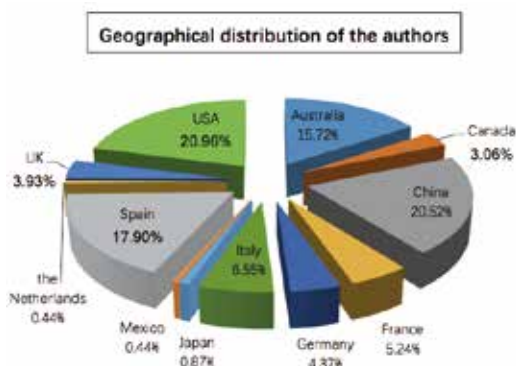


Figure 5 Geographical distribution of the authors of *Lung Cancer*.

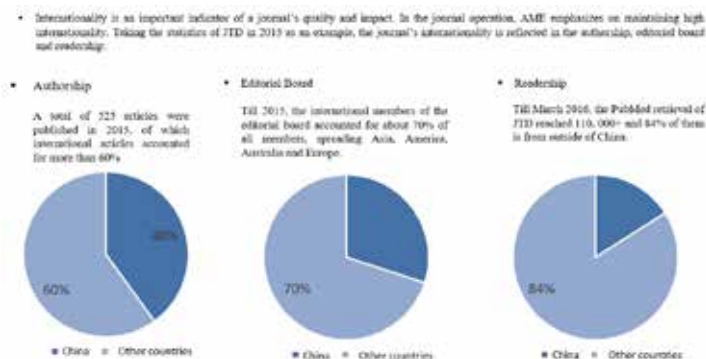


Figure 6 Internationalization Level of *Journal of Thoracic Disease (JTD)*.

“Daniel G. Haller, who is now the co-Editor of *Colorectal Cancer*, was the former Editor-in-Chief of *Journal of Clinical Oncology (JCO)*.” said Wang, “In order to invite him to co-edit *Colorectal Cancer*, we went to Philadelphia to visit him, and he introduced the AME mook publication publishing model to him. He recognized the model’s great strength, and happily agreed to be the co-editor of the book.”

As the Executive Assistant to the CEO, Grace S. Li had the opportunity to participate in several book launch events, saying, “Many readers’ recognition of the book was established as soon as they saw the authors’ name in the table of contents, as they find many of the authors are their own teachers, or even the internationally esteemed experts they are familiar with or admire.” The original authors of the article were very happy when they learned that their articles were going to be used in the publication of a book and said “I didn’t expect my articles would be included in a book when I first started writing them and it is very exciting to see your own articles published in books.”

During the Hong Kong book launch of *Lung Cancer* at the 3rd Asian Single Port VATS Symposium & Live Surgery held on March 26-27 in Hong Kong, many experts wanted to buy the book, but as there were only two sample books on the scene, the only place they could place their orders on was Amazon or online store in WeChat. After this event, there were three doctors from the Philippines who had left a deep impression on Grace, “they immediately expressed their will to buy the book after seeing it just two days before the press conference. However, as we have only one sample of the book at the event, they came every morning and evening to browse it and ask for the channels to buy it” (Figure 7).



**Figure 7** Dedicated fans (middle 3) who could not buy the book even after asking many times, could only take a photo with the *Lung Cancer* mook.

Professor Jianxing He revealed that *Lung Cancer* is the first English medical book that he has edited. It was also the same for Professor Hecheng Li, the director of the Department of Thoracic Surgery, Ruijin Hospital, Shanghai Jiao Tong University School of Medicine, as well as many Chinese collaborators of the books published by AME.

“Being academically-centered, and helping the Chinese doctors to improve their international influence” is the consistent goal of AME. All of the things AME does are built around this goal. Mr. Wang said, “We don’t nose around to find out what others are doing; we stay focused on what we want to do and think about how we can do this goal, in the best way!”

### Bringing the book to “life”

No life experience can go without a hitch, and good stories always have twists and turns. Mook has received not only the appreciation and applause from the readers, but also criticisms and suggestions for improvement. Regarding this point, Mr. Wang has his own insights. “We should be aware of our own deficiencies at all times. The only way to survive in an industry is to constantly improve yourself. Others’ criticism can guide us. Apple is a great company, they also self-reflect about their product’s downfalls, that is why they launch new iPhones constantly, to get better and better each year.”

Thoracic surgery has been constantly improving, new technologies such as thoracoscopic surgery, uniportal Video-Assisted Thoracic Surgery, and robotic thoracic surgery have emerged. In this context, “Robotic Thoracic Surgery: Ruijin Hospital Experience” was published in 2016, which covers almost all of the current mainstream thoracic surgical procedures and condenses hundreds of surgical experiences in the Ruijin Hospital Robotic Thoracic Surgery team. Professor Li Hecheng, the Editor, said: “The original intention of publishing this book was to provide some reference and guidance for the field of minimally invasive thoracic surgery, especially in the field of robotic thoracic surgery.”

According to the original plan, *Robotic Thoracic Surgery: Ruijin Hospital Experience* will be translated into English and published. However, there were some negative comments that had been made on the internet (*Figure 8*) which made Mr. Wang think, “How many people will even read the translated book? Will the translated book even be widely recognized by the readers and other doctors?” This also worried Professor Hecheng Li when they said, “Will the translated version even receive any international attention?”

Mr. Wang thought about that for a long time. Until one day, he thought about “medical commentary”, which was the key to solving this problem.

“In the world of ‘wuxia’ (Chinese martial arts), wuxia experts always travel to other places to challenge different experts; in the medical world this is also similar, there are excellent surgeons let others judge their work.” In Mr. Wang’s view, “Everyone



**Figure 8** The comments from a buyer on Amazon.

already knows that Chinese surgeons are excellent, but it is not convincing enough to the outside world, if it is only other Chinese doctors who say so. It is better to invite the international experts to evaluate our technology and methodologies. This is the so-called ‘medical review project’.”

“Medical review” was inspired by the Harvard Business Review, and is also known as the “Bible of management,” which creates and disseminates the latest management ideas and methods to help business leaders constantly renew their ideas and lead changes in the industry.

Mr. Wang read the Harvard Business Review for the first time when he went abroad to get his MBA in 2013. He became interested in the “Case Study” column in particular. “The case study section first introduced a case, and then invited two experts on the topic, to present their views on the particular case. The experts’ opinions may have similar or opposite stances. The MBA teacher wanted us to read the cases carefully, then summarize the cases in our own language and learn to think from different perspectives. Through the discussion of actual business cases, we could learn to cite or criticize different business theories.”

“Since business cases can be explored in this way, medical cases could be too!” Then Wang began thinking about moving the commercial reviews into the medical field. “Although I did not finish my MBA program due to personal reasons, I took away with me, the great ideas and knowledge of how to use a review model from the program to build the medical review.”

Having many years of experience in medical academic publishing, Xiangdong Li believes that the “medical review is cutting-edge idea. Commenting on the problems of medical technology, the future direction of the development, would be very interesting.”

Therefore, the Mook 2.0 model came into being.

AME editors invited foreign experts to comment on Ruijin Hospital's thesis on robotic thoracic surgery. These comments were then published in AME journals. They then invited the authors of the articles of the book “Robotic Thoracic Surgery: Ruijin Hospital Experience”, who are from Ruijin Hospital to write a response letter, which was also published in AME’s journals. Finally, the three components of it such as the articles, comments, and response letter section, were published together in an English book.

Li Hecheng joked saying, “When I was told about this publishing model, I was surprised and happy. I was surprised as I have never heard of this kind of publishing method. I was happy, as this model brought the book alive!”

The English version of *Robotic Thoracic Surgery: Ruijin Hospital Experience* came out in May 2018. The publishing process took nine months to complete which compiled together some surgical articles, comments and response letters from the 19 Chinese and 25 international experts (*Figure 9*).



**Figure 9** (A) Robotic Thoracic Surgery: Ruijin Hospital Experience; (B) The articles on a robotic esophagectomy by Professor Hecheng Li's team; (C) Comments on the procedure by Dr Jacob A. Klapper, Department of Cardiothoracic Surgery, Duke University Medical Center, etc.; (D) response letter from the article authors.



Dr David Pennywell and Inderpal S. Sarkaria from the University of Pittsburgh School of Medicine and the University of Pittsburgh Medical Center said in a commentary, “We utilized an additional port for a liver retractor, but we highly appreciate the simple suture retraction method employed by Zhang *et al.*, which we may consider as a trail option in future operations, potentially allowing for a more streamlined process which is needed for the ports and equipment (1).”

“There are some surgical methods that we use all the time, and we have become used to them, so I was surprised when they had been positively evaluated, and highly recognized by our international peers.” Hecheng Li said.

Of course, there are also international experts who questioned our surgical methods, such as our choice of using the Da Vinci's robotic surgery indications. “Some international colleagues believe that Da Vinci robots may only be more suitable for a more precise and complex surgery, and that an endoscopy may be more suitable for this kind of traditional general surgery.”

Hecheng Li said: “If it wasn't for the addition of the comments column in the book, it might not have had received so much international attention. There wouldn't have been so much interaction between the authors and readers either. However, after adding the comments from the international peers and the authors' responses, it provided us with valuable opinions and suggestions, to make our journals become more rewarding to the readers.”

“Let brains collaborate - this is essence of our the mook 2.0.” Mr. Wang had explained that this kind of interaction is very important. If we build a car behind closed doors, we do not know where our advantages or bottlenecks are; but if we are open to our international counterparts' opinions, we may gain a lot of insight.

“The emergence of the BBS forum had allowed the internet model to cross from version 1.0 to 2.0 (adding comments and replies to the interaction). And the emergence of the 'Medical Review' had allowed Mook to cross from 1.0 to 2.0.” AME again “transported” ideas of the internet to the publishing field. Therefore, Mr. Wang called AME “the internet team in the publishing field.”

### **“Beyond” publishing**

There is a saying at the Alibaba company, “You can only accomplish your goals when you believe in them. You have to have a vision of the future, and then try to imagine the steps it will take to accomplish the goal, and take it one step at a time to accomplish them.” Recalling the feeling of seeing Mr. Wang for the first time, Xiangdong Li said: “I felt that this person has a lot of energy and ideas!”

When the people around him were excited about the transition of Mook from version 1.0 to 2.0, Mr. Wang once again fell into self-reflecting, “Even with Mook 2.0, there are still so many imperfections. The publishing industry is too traditional and conservative, and readers have no choice on the content in the book they buy. Can readers themselves also participate in the process of the book compilation

process?”

Therefore, Mr. Wang thought of making the Mook 3.0 – using the idea of making an “Academic version of a Taobao Shopping Cart.”

When readers enter keywords, such as “lung cancer”, into the AME library search engine, all of the articles which have ever been published on any of the AME platforms which relate to lung cancer, would appear. Readers can then choose their favorite articles, organize them, generate a directory, and merge them into a PDF. They can also choose their favorite pictures as a cover page, customize the order of the text on the title page, and give a custom made book to their friends and family as a gift.

In the near future, this is the idea which will become the reality for AME.

What are we going to do after that?

“Build a Chinese medical database like ‘UpToDate,’ and build a knowledge network which is based on the databases to connect people in the field of medicine.”

“China needs a database like this to provide a reference for clinicians.” Mr. Wang has had this idea for a long time. “AME has built a medical knowledge base by publishing its Mooks and turning the English content into Chinese content. From our publisher base, the doctors who participate in the translation and review are all elites in a certain field. When doctors working in hospitals encounter problems, they ask the translator or the reviewer. Then, this knowledge network will develop into a multi-dimensional medical ‘community’ that is constantly self-renewing, and is able to solve the clinical and academic needs of the doctors’ through helping one another.”

All of this is not just an idea, AME will turn it into reality at all costs, just as we did with the Mook 1.0 and 2.0. “Maybe we need to spend 10 years or more to build a database and medical community, but it doesn’t matter. We can do it step by step.” Mr. Wang said, “There is nothing happier than seeing a dream come true step by step.”

In May of this year, AME successfully opened up and integrate its various platforms, including the *claiming system* and the e-book application etc with one user account, where users can earn points (Quick Coins) by participating in the translation, review, consultation, and other activities, and then use those coins in the system to purchase e-books and AME coffee.

Mr. Wang explained, “What AME is doing can be divided into three aspects, and summarized into the acronym CNS. C stands for Content; content is the most important aspect, as a good content structure is the cornerstone characteristic of a brand; N stands for Network, through publishing high-quality content, i.e., journals and books, we establish a network of both domestic and international experts; S stands for System, we build an ecosystem of a constant self-evolution through the Internet and connect experts through the circulation of Quick Coins, helping them to engage in academics happily.” Interestingly, the abbreviation is also the same as the human central nervous system, CNS. Additionally, the initials of the three major

journals of the medical academic publishing industry like, CELL, NATURE, and SCIENCE, are also using the CNS acronym, this give’s AME’s CNS a double and more profound meaning.

In 1969, the American astronaut Neil Alden Armstrong said after landing on the moon: “One small step for man, and one giant leap for mankind.”

In 2018, Mr. Wang said: “What AME wants to do is promote the advancement of medical sciences, even if it is just only one small step.”

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**Writing Editor:** *Chen Gao, AME Publishing Company*

**Translator:** *Puipei Chu, AME Publishing Company*

**Proofreading Editors:** *Jeremy Chapnick, Grace S. Li, AME Publishing Company*

## **Chapter 3 How to help doctors go onto the international stage?**

### **AME Interviews: Building a bridge for the communication between the East and the West**

At the present, there are at least 300,000 lead-practicing doctors in China. Therefore, we urgently need a professional platform to showcase their rich clinical and scientific research experiences, and unique management concepts. On the other side of the coin, we hope that we can help our international counterparts to better understand the excellent work of Chinese scholars. Therefore, the aim of the AME interviews is to “let Chinese doctors go international more efficiently”, accelerating the promotion of the Chinese doctors’ practices, and increasing their international influence.



# AME Interviews: Building a bridge for communication between the East and West

According to the National Health and Wellness Committee, in 2017 the number of the total practicing doctors in China has exceeded 3 million. It is roughly estimated that at least 300,000 doctors have become leaders in this industry. They are the experts in their fields, with rich clinical and scientific research experiences, unique management concepts, and are promoting the development of Chinese medicine and the medical development of our world.

These leaders urgently need a platform, a channel, and a gateway to go international. International counterparts also hope to understand the doctors “from the East”, but are restricted by this lack of a platform.

“Our mission is to ‘let Chinese doctors go international more efficiently’ and to accelerate the promotion of the Chinese doctors’ image and increase their international influence.” said Mr. Wang, the CEO and founder of AME Publishing Company.

## **Let Chinese doctors go international more efficiently**

“I once attended an international conference and talked to a foreign doctor about the excellent work of his peer. The foreign doctor was very interested in the mentioned peer and had started searching on the website PubMed. However, no relevant information could be found.” A well-known Beijing neurosurgeon had mentioned this past experience, and he was still embarrassed about it.

Since its establishment, AME Publishing has been deeply involved in the field of international medical publishing. Through cooperation and communication with foreign doctors, we have found that although the foreign doctors are very keen to learn about Chinese doctors, the platforms which are available to foreign doctors are limited. When Dr. Luigi Ventura of the University Hospital of Parma, Italy, was looking for a particular Shanghai chest surgeon he realized that “Most of the information is in Chinese. The information I could obtain was very limited due to the language barrier.” And it was similar for the vice versa, in that the Chinese experts could only obtain limited information in their language when looking for a foreign expert on a particular subject. Also, due to the lack of public awareness of the Chinese doctors, the foreign doctors’ knowledge about them is often limited.

—This world wants to know about you, but could not find you.

For scholars in the medical field, searching for a piece of academic literature

through the PubMed database is one of the most reliable and convenient channels available. Academic literature can provide important pieces of information for those who want to know more about a specific doctor. However, these statistics cannot reflect the clinical experiences and management concepts of each of the doctors involved. Therefore, the biggest goal of the AME's in-depth interviews project, is to make up for this kind of inadequacy, and to build a bridge for communication. AME's interviews are published in a bilingual format, with the Chinese versions being published on our WeChat platform, and the English versions being published in AME's international academic journals. AME has 60 English journals (of which 6 are included in SCIE and 18 are included in PubMed); AME also has 10 offices in China, and abroad (in which some of our team members based in Hong Kong, Taipei, and Sydney have English as their mother tongue), giving AME an international advantage and making the English publication for AME possible. With the language barrier broken, more Chinese and foreign English speaking counterparts can find the information they need on PubMed.

“If there is no highway between our office and the airport, the journey would be difficult and long. AME is building a metaphorical medical information ‘highway’ which connects Chinese doctors and the international community, to accelerate the promotion of the Chinese doctors’ image, to build and increase their international influence. This is a huge project indeed, because we believe that each and every Chinese medical industry leader should be interviewed, and there is at least 300,000 of them.” Stephen D. Wang repeatedly stressed.

### **Change perspectives, and talk about who you are**

After joining AME, the first person to head AME's Beijing Office, Lili Liao, had interviewed Hui Li. Hui Li was a director, a director for the Department of Thoracic Surgery at Beijing Chaoyang Hospital; therefore, for Liao, “every step in the process, including the preparation, interview and writing of the interview is still vivid.”

Since she did not know Li before, Liao decided to start with visiting him in the clinic.

“Come, Xiao Liao, have a seat first.” Despite the large number of outpatients, Prof. Li did not forget to greet her, which made Lili Liao much less nervous, and had found that Prof. Li had a very patient personality with everyone.

An elderly female patient came to Li's clinic for a suspected lung cancer and began to cry before telling Prof. Li her complete condition. Prof. Li had politely and calmly comforted her saying, “There are only two results you can get from me today. One is that you do have lung cancer, but due to the excellent timing, it will be in an early stage and treatable. Second, is that you won't have lung cancer at all, which would be wonderful!”

Lili Liao who had visited many other doctors' clinics before, says that Prof. Li's

courtesy in the clinic is remarkable. So, in the next 2 hours of her visit, she had paid special attention to what Dr. Li said. She remarked that Prof. Li referred the patients as “nin” (a respectful way of addressing another person in Chinese) 67 times and said “you are welcome” 19 times.

This was AME’s first interview, and Lili Liao has been thinking about a name for this series since then. One day, she walked under a phoenix tree outside the Chaoyang Hospital in Beijing, and suddenly remembered the words of the teacher Keating in the movie *Dead Poets Society*: “stand onto the stage and look at the world from a different perspective!” Hence, the name of the AME interview column was created, *View yourself from another perspective*.

The world needs to have different perspectives.

To find your true self, your true self needs to be observed from multiple perspectives.

We have no idea the things, which might have been trivial to us, could have had a big impact on the lives of others.

We do not know that the “first times” we were once proud of are actually rarely known among our peers and others;

We do not know how we are viewed in the eyes of family, friends, teachers, colleagues, and students

There are many things that we do not know, and they are all waiting for us to discover.

Let us together look at ourselves from another perspective.

After visiting his clinic, attending departmental meetings, interviewing head nurses and students, and conducting face-to-face interviews, Lili Liao completed the writing of Prof. Li’s story. Here is a quick dialogue exemplifying the interview: When you have retired, what do you hope people will remember you for? —That I am a good doctor, and that’s it. What do you like others to call you? —Teacher. What do you want to say to your students? —I hope everyone can be a good person. It doesn’t matter if you are a doctor or a chest surgeon, it is more important to be a good person than to learn more knowledge.

After the interview story was completed, CEO Stephen D. Wang immediately shared it in the company’s WeChat group. Colleagues had encouraged Lili Liao by saying, “I have known Dr Li for many years. I seem to have learned about him from another perspective after reading this interview.” This colleague’s words were extremely memorable to Lili Liao, “In my opinion, this encouraging me a lot. My efforts for this interview were not in vain.”

In April 2017, *Dr. Hui Li-thoracic surgeon for the Beijing Chao-Yang Hospital: a good doctor is a master of his scalpel and his thoughts* was published in the *Meet the Professor* column in AME’s *Journal of Thoracic Disease (JTD)* (Vol 9, No 7, July 2017) (*Figure 1*).

In mid-April of the same year, Stephen D. Wang met Prof. Lijie Tan from the Department of Thoracic Surgery, Shanghai Zhongshan Hospital on a flight to the 2017 annual meeting of American Association for Thoracic Surgery (AATS) held





**Figure 1** First page of the English version of Hui Li's Interview Article.

in Boston, USA. During their chat, he had learned that Professor Tan's team was running an international training course, in order to further expand the team's influence and expose their minimally invasive pulmonary surgery and esophageal surgery technology in the international community. Many young doctors from Southeast Asia have been to Prof. Tan's department to study surgery. When talking about the details, Stephen D. Wang thought, "I personally think that there are two problems with the training class. First, the management of the incoming students was not well-organized and the teaching materials were not standardized; secondly, the English promotional materials have insufficient marketing, and hence cannot effectively attract more foreign students to join."

Obviously, saying that "Professor Tan is a famous chest surgeon in China" is not enough to attract foreign students, as they would think the statement is unfounded. Therefore, it is essential to tell his story well, to support this statement.

Upon arriving in Boston, Stephen D Wang had immediately contacted Lili Liao

and said. “please interview Dr. Lijie Tan and write an in-depth interview.”

With 10 years of working experience in the media, Lili Liao’s first reaction was, “I was surprised! The interview is coming up quickly, and I have not had time to make any preparations!” But this is AME, where “the ability to execute tasks is always the most important thing!” On the night of receiving the task, she pulled an all-nighter searching for Prof. Tan’s background information, and conducted the interview outside a cafe the next day. On the third day, she finished writing the interview article – *Thoracic surgeon Lijie Tan in Shanghai Zhongshan Hospital: discussion on the self-cultivation of a thoracic surgeon* (Chinese version) (Figure 2). The article revealed Tan’s journey in medicine - Tan started their journey with being just a student of a medical expert, thinking about what makes the essence of western medicine; he then changed his perspective and began to experiment with new things. In less than a month, the English version of the interview article was published in the Meet the Professor section of *JTD* (Figure 3).



**Figure 2** Cover page of the Chinese version of the interview with Lijie Tan.



**Figure 3** Interview with Lijie Tan on the PubMed web page.

“Before coming to AME, I always conduct interviews after I have fully prepared. And I experienced what ‘AME speed’ was on that day.” That interview experience a year ago was extremely memorable to Lili Liao. “CEO Mr. Wang’s words at the time was inspiring – urgent tasks are tests that push you to your limits!”

“It is difficult for two people who are complete strangers to talk about their pasts and their life story as soon as they meet. The format of an interview makes such valuable opportunities possible.” Said Lili Liao.

Media has its limitations, especially media in the medical field. Unlike the mass media’s spread of information to the general public, medical communication is often “peer-to-peer” in that it is only spread to people by word of mouth. The interviews of the important people in the field can provide a professional and international “peer-to-peer” opportunity for doctors in the East and West. When a foreign doctor retrieves an interview article from PubMed, they can find out about the doctor’s professional features and opinions from the article. This can facilitate the communication between the East and West.

In addition, interviews with the individuals can be used to proactively demonstrate concepts and experiences that have not yet been put into a clinical practice. Stephen D. Wang said, “Through an in-depth interview, the doctors can share their opinions and even if their opinions are not necessarily correct, or that they have not yet been proven by clinical practice, it can still create a thought-provoking dialogue in the field.”

### **Deadlines are the greatest boosters**

In July 2009, Stephen D. Wang had participated in the World Conference on Lung Cancer (WCLC) event. This is the world’s most influential lung cancer conference in the industry. At that time, AME had not yet been established any English journal, and Wang was the only one to act as a representative for the company. AME participated in WCLC for the second time in 2011, and rented a small booth to showcase *JTD*, which had just been launched. However, only a few readers were interested back then. When AME participated in WCLC for the third time in 2013 and greatly promoted *JTD*, the journal had received a lot of attention.

“This time, we did something different. In addition to renting a decent booth and putting AME’s advertisement on the bag designed for the conference, we had also published a special issue of the *JTD* publication to go alongside it all. We had hoped to let colleagues from all over the world see China’s achievements in the field of lung cancer, through these interviews with the Chinese experts in this publication.” In 2017, Wang had hoped that their team could reach a new height, when AME could participate in WCLC for the fourth time.

The special issue is called, *Meet the Professors: Focused on Lung Cancer Precision Medicine (JTD, Vol 9, Suppl 11 October 2017, ISSN 2072-1439)*, which had included 16 in-depth interviews with Chinese lung cancer doctors who were active in the front lines. It was launched at WCLC on 15th October, 2017 (*Figures 4-6*).



**Figure 4** Interviewed experts were invited to the book launch.

“This special issue compiled the views of the Chinese experts on various medical systems, medical organizations, and development rules. These experts were committed to improving medicine in our country and keeping more people away from diseases. The special issues show our efforts in prolonging human life and improving the curability of cancer.” During the press conference, Professor Rafael Rosell, the guest editor and director of the Cancer Biology and Precision Medicine Program at the Catalonia Institute of Oncology, Germans Trias i Pujol Hospital, spoke highly of this special issue. Professor Li Junling of the Cancer Hospital of the Chinese Academy of Medical Science, said at the press conference, “The special issue is far better than expected, and is very moving.”

Grace S. Li, the coordinator of this special issue and the assistant to the CEO of AME, said, “It only took one month from planning to publishing for this

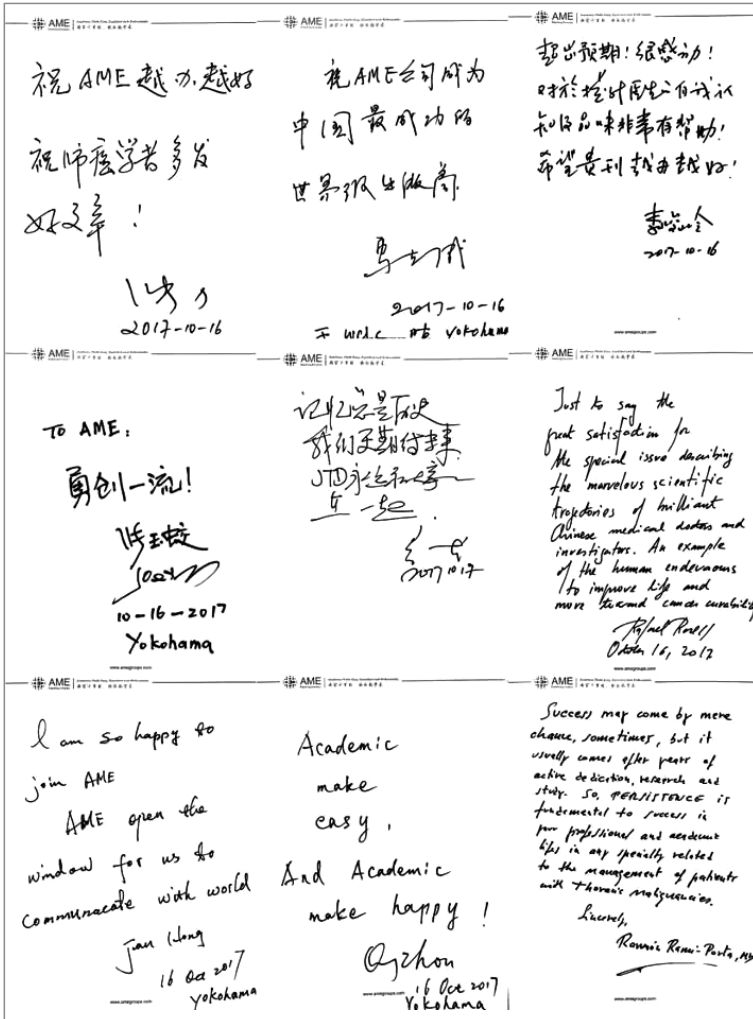


Figure 5 Testimonials from Chinese and foreign experts to AME and the special issues.

special issue.” Time was the biggest challenge as there had been only one month to interview 16 Chinese doctors in 11 cities across the country, translate the interviews into English, and publish them in the journal. “This is unimaginable in other companies,” Grace continued. However, with the joint efforts of 10 offices and 13 main editors from China and abroad, this “seemingly impossible task” was successfully completed. Deadlines are the greatest boosters, and the “speed of AME” was demonstrated in this project.

With such a pressing project, the quality of the produce work worried Lili Liao the most. Her years of professional experience, working on creating interviews had helped her effectively organize. This allowed her to quickly plan the project, and



**Figure 6** Launch event of the special issue (the leftmost person in the first row is Professor Rafael Rosell).

to identify the writing style of each of the interviews. She is quoted as saying, “As CEO Mr. Wang reminded us during the interview with Professor Tan in Boston, the more urgent the situation is, the more we should stay clear-headed. This was also an encouragement for the team. The AME team perfectly demonstrated what is to be an efficient execution by completing the WCLC special issue in such a short time.” Not only does this require the interviewers to have the literary skills, the communication skills and a sufficient medical knowledge base, but most importantly, it also requires teamwork.

The team’s efforts were not in vain. “It was very well-written!” One of the respondents, Professor Qing Zhou of the Guangdong General Hospital, gave her heartfelt positive feedback to Mr. Wang and his team saying, “The article covered the story of how I practiced medicine throughout my life. I must give this special edition to my son.” The articles were organized according to the doctors’ last names; therefore, Professor Zhou’s interview article was put at the end of the special issue, and the Zhou and his son’s photo just happened to be at the very end of this special issue (*Figure 7*). “How would his son feel if he sees this photo when he finds the article in PubMed a few decades later?” Wang was filled with emotions when hearing about this.



**Figure 7** Last page of the special issue Meet the Professors: Focused on Lung Cancer Precision Medicine.

Such in-depth interviews are timeless and has no national boundary, passing on the stories of these doctors from generation to generation. The founder of TED, Chris Anderson, wrote in *The Power of Speech*, inspired by Zoe Anderson, "life is fleeting, only thoughts, inspirations and love will last forever."

Sanhua Wang, head of the AME Shanghai office, was the chief planner for this special issue. She said, "I have planned many interviews in the past, but there has never been a project that was published in an English academic journal of the field and promoted in a top international medical conference. This project was the best one of all as it allowed international experts to know China's leaders in lung cancer."

So why were these industry leaders willing to participate in this project? Sanhua Wang believes that in China, some doctors have accumulated rich experiences and

ideas in the clinical, scientific research and management, to become the leaders of the industry. Their experiences and ideas need to be shared through a professional platform. Experience and ideas can only be enriched and matured through continuous academic discussion, which in turn promotes the development of the industry. On the other hand, Chinese doctors want to build their brand, not only in China, but also internationally.

In fact, in medical field, only activities that can truly promote academic progress are recognized. This is the general trend of the medical market to the present day. Sanhua Wang said, “The kind of academic activities that can connect Chinese doctors to the international stage will be the trend of the future. AME’s focus on the internationalization of Chinese doctors can provide a platform for such future academic activities.”

Activities that contribute to academic communication and the development of medicine are worth recreating.

In May of 2018, the compilation of the 11 interviews with Chinese chest surgeons who have made great contributions to the field of enhanced recovery after surgery (ERAS) was published in a special issue in *JTD* called, *focused issue on enhanced recovery pathways in thoracic surgery* (*JTD*, Vol 10, Suppl 11 May 2018, ISSN 2072-1439) (*Figure 8*). This special issue only took half a year from the planning stage to its publication. Once again, we demonstrated what “AME speed” is.

Xueyi Lin, the chief planner for the special issue at the AME Chengdu office, said, “In recent years, Chinese chest surgeons have done a lot of work in ERAS and have accumulated a rich experience in the profession and the clinic. The interviewed doctors analysed ERAS and perioperative airway management and shared their



**Figure 8** *JTD* focused issue on *enhanced recovery pathways in thoracic surgery*.



clinical experience accumulated over the years. This interview promoted the practice of the ERAS in China and abroad, allowing Chinese doctors to fully showcase themselves on the international stage, further enhancing their international influence.”

During the promotion of this special issue, AME continued to receive recognition and encouragement from all parties.

Professor Shun Xu from the First Affiliated Hospital of China Medical University was one of the interviewees. He was surprised when he saw the interview outline saying, “It was detailed and had great vision. It even discussed some problems in the work we just did a few days ago!” After reading the Chinese interview article *Shun Xu: Walking between Medicine and Love*, he said, “I have been interviewed many times before, but this article is the most in-depth I’ve seen. It is professional and full of life.” After work, Xu keeps a habit of appreciating literature, and he gave a special evaluation of the article saying, “reading the article felt like meeting an old friend.”

Jianxing He of the First Affiliated Hospital of Guangzhou Medical University was also interviewed for this special issue. Professor He enjoys sharing knowledge and AME editors have collected videos of him giving speeches, selected some of the research articles he has published, and interviewed 10 of his colleagues and 6 of our AME editors who are familiar with him to create a multi-faceted perspective for telling his story. Professor He, who has a high standard for writing, commented after reviewing it saying, “I like this interview, I like it very much, the text is beautifully written, and the academic description is very clear and easy to understand.” He repeatedly stressed three times saying, “I like it very much”.

After the interview of Professor Shugeng Gao from the Chinese Academy of Medical Sciences Cancer Hospital-*Shugeng Gao: a cool-headed and virtuous thoracic surgeon* was translated from Chinese into English, the doctor responsible for the review of the article specially sent a compliment to the AME editor saying, “The Chinese idioms were translated very well, and the translations of the medical professional vocabulary were also very accurate. It was well translated!”

The interviewed doctors think that the AME editors are very professional. This is exemplified through the design format of the written article interviews, both being online and on-site. They did not only recognize our editors’ professionalism, but they were also satisfied with the responses the articles had received after they were published. Many readers gave us feedback, saying that they wanted to read even more of the articles in this format.

Actually, the promotional process that was used for this special issue was not completely smooth and we also encountered some difficulties. However, with the experiences gained from the publishing process of the previous WCLC special issues and the AME team spirit, we were able to successfully overcome these difficulties. Xueyi Lin concluded by saying, “Difficulties and setbacks have allowed us to gain experience and grow. For example, we have learnt to deal with the busy schedules of doctors and found solutions to improve communication styles when proofing the

articles. We can use these experiences to help us run future projects more and more smoothly.”

Xueyi Lin said that in order to further extend the brand effect brought by this in-depth interview with doctors, these interviews would subsequently be published as reprints in Chinese, and a compilation of those interviews in English will be published as a book.

### **The “beginning” and “ending”**

May 18, 2017 was an ordinary, yet memorable day for Lili Liao who has just joined AME. She had a discussion with Prof. Renzhi Wang, the director of neurosurgery at Peking Union Medical College Hospital, on the pituitary system and pituitary tumors in his office.

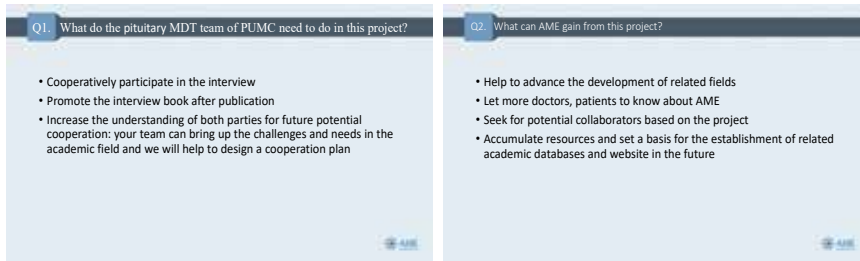
“Pituitary MDT in Peking Union Medical College Hospital (‘PUMC Hospital’ for short) has a long history, and the upcoming year will be our 40<sup>th</sup> year. However, I have always felt some regrets because ever since we have won the award in 1992 (Note: the study ‘Clinical and Basic Research on Hormone Secreting Pituitary Tumor’ was awarded first prize of National Science technological progress in 1992), several experts have left us. This included Yifan Shi, the initiator and organizer of the award-winning pituitary MDT research program. We also regret potentially not being able to record all of the stories from the older generation before they are gone. Even I do not know all the details of their precious history, let alone the younger generation.”

After returning to her office, Lili Liao told Stephen D. Wang her conversation with Prof. Renzhi Wang. Stephen D. Wang had suggested, “Why don’t you ask the older generation of experts to tell a story? We can have an exclusive interview with this team and publish an ‘interview book’.” When Prof. Wang heard about this proposal, he asked Lili Liao two questions: First, what do we have to do in this project? Second, what can AME gain from this?

“I was surprised by these two questions. I have met so many experts, and few had asked such important questions directly.”

After thinking about it herself and discussing with the Stephen D. Wang, Lili Liao had brought the answers to the meeting of the Department of Neurosurgery of the Peking Union Medical College Hospital and Prof. Wang had suggested that this project should be mentioned in their department meeting. He said that he should not make the decision alone, and wanted to listen to everyone else’s opinions, too (*Figure 9*).

After Lili Liao had explained the project, the entire department had a preliminary understanding of AME and the project, and had also expressed a strong interest in the new publishing company. “This was the first time we heard that an interview book could be published in both English and Chinese, and your overseas office gives you a great advantage.” “We are afraid that we can’t express the story well enough,



**Figure 9** Answers to the two questions of Prof. Wang at the Neurosurgery Department meeting.

and that we can't say everything in just a few short words." "The older generation should participate, but we as the younger generation are afraid that we are not experienced enough."...

"What do you think about this?" In the end, Prof. Wang turned to the two senior directors of the department, Professor Zuyuan Ren and Professor Changbao Su, who were considered as the most esteemed in the whole department.

"This is not the same as a traditional book, but it is meaningful. Let's give it a try."

Traditional interview books are mostly collections of works which have been initiated by journalists, instead of one big team of individuals. This interview book, which can be viewed as a flagship for this kind of format, was then published.

Were we completely confident? In fact, we were not.

Since Stephen D. Wang had proposed to publish the book, Liao was worried: nowadays, most of the interview books on the market are compiled by reporters, and only a few would interview a whole team of individuals with such long histories and so many disciplines. How can we present the whole story? AME Beijing office had just been established, and the team has not yet been formed, so how can we support such a large interview project?

"As long as Prof. Wang and his team trust us, we will mobilize all of the possible forces and go all out to present this valuable history." Stephen D. Wang gave such an unexpected yet reasonable answer.

At the beginning of the planning period, Prof. Renzhi Wang had suggested that it is best to include the patients' experiences because they had a personal relationship with the team. Lili Liao had struggled in creating the directory, as the book had covered many different disciplines, doctors, patients. Should it be sorted by the number of strokes in their Chinese surname or should it be sorted according to age? But as it covers so many disciplines and people, readers may find it disordered ... "Sort it according to department, then order according to the age in each department," said by Former head of the People's Medical Publishing House, senior editor Xiangdong Li. Inspired by Li, Lili Liao got it immediately: "Yes! This takes different departments into account and can clearly present the development of each department."

How can we support such a large interview project? Stephen D Wang immediately set up an interview team which was composed of the team members from the AME Guangzhou, Beijing and Taipei offices, gave detailed guidance, and requested relevant departments to coordinate the work and daily life of the foreign colleagues during their stay in Beijing. The number of editors who participated in the interview had reached 22 (20 writing articles, 2 video conferencing) as such a large-scale interview project was rare in AME and other companies. (*Figure 10*).

How to make the interviews the best we could? Although Mrs. Liao has been working in medical media for nearly 10 years, and has obtained a master's degree in journalism from the Renmin University of China yet she was not completely confident in her ability. In fact, she said completing the project was "like walking on thin ice". "We had no references and we could only explore by ourselves. When we encountered problems, we immediately tried to think of a solution on our own."

The interviews begun on June 13, while the first interviewee was Professor Zhaolin Lu from the Department of Endocrinology at the Peking Union Medical College Hospital. This was only less than a month after the proposal of the project. The first published interview article not only allowed the doctors to have a better understanding of AME editors (Huijuan Zhu, deputy director of the endocrinology department, said she trusted that AME was a reliable and professional team after reading the article), but it also boosted the confidence of the AME editors.

The entire interview project lasted for 6 months and 9 days, and the AME interview team faced changes all the time. The number of interviewed experts increased from the originally planned 15, to 25, and then eventually a total of 35. At first there had been 6 departments that were involved, then it increased to 8, and finally all 11 of the pituitary MDT departments were involved. This led to a continuous expansion of the editorial team. Regarding these challenges, Mrs. Liao said: "I was not worried about the increased amount of work; I was concerned about whether or not we could ensure the quality standards of each interview in such limited working time."

Quality is always the focus of AME.

The noon of July 27, Mrs. Liao received an urgent call from Prof. Renzhi Wang: "You have come to the hospital quickly; Professor Ailun Luo is in in the cafeteria now. She does not come to the hospital often, so this is a valuable opportunity to come and interview her!" Professor Luo Ailun is an important figure in the anesthesiology field in China, and has not been able to set a specific time for an interview due to her poor physical condition. The AME editor Siying Yan, who just returned from another interview rushed back to the hospital without having lunch. She used Luo's lunch time to complete this valuable interview.

"Professor Ailun Luo, who was able to talk to us about the pituitary and anesthesia last year, is now unable to be interviewed because of her illness. CCTV originally wanted to interview her at the end of last year, but unfortunately it could not be completed. We were very fortunate to be able to record this precious history

Project schedule of the interview with the PUMC pituitary MDT team (updated Dec. 14, 2017)							
Category based on age	Interview group in order	No.	Expert name	Interview status	Release on WeChat	interviewer/Writing Editor	Status of interview manuscript
Deceased	The last group	1	Yifan Shi	complete	Only put in the book	Jie Dong (write into one manuscript)	interview Department of Endocrinology interview Department of Neurosurgery interview Department of Neurosurgery interview Department of Ophthalmology and her daughter interview his students
		2	Zhaoyan Yin	complete	Only put in the book		
		3	Weijun Wang	complete	Only put in the book		
		4	Yuanxiu Lao	complete	Only put in the book		
		5	Xu Zang	complete	Only put in the book		
Elder	Group 1	1	Zhaolin Lu	complete	released	Lili Liao	complete
		2	Yiwen Zhang	complete	released	Nancy Q. Zhong	complete
		3	Juechu Zhou	complete	released	Renfang Wang	complete
		4	Zimeng Jin	complete	released	Lili Liao	complete
		5	Fengrong Ai	complete	released	Renfang Wang	complete
		6	Jialin He	complete	released	Nancy Q. Zhong	complete
	Group 2	7	Ailun Luo	complete	released	Siyang Yan	complete
		8	Zuyuan Ren	complete	released	Renfang Wang	complete
		9	Tao Zhang	complete	released	Siyang Yan	complete
		10	Changbao Su	complete	released	Renfang Wang	complete
	The last group	11	Zhizhong Wang	complete	release in January, 2018	Luna L. Young	incomplete
		12	Baoluo Li	complete	released	Darren Yu	complete
		13	Jieying Deng	complete	release in late December, 2017	Chen Gao	incomplete
		14	Jun Zhao	complete	release in January, 2018	Jie Dong	incomplete
Middle-aged	Group 1	1	Yong Zhong	complete	released	Lili Liao	complete
		2	Fuquan Zhang	complete	released	Lili Liao	complete
		3	Qi Yu	complete	released	Nancy Q. Zhong	complete
		4	Yuguang Huang	complete	released	Jie Dong	complete
	Group 2	5	Renzhi Wang	complete	released	Chen Gao	complete
		6	Jie Chen	complete	released	Jie Dong	complete
	The last group	7	Department of Endocrinology	complete	release in January, 2018	Chen Gao	incomplete
		8	Chaohui Zhu	complete	released	Suki X. Tang	complete
		9	Zhiqiang Gao	complete	released	Selman X. Huang	complete
Younger	Group 1	1	Xin Lian	complete	released	Grace S. Li/Jie Dong	complete
		2	Xiaobo Zhang	complete	released	Skylar F. Gao	complete
		3	Feng Feng	complete	released	Grace S. Li	complete
		4	Chengyan Deng	supplementary interviews	released	Lili Liao	complete
	Group 2	5	Bing Xing	complete	released	Siyang Yan	complete
		6	Wei Lian	complete	released	Siyang Yan	complete
		7	Yong Yao	complete	released	Jessie S. Zhong/Jie Dong	complete
		8	Xinjie Bao	complete	December 16	Jessie S. Zhong	complete
		9	Ming Feng	complete	released	Siyang Yan	complete
		10	Xiaohai Liu	complete	December 22	Jessie S. Zhong	incomplete
		11	Jin Ma	complete	cancel	Jessie S. Zhong	complete
	The last group	12	Dingrong Zhong	complete	released	Renfang Wang	complete
		13	Kan Deng	complete	December 19	Tung-Lun Shih	complete
Patients	The last group	1	acromegaly (four people)	complete	release in January, 2018	Renfang Wang	incomplete
		2	cushing (four people)	complete	release in January, 2018	Renfang Wang	incomplete
		3	obstinacy (four people)	complete	unwritten	Renfang Wang	unwritten
		4	prolactinoma (one person)	complete			
Experts from other hospitals	The last group	1	Bowen Cai	complete	release in January, 2018	Nicole J. Li	incomplete
		2	Liuguan Bian	complete	release in January, 2018	Zhenning Zhang	complete
		3	Haijun Wang	complete	release in January, 2018	Siyang Yan	complete
		4	Zhihong Liao	complete	release in January, 2018	Siyang Yan	complete
		5	Yao Zhao	complete	release in January, 2018	Sivia L. Zhou	complete
		6	Yongfei Wang	complete	release in January, 2018	Sivia L. Zhou/ Renfang Wang	incomplete
Others	After National Day Holidays	1	Visit the History Museum of Peking Union Medical College Hospital	complete		Renfang Wang	incomplete

Figure 10 Internal work division of the Peking Union Medical College Hospital interview project.

from her, in time. I think this is also the significance of our interview.” Said Prof. Wang Renzhi on the book launch event in May 2018.

The interview with Professor Yuguang Huang also came as a surprise. On August 15th, Professor Huang decided to reschedule the interview for an earlier time, so that it would match better with his schedule and be few days earlier than expected, because of a change in schedule, as well as reducing the interview time to being only 40 minutes. “Not all interviews can be done with ease. With such sudden changes, we must be professional and cooperate with the experts.” Mrs. Liao remembered the experience of interviewing Professor Lijie Tan in Boston. “At that time, Stephen D. Wang said that the more urgent an interview is, the more it can reflect the ability of a reporter.”

As of July 6, 2018, the interview article titled “Huang Yuguang: Let the World See China’s Anesthesia” post had 18301 views on WeChat. On the third day after the article was published on WeChat, Prof. Huang specially called editor Jie Dong, to praise her about the content of the article; the article was focused on the world and had vision with a highlight on anesthesiology.

Nothing in this world can be perfect, but there are people who work tirelessly for perfection. In order to leave no regrets in this interview project, the AME team did not miss any details and always thought, “Can we do better?”

For example, the editors put in a lot of effort in the appearances of the group and experts’ photos in the book. “It’s not easy to gather so many experts. We had to find professional photographers to capture these precious images.” On June 21st, the AME editors took the photographers to various departments of the PUMC Hospital and captured 13.12 GB of these photos.

How about the professors who have passed away? And how can photos from those passed individuals be shown in the book? One day, another book had given Mrs. Liao an inspiration: We can use old photos! We collected old photos from the various departments, and used the pictures to tell their stories and to restore the work scenes of the experts. Our ideas are put into action. One month later, the compilation of 70 old and new photos was published in the article titled “illustration of 40 years of Pituitary MDT in pictures” (Figure 11) and had become a highlight of this interview book.

With the expert interviews and photos, Prof. Renzhi Wang still had another concern: “Would it seem to others that we are merely just praising ourselves?” “How about including interviews with experts from other hospitals?” AME editors proposed this solution and interviewed experts from 6 hospitals in Guangzhou, Shanghai and Sichuan with optimized time and labor costs, using the advantage of having 10 offices at home and abroad. An editor who participated in the interview project said: “Our team is always working together. When I encounter difficulties, all my colleagues will lend me a helping hand.”

When Mrs. Liao was invited to join a gathering of the PUMC Hospital pituitary MDT team, she heard the experts talking about the hardships of the doctors



**Figure 11** The first page of the article titled “Illustration of 40 years of Pituitary MDT in pictures”.

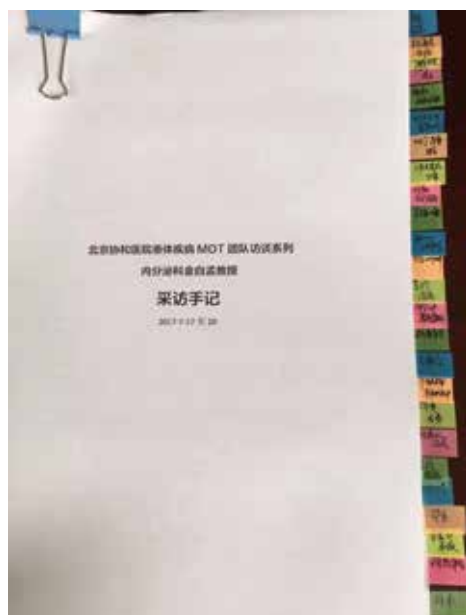
from the older generations. Although they only had extremely poor resources, the older generation still created many amazing works. Professor Zhizhong Wang of the Otolaryngology department designed surgery equipment and attempted a Transsphenoidal Ectomy of the Pituitary Adenomas, putting the concept of a minimally invasive surgery into a pituitary tumor surgery for the first time. Neurosurgery Professor Zhaoyan Yin attempted the first pituitary tumor resection via oronasal-sphenoid sinus under microsurgery in China. In order to fix the retractor for surgery approach, he attempted many methods and eventually he had fixed it with just using a thimble. This could reassure the surgeons that were involved, and increased the surgeons’ stability during operation. They followed up saying, “Struggles of the older generation must be included in this book!” Liao immediately said and asked Professor Renzhi Wang to add these hardships in the foreword.

“Behind success are many hardships.” This applies to the predecessors of the pituitary MDT, and also to this interview project. “Every step we take is like walking on thin ice. Even a minor mistake would be disrespectful to the interviewees.” In the final reviewing stage, the AME editorial team went all out and repeatedly proofread and revised the articles. Two days before New Year’s Eve in 2018, Mrs. Liao took the manuscript to the radiotherapy department for Professor Fuquan Zhang for proof. When she left, she left her purse on a chair at the entrance of the radiotherapy department. “I ran back with the manuscript, and my first thought was, good thing it wasn’t the manuscript that I had left behind!” She explained, “Because this version of the manuscript was too valuable! Losing my purse just meant losing money. But if I lost the drafts that had been reviewed two times by the experts and the editorial team, it would be an irreparable loss.”

Fortunately, all efforts had paid off.

Professor Zimeng Jin is widely known as the “Walking Encyclopedia of endocrinology”, and the AME editors had spent the most interview time on him. These included both outpatient interviews and face-to-face interviews, which had as many as 54 pages of interview notes (*Figure 12*). After the article entitled “*Zimeng Jin: Striving to the utmost to break the boundaries of the endocrine system*” was published on WeChat, Liao received a congratulatory message from the publicity department of the hospital saying, “You became famous in our hospital! Our leader (Wenli Duan, Director of the publicity department of Peking Union Medical College Hospital) shared this article in the Wechat group of our hospital. She particularly liked this article, as it was written vividly, had historical value and presented the characteristics of our department well. It is very rare to have interviews shared in our Wechat group!” Subsequently, the article was also reprinted by the Peking Union Medical College Hospital newsletter, which rarely published interviews (*Figure 13*). This article also became the most popular article of AME in 2017 (*Figure 14*).

In April 2018, the book *We walked together - 40th anniversary of the pituitary MDT department of Peking Union Medical College Hospital* was published, and the hard work of the past year had finally paid off. At the moment of receiving the physical book, all of the involved editors had so many feelings; excitement, gratification, and finally, after everything, everyone was calm. The team’s efforts were condensed in this 416-page, 550,000-word, 1-kilogram book (*Figure 15*).



**Figure 12** Interview notes for Professor Jin, a total of 54 pages.



编者按：本文节选自AME出版社为北京协和医院垂体疾病MDT团队所译系列访谈之一《金自孟：不懈探寻内分泌“同病异治”规律》，经协和医院开设垂体联合门诊（见本版第3版报道），本文中金自孟教授的亲自解读，有助于您对协和垂体疾病MDT有更为深入的了解。

## 协和垂体疾病MDT：多学科协作提供最佳治疗决策

AME出版社 廖莉莉

MDT, 什么是协作? 协作什么?

金自孟教授对良好的垂体瘤MDT治疗模式进行了总结：应该涵盖患者自身的疾病评估、最佳的治疗选择和最佳治疗药物各种治疗之间的合理衔接。MDT不仅适合垂体瘤的初诊、复诊患者，复发复诊患者和出现严重并发症、内分泌和代谢紊乱患者更复杂，其中的关键问题分别是：终身、终身、合理衔接、复发复诊。

金老说，这个总结可能略显复杂，但每一句都值得认真推敲。体会，垂体本身作为一个功能器官，掌管着全身多个器官的运转。“看到一个病例，我们不但要想第一步治疗，还要考虑复发复诊后的第二步、第三步甚至更久的治疗。手术和放疗可涉及垂体功能减退，长期管理理念必不可少。年轻女性治疗后会涉及垂体功能重建和生育问题；手术、放疗、药物副作用后，如何联合治疗；年轻病人得了肢端肥大症，外观有了改变，为了治疗的顺利进行有时还要心理科的参与等等。”

金老强调，在垂体瘤MDT中，“协作”不仅仅是多个学科的横向讨论，还涉及病人全身各个系统的纵向合作。而且会贯穿病人的终身治疗、每一步治疗调整。

协和垂体瘤协作门诊38年来的变与不变

从1979年成立至今，北京协和医院垂体疾病MDT已历经38年风雨。无论是组成人员，还是配合模式，这些年来也经过了数次调整和演变。

“为了使病人就医更便捷，内分泌科与神经外科专门成立了联合门诊。过去经常是病人来到神经外科，因为术前术后还需要激素评估再去内分泌科看。现在联合门诊设立后可以大大节省病人的时间和精力，治疗也是更高效。两个科室对于病情处理意见也可以通过联合门诊讨论确定，这种模式非常受病人欢迎。”金老至今坚持每周二坐下午与神经外科的联合门诊，风雨无阻。

另外，金老对于以神经外科主任主任任为代表的后辈对于协和垂体MDT的发扬光大给予了高度评价。2012年，在杭州召开了第一届垂体瘤MDT会议，正式宣布成立“中国垂体瘤协作组”，这相当于把协和垂体MDT模式推向全国，影响力将不日而传。

“这些年来协作组不变的是什么？”首先，我们协和和垂体多学科协作模式坚持下来了，而且一做就是38年。另外，协和还有一个传统，有不同的意见当面提出，不管是主任还是进修生，只要有想法就指出，这样的面对面讨论特别有利于大家的共同进步、提高。”

当然，也要有奇迹

2008年3月，一位11岁半的男孩初诊来到协和医院，因体积小，发育落后并发现鞍区占位病变就诊。

经检查发现患儿矮小、第二性征未发育，睾丸3.0ml（正常4.0ml），泌乳素高达8000ng/ml（正常20ng/ml），诊断为儿童促性腺激素生长激素大腺瘤，腺垂体功能减退，生长发育障碍，影像学检查发现肿瘤呈侵袭性生长并包绕血管。病人曾就诊于上海和北京的其他几家医院，大夫都说治疗有难度。

“因为患儿非雌一假发育成人女性，这例正好相反，未成年男性，除了考虑治疗本身，还要考虑今后生长发育问题。而且现在病人已经有生长发育迟缓的症状，更是加大了治疗难度。”

经协和垂体疾病MDT团队讨论，第一阶段先尝试进行多巴胺激动剂溴隐亭治疗21个月，等病情稳定后再手术切除肿瘤。结果泌乳素降低了近90%，降到1000ng/ml，MRI检查显示肿瘤有明显缩小，但生长发育仍无改善。

接下来怎么办? 已经用了当前最有效的药物，但结果仍然不理想。大家商量，采用手术进一步缩小肿瘤来加强多巴胺激动剂的效果。通过仔细探查垂体瘤部分切除术，联合术后溴隐亭10mg/d的治疗，术后肿瘤缩小，泌乳素为800ng/ml，但孩子生长发育依然无改善。

治疗进入了一个艰难时期，经过手术和药物治疗，虽然肿瘤有明显缩小，泌乳素也较之前明显降低，但肿瘤生长速度仍有较大差距，而且，孩子此时已经14岁半，因为生长发育落后，心理和情绪上已受到严重影响，出现了抑郁症状。两年后男孩生长发育的空间很有限，孩子的心理问题也进一步加重了家庭的紧张情绪。

“说到底还是肿瘤没有得到根本的控制。下面唯一还使用的武器就是放疗把这靶剂切除了，虽然可能对肿瘤有效，但也可能对垂体功能造成一定影响，这对于本来生长发育就落后的孩子来说无疑是一个挑战。但肿瘤的问题不解决，其他更无从谈起。事不如此，只能先采用放疗控制肿瘤，之后给予生长激素调整生长发育。不过，这些冒着不小风险的，因为生长激素有可能会进一步促进肿瘤的生长。”

经过讨论，第三阶段，给予了患儿放疗加速器定向适形分割放疗，并保留溴隐亭10mg/d。治疗后1年和2年，泌乳素逐步降至470、210ng/ml，放疗效果逐步显现，肿瘤进一步缩小，仅有少量残留。此时孩子已经16岁半，身高150cm，体重30kg，第二性征未发育，双睾丸2.0ml，骨龄14岁，促生长发育迫在眉睫，因为骨龄到了16岁孩子成长也就基本停止了。而且孩子现在情绪波动更大，已经不愿意去上学了。

于是，在谨慎观察下试用重组人生长激素（rhGH）11个月，无不良反应，患儿身高长到160.2cm，体重42.5kg，睾丸增大，上唇小须，

睾丸10ml，泌乳素133.0ng/ml，垂体肿瘤不但没有增大，反而已成典型空鞍鞍。

“我们的担心都没有发生，孩子长成了一个标准的小伙子了，最近他刚来过，身高已经长到了174cm。泌乳素已经降到了23ng/ml，所以，当初用放疗看似一招“险棋”，实则是一盘“妙棋”。

对此，金老又再次强调了MDT的重要作用。“这例病人，在协作组这里整整治疗了9年。期间，每一步治疗决策都是多个学科一起讨论性决定的，尤其是遇到难以抉择的情况下，仅凭单个科室的力量难以作出明确的决定，有了其他兄弟科室的协助和指导，这例病人才得以如此成功。这是协和垂体疾病多学科合作的典范，也是优势所在。”

谨言慎语，宁可多不敢少，健康“生不如死”

虽然垂体瘤多是良性，但因为垂体这一功能器官的特殊性，使得临床上治疗难度大，治疗困难的病例不在少数。

金老指出，现在的治疗手段越来越多，怎么把这些治疗用好，目前是关键。以泌乳素瘤为例，目前无论是靶向还是传统放疗都推荐溴隐亭为首选药物治疗，“临床上看见垂体上长瘤子就手术或放疗的例子仍然比比皆是。”金老痛心地说，“不恰当的手术或放疗弄坏了垂体，生命是没受影响，但可能造成病人内分泌功能的水久损害，一辈子就跟医院打上交道了，而且，很多功能的减退或丧失是确实不可逆的。年轻女性治疗不当，垂体功能受损，一生无法生育，这是难以弥补的过失。还有的是激素替代用不好，没及时评估和调整，造成病人股骨头坏死，年纪轻轻就开始拄拐了，这些不仅可能影响一个人的生，甚至是要改变一个家庭的结构，病人形容自己是——“生不如死”。

同一疾病，不同结局

“所以说，这也是多学科协作的一个优势——提高诊断治疗的准确性，避免误诊误治，每个学科各司其职，给予每个个体最佳的治疗。”金老举了两个“同病不同结局”的例子。

“第一例是一位13岁的女孩。近两三年身高几乎没有变化，疑似垂体瘤来到北京，找到当时一位知名教授，教授做了CT和MRI结果，认为不需要手术的检查，推荐直接给予伽马刀治疗，另一位像如何叫的教授一看是知名教授推荐来的，确定第2周就拟要进行治疗了。一天，两位教授，给病人制定了治疗决策，第二天，病人又来到北京协和医院就诊，接诊的史铁军大夫觉得有些奇怪，建议病人做全面检查。病人一下子不乐意了，怎么到了协和要做这么多检查，又花钱又花时间，说了一句“协和医院不行”，转去做了伽马刀手术。”

“第二例是这位女孩的老弟，都来自山西，两人年龄相仿，临床表现、影像检查结果也类似，这例病人在协和医院经过详细的检查，发现根本无需手术或放疗，直接用药物即可。”

10年后，第一例病人31岁时又来到了协和医院，不过这次，她确实的是来科科，因为那次治疗后月经一直没来。最后一来月经，金老看了说：“这例病人，其实都是因促性腺激素功能低下引起的反应性垂体增生，垂体本身并无实质性病变。”

“第一例病人接受了伽马刀治疗后，垂体病变显著缩小，于是患者曾大欣喜，可实际上垂体功能却受到了无法弥补的损失。而第二例病人确诊甲状腺功能低下后，经过甲状腺激素治疗后甲状腺功能恢复正常，5个月身高长高了4cm，体重下降10kg，垂体高度从10mm降到3.6mm，现在完全是一个正常人。”

“本来是一个相当简单的问题，结果病人没少花钱，垂体功能还受到了损失，这两个同病不同结局的例子告诉我们，医生的一个决策对病人的未来有多么大的影响，我们在下决定时应该谨慎再谨慎。”

垂体MDT的“瘦身”和“金牌”

金老提醒，垂体疾病的特点是，并非手术一做就一劳永逸了。例如肢端肥大症，现在全世界手术治疗仅能使60%-80%的病人痊愈，剩下的病人需要长期随访，给予其他辅助治疗。

金老在垂体瘤MDT治疗模式定义中特别加上了“复发复诊患者和出现严重并发症、内分泌和代谢紊乱患者更重要”。有时放疗后病人垂体功能会发生低减，这种低减也是阵发的，而且会引发免疫力的降低从而导致病人对其他疾病的易感性增加，因此特别需要内分泌科的协助进行替代治疗。“所以，垂体瘤做完手术或者放疗不可少。”

此外，金老还指出，垂体瘤是个全身性的疾病，不能只观其一，不观其二。例如肢端肥大病人，不仅肢端瘤也就是手脚的肥大，心肌有百分之会有肥厚的表现，因此病人心脏功能往往不佳，所以在给予治疗前一定要注意评估和调整；另外还有一半左右的人伴有糖尿病或脂肪代谢紊乱，血脂问题也不容忽视，再有就是睡眠呼吸暂停也是常见的并发症，如果不注意很可能病人治疗期间会发生心脑血管事件、猝死……

一个能协作，半年内分泌

金老说，今时不同往日，无论是诊断手段还是技术水平都有了大幅度改善，希望年轻医生在临床工作中要不断积累，切勿盲目决策，当发现病人症状疑似垂体瘤时，一定要多思考，多观察，不能

多转第八版

Figure 13 The 278th issue of the Peking Union Medical College Hospital Newspaper (August 25, 2017) reprinted part of the article titled “Zimeng Jin: Striving to the utmost to break the boundaries of the endocrine system”.



**Figure 14** Professor Jin's interview ranked top according to the ranking list of AME Wechat public account in terms of hits and popularity.



**Figure 15** The book *We walked together - 40th anniversary of the pituitary MDT department of Peking Union Medical College Hospital* (Chinese version) was officially published.

Professor Jun Zhao, the first anesthesiology director of Peking Union Medical College Hospital, is now 92 years old. He fell in love with the book after receiving it. His daughter sent a special message: “My dad cannot see very well now, but he still tries very hard to read the book. He was very excited as he felt that he has returned to his old times when he was practicing medicine. Thank you for publishing such a good book!” The interview book also received affirmation from the patients too: “I felt like I was on the edge of my seat the entire time I was reading *Winning the fight against Cushing’s disease, Life is Wonderful*. After reading it, I took a deep breath and I too, had felt life is wonderful!”

Stephen D. Wang said: “There are very few geniuses in the world. Most people’s success is a result of diligence. There are many teams smarter than AME, and there are many teams that having more funding than AME. However, there are few teams as persistent as AME.”

### Future ecosystem construction

In the future, AME interview will be more interactive. We hope to invite the foreign counterparts to ask Chinese doctors questions as to make the interviews more vivid and more effective in enhancing the international influence of Chinese doctors.

AME has called for more people to realize the importance of “letting the Chinese doctors go international” and hopes that everyone can work together to make this possible. However, “letting Chinese doctors go international” is a long process, and it is like the process of developing a consumer practice. It has to be promoted step by step and we need to persist in it.

At the same time, AME is also committed to building a window for Chinese hospital managers to understand the advanced management experience of hospitals from other countries. “*Meet the Experts: The Cutting Edge in Hospital Management*” is a project that allows the world-renowned medical centers to share hospital management experiences and operation strategies.

In the first half of 2018, AME interviewed 12 experienced medical managers from 10 well-known medical centers in 7 countries including China, the United States, Germany, Spain, South Korea, Japan and Australia. Amongst them, there are individuals with both a medical management practitioner background with a non-clinical backgrounds and those with rich clinical work experience, as shown in *Table 1*.

With multiple offices outside of the mainland and an international expert network, AME was able to complete the series of interviews.

For example, Professor David Hayes has cooperated with AME before, and had visited the AME Guangzhou office in 2016. Professor Hayes quickly agreed to do this interview when we invited him. In the interview, he elaborated on the important qualities that hospital administrators should have, Mayo clinic’s management culture and philosophy, team management principles, and expressed his anticipation for the Mayo clinic’s cooperation with the international healthcare community.

**Table 1** List of the experts participating in the interview project on hospital management.

Interviewee	Unit	Title of the interview
Michael Boyer	Department of Medical Oncology, Chris O'Brien Lifehouse, Sydney, Australia; Sydney Medical School, The University of Sydney, Sydney, Australia	Prof. Michael Boyer: every hospital should strive to deliver safe, effective, high-quality care
David Hayes	Medical director of Mayo Clinic Provider Relations, Mayo Clinic Care Network	Prof. David Hayes: administrators must have in-depth understanding of the hospital and be fair, open-minded and transparent as leader
Sanghoon Jheon	CEO of Seoul National University Bundang Hospital	Prof. Sanghoon Jheon: respect and strong leadership are two key principles as both a surgeon and president of SNUBH
Alex Lan	CEO of Hong Kong Adventist Hospital	Alex Lan: systematic management integrating personalized services and medical ethics
Su Vui Lo	CEO of New Territory East (covering most of the northern part of HK) cluster of hospitals	Su Vui Lo: managing people as the key to managing hospitals, cultivating a second nature to praise
Che Chung Luk	CEO of Queen Mary Hospital; Cluster Chief Executive of Hong Kong West Cluster	Che Chung Luk: Optimising Demand Management and Improving Service Development Through Staff Empowerment and System Delegation
Leticia Moral	Scientific Manager of Quironsalud, Spain	Dra. Leticia Moral: private hospital network makes efficient, innovative, and patient safety oriented healthcare possible
Peter F. Orio	Vice Chair of Network Operations, Dana-Farber / Brigham and Women's Cancer Centers	Peter F. Orio: three skills that hospital administrators should possess— availability, affordability and ability
Joe Sweet	Director of International Patient Experience, Cleveland Clinic	Joe Sweet: serving patients with the support of our strong Cleveland Clinic team
Tim Steckel	Director of Business Management and authorized officer, Klinikum Ernst von Bergmann	Tim Steckel: the physicians and nurses are the hospital's engine and I am the oil that keeps the engine working properly
Shinichi Takamoto	CEO of Mitsui Memorial Hospital	Prof. Shinichi Takamoto: to live forward together with the patients
Gonzalo Varela	Past President of Salamanca University Hospital	Prof. Gonzalo Varela: it is very important to build our hospital patient-centered institutions

Thanks to Professor Rafael Rosell's recommendation, we were able to interview Dr. Leticia Moral, who is the medical affairs manager of Quironsalud, Spain's largest private hospital group. "She is a leading expert in the private hospital network and has a rich experience in the medical management practice. Undoubtedly, the addition of Dr. Moral will accelerate advancement of hospital networks." With the recommendation of Professor Rosell, Dr. Moral was happy to accept the AME interview offer. "This interview left a deep impression on me. Although I am not a medical administrator, I still found the excellent experience shared by Dr. Moral very encouraging." said Professor Rosell after reading the interview article of Dr. Moral.

In the interviews, managers not only shared their management experiences and ideas without reservation, but also shared the ideas from their cultures. Professor Gonzalo Varela is the former Director of the Department of Thoracic Surgery and Past President of the University Hospital of Salamanca, Spain, and the President of the 2016 Annual Meeting of European Society of Thoracic Surgeons. During the interview, everything he talked about was about his patients, which left a deep impression on AME editors:

"Professor Varela admits that after being a surgeon for 38 years, it is inevitable that he will miss the clinic after transitioning from the director of thoracic surgery to the President. However, he believes that it is an equally gratifying work change, as he can still benefit the patients in this new position. For him, the term 'saving lives' may be a bit dramatic. As a doctor, it is his responsibility to use the best technology and solutions to treat the patients; and if he unfortunately loses a patient, he must make sure that he has done his best."

Professor Alan Sihoe, from the Department of Thoracic Surgery, University of Hong Kong Shenzhen Hospital, said: "Through intimate interviews in a casual, relaxed environment, the top experts in thoracic surgery today share their time and thoughts with you. It is as close as you can get to having a coffee or a beer with any of them. Through these interviews, you are not reading their formal, rigid writings in official journal articles, but hearing their actual words in their actual voices speaking directly to you."

These 12 interviews have been published in the special issue of AME's Journal of Hospital Management and Health Policy (JHMHP), an international journal organized by AME and Fudan University Hospital Management Institute. The interview column will be a featured column in JHMHP, and hospital administrators will be regularly invited to participate in this column (*Figure 16*).

AME has been working on CNS. CNS represents Content (content is the most important, we can accumulate an excellent medical content database through the publication of these journals and books), Network (by editing, publishing and promoting AME journals and books, we can link Chinese and international doctors to form a wide range of collaborative networks between different disciplines, such as internal medicine, surgery and pathology) and System (building an innovative and happy research ecosystem).



**Figure 16** Meet the Experts: the Cutting Edge in Hospital Management: (A) Some of the interviewed experts in the field of hospital management; (B) Screenshots of the webpage

We developed the claiming system and ABER to build our research ecosystem. It is the “Uber” of the publishing industry, fulfilling the needs of the journal editors and reviewers. In the future, doctors can also create their own homepages in the research ecosystem, just like Facebook’s personal homepage. In addition to the basic information such as personal photos and profiles, doctors can also display on their homepages, their published research papers, published books, papers that they have reviewed, their interviews and other relevant information.

The interviews will include the doctors’ affiliations, personal experiences, experience and contribution in their field, and etc., which will become important content for the doctor’s personal homepage. This can also provide a channel for the Chinese and foreign doctors to know each other and to foster a better communication. With the dissemination and exchange of information through these channels, we may be able to realize the goal of “doctors can find doctors and patients can find doctors”; in order to achieve an efficient and effective allocation of medical resources, and ultimately promote the development of the entire medical industry.

### Thoughts of the team

#### *What is the most important thing you learned in AME?*

“It’s the power of a team. When we decide to do a project, we know that we will have to face many challenges. However, AME does not mind taking on difficult challenges as our main focus is the value the project can bring. After we decide on a project, all we have to do is to focus on completing it. There are always more solutions than problems, and each member has the support of the AME team.”

#### *Which interviewee was the most memorable to you?*

“Every interviewee left a deep impression, as each of the interviews required a heart-to-heart communication. The articles convert a resonance between the interviewee and interviewer into words, hoping to make readers resonate too when reading the articles.”

“Professor Fengrong Ai has worked with Professor Yuanxiu Lao for more than 30 years. Professor Ai brought an old wooden box to the interview. The box contained a set of small optotypes, which was used to examine the patients’ vision in the past. She seems to cherish this wooden box very much. When we asked her when did she miss about Professor Lao the most, she had begun to get teary. Her gratitude and admiration towards her teacher was hard to hide, and it was very moving.”

“We had the privilege of directly or indirectly contacting some experts from the Peking Union Medical College Hospital. They have a life-long passion for medicine. For example, Professor Yifan Shi, who has now passed away, still continued teaching when she was in her 70s. One time her heartbeat suddenly slowed down when she

was teaching, so she had to lay down and rest for a while before she could continue to teach; when her health deteriorated, she still went to the hospital every day. She sat on the sofa in her office, and invited the students to tell her about their patients. She enjoyed it very much.

For example, we once visited Professor Changbao Su at his office and he had been looking up information on his computer. He was wearing an old Shanghai mechanical watch on his hand and he still used a super thick old laptop, surrounded by piles of case files. Behind him was an old-fashioned electric fan from the 80s or 90s and tons of opened envelopes pressed under a pair of large rusted scissors on his table. In this space, it seems that the time has slowed down...”

“Although Professor Jun Zhao was bedridden due to illness, he still accepted an interview for nearly three hours. In the reviewing process, he asked his daughter to read it word by word to him as he could not read the article. He even made repeated revisions to the article. I was moved by Professor Zhao’s professionalism...”

*How do you feel gaining some success and seeing your ideas being gradually realized?*

Mr. Wang did not answer this question directly. “In 9 years of entrepreneurship, I learned to stay calm. If I am not calm, the company may be in trouble.”

**Writing Editors:** *Renfang Wang, Chen Gao, AME Publishing Company*

**Translator:** *Puipui Chu, AME Publishing Company*

**Proofreading Editors:** *Jeremy Chapnick, Grace S. Li, AME Publishing Company*





## **Chapter 4: How to connect doctor and patients?**

### **iMDT: building a network of global medical experts to allow multidisciplinary consultations for patients**

In April 2018, a new column called, the iMDT Corner, shortened as iMDT, was added to the *Journal of Thoracic Disease*, abbreviated to *JTD*, the first journal published under AME. As a platform for international multidisciplinary consultation, this addition will utilize the wide pool of medical experts AME has built relations with over the 9 years since its establishment, to allow patients to receive medical advice from leading experts around the world without having to leave the country. At the same time, clinical achievement and academic exchanges will take place in the form of the, “iMDT case report.” This signifies that AME has made the leap from academic publishing to clinical consultations a reality, and now serves as an important link for both (among doctors and between doctors and their patients).



# iMDT: building a network of global medical experts to allow multidisciplinary consultations for patients

In April 2018, a new column called the iMDT Corner was added to the *Journal of Thoracic Disease*, (abbreviated to *JTD*), the first journal published under AME. With the creation of this new column, the first iMDT case report that was written in collaboration with 16 doctors from 14 different hospitals from 4 different countries was published (*Figure 1*).



**Figure 1** The first iMDT case report from the iMDT Corner of the *JTD* journal.

This new starting point indicates that AME has now made the leap from academic publishing to clinical consultations a reality, thus, beginning a new chapter for both AME and medical academia.

With the establishment of the iMDT, the Founder and CEO of AME, Stephen D. Wang, wrote, “The same way that the, “I” in iPhone changed the mobile world, the “I” in “iMDT Corner” will change the academic world.”

The iMDT Corner will serve as AME’s platform for international multidisciplinary consultation. With the abundant medical resources AME has accumulated in the 9 years since its establishment, it allows patients to receive medical advice from leading experts around the world without having to leave the country. At the same time, the results of the clinical medical diagnosis and academic exchange occurred in a unique form—the “iMDT case report”.

From the doctors’ perspectives, ridding the patients of their suffering is their eternal mission.

From AME’s perspective, “Patients Come First” is the company’s core vision.

Thus, iMDT has become a main link for connecting the mission of the doctors and the mission of AME. AME takes action during times of hardship, to better the lives of the patients.

## **The publication of the first iMDT case report**

### *A conversation*

Towards the end of 2016, there was a conversation between Stephen D. Wang, and Dr. Jianfei Shen, who then was receiving training at the Department of Thoracic Surgery of the First Affiliated Hospital of Guangzhou Medical University and now works in the Department of Thoracic Surgery of Taizhou Hospital of Zhejiang Province and it led to the creation of the first iMDT case report.

Stephen D. Wang has expressed his ideas for opening up the iMDT to Jianfei Shen, “When faced with different clinical problems, consolidating medical resources from both within and outside of the country would allow patients to receive medical advice from leading experts from a variety of disciplines around the world without having to leave the country. At the same time, the case will be written into a manuscript incorporating the given medical advice, and published in one of AME’s English journals.” He hoped that Jianfei Shen would work with AME to create AME’s first iMDT case report.

“I thought that it was a very meaningful, and also very interesting idea, and I had no reason to refuse.” After hearing of Stephen D. Wang’s introduction, Jianfei Shen agreed to participate.

Why did Jianfei Shen have such a strong interest in iMDT? What was it about iMDT that captivated him? His answer had two parts:

The first part was, “People”: who you are working with is crucial, and AME

gathered many outstanding talents from the medical field.

The second was “Responsibility”: iMDT created a bridge connecting medicine within the country and medicine outside the country. Being able to unite various opinions is a very meaningful thing.

“Moreover, editing and perfecting the various case reports would help improve my own academic literacy, and enhance my own capabilities. After the report was published, it would allow people to learn even more. Therefore, when it comes to new reports like this, I am willing to get involved.

Why did Stephen D. Wang choose to invite Jianfei Shen to participate in the first iMDT case report?

The Executive Assistant to the CEO, Grace S. Li, revealed the answer to this. First, Jianfei Shen was once a doctoral student of the Guangzhou Medical University and a surgical trainee of the First Affiliated Hospital of Guangzhou Medical University under the supervision of Prof. Jianxing He, the president of the hospital. Through working with AME during his doctoral training, he became the equally first author of a major paper published in the *Journal of Clinical Oncology*. He also has significant experience, and a strong foundation in writing case reports. Second, Jianfei Shen has strong academic abilities, a passion for academia, and is considered a “rising star”. In the cooperation, he has shown significant growth and potential. He is a great example of the type of talent that AME seeks. Lastly, he is proficient in English, and is extremely efficient with work, and therefore would be a great force behind this project.

After their conversation, Jianfei Shen very quickly selected a very representative case of bilateral pneumothorax from a group of clinical cases.

“The point of consultations is to solve complex clinical questions, so that the patient receives the most suitable treatment. A case, like this case of bilateral pneumothorax, is rare and is extremely complicated to handle. There also aren’t any guidelines that can be referenced, as there is not a lot of clinical work dealing with such cases.” Therefore, through multidisciplinary consultation, Jianfei Shen hoped to collect the medical opinions from experts, inside and outside of the country, as to make the problem clearer. He also hoped to publish these opinions as to provide a reference to future cases.

### *AME claiming system for practice of medical consultation*

On January 24, 2017, this case of bilateral pneumothorax was published in the Case Consultation column on AME claiming system (figure 2) and this is AME’s first attempt of such function in the system.

AME claiming system acts as a bridge, bringing together authors, translators, reviewers and publishers. At the same time, it is also a platform for recruitment to the journal’s editorial board, a venue for the conduct of manuscript review, and a vehicle for book publication. Registered doctors can also come to claim academic

tasks, collect rewards of K coins, exchange academic insights, open a personal homepage, update their academic achievements, and initiate case consultations. This allows academia to become simpler and more enjoyable (Figure 3).



Figure 2 The "Bilateral pneumothorax" case report is released on the AME claiming system.



Figure 3 AME's claiming system home page.

In “Case Consultation”, Jianfei Shen introduced the case, using both written words and pictures, and then listed 6 clinical questions that he hoped the experts would help solve through the consultation. He also targeted this consultation task for the recovery unit, anesthesiology department, the ICU, the respiratory department, and the thoracic surgical department. Only doctors from these 5 departments could claim this specific task.

First, the patient had been admitted in the thoracic surgical department with indication for surgery. The patient also had chronic obstructive pulmonary disease with manifestations of bilateral tension pneumothorax, lung infection and other complications. Given the complicated situation and severe symptoms observed on the patient, preoperative assessments from the respiratory department, the anesthesiology department, and the ICU were expected. Experts from the respiratory department, and the ICU were also invited to join the consultation considering the patient’s postoperative recovery. A lot of planning was done regarding the patient’s situation prior to the operation, during the operation, and after the operation to ensure the patient’s safety.

Doctors from the mentioned 5 departments responded enthusiastically to the consultation task and contributed their opinions to the case after claiming for participation in the task.

### *Writing of the iMDT case report*

Jianfen Shen collated the various opinions expressed during the consultations and wrote up an English draft case report and then invited 6 international experts, from relevant disciplines, to participate in a consultation, of which 5 of these experts participated. Among these, included experts from the Cleveland Clinic in the United States, the Ottawa Hospital in Canada, the Inova Dwight and Martha Schar Cancer Institute in the United States, and the University of Torino in Italy. These experts all contributed their opinions and explored the problems that came up.

“As this was the first attempt at writing a iMDT case report, the writing process for this report differed greatly from the writing process of papers I had previously written. I couldn’t simply follow the traditional journal format when writing this report. As the iMDT Corner was the *JTD*’s first column, Stephen D. Wang hoped that the paper would have a more formal, and standardized structure that could be used as a reference to future papers. As a result, there was a lot of ‘directing’ and ‘planning’ work done.” Jianfei Shen describes how he followed AME’s vision and started thinking about how to design the new column.

In the beginning, Jianfei Shen followed the structure of a normal case report. He included an introduction to the case, the diagnosis and treatment process, and the opinions expressed by multiple experts during the consultation; however, as the iMDT case report differed from the normal medical case report, during the writing process, the report constantly underwent changes. A lot of effort was put into



planning the structures of the papers.

For example, when it came to differing opinions that had occurred during consultation, should a discussion and summary be included? After a series of discussions, a consensus was reached and a discussion and summary section should be made upon the opinions expressed by the experts as a conclusion for the opinions. This would make the case report more complete.

For example, *The Annals of Thoracic Surgery* sometimes publishes the article along with other experts' commentaries on the article. At the start, Jianfei Shen decided to follow suit, and put the more colloquial opinions expressed by the experts directly into the report. However, after further discussion, it was decided that these opinions would be compiled in a more formal written format, so that it could be sent to the experts to verify, revise, and add on to. This would allow the opinions to be more precise and correct and would avoid any unprofessional mistakes.

"Style is very important. It had to have the essence of a paper." Jianfei Shen said.

It is important to have a humble beginning, so that we can have time to bloom into something bigger at a later time.

In order to ensure that the case report was perfect, it was revised 8 times over 15 months before it was published. "When the paper finally got published, I was quite excited. It felt like AME was doing something that had never been done by any peers before. Originally, I thought writing the case report would be a simple task. Ultimately, 8 different versions of the report had to be written before we found the perfect one. However, it was all worth it." Jianfei Shen said.

### *Comments from peers*

The publication of the bilateral pneumothorax case report garnered international attention. Doctor Atsushi Sano from Chigasaki Municipal Hospital in Japan, Professor Chan Beom Park from Incheon St. Mary's Hospital in South Korea, Professor Florian Augustin from the Medical University of Innsbruck in Australia, and Professor Marcela Garrido from Universidad de los Andes in Chile, all wrote an editorial/commentary on this case report respectively. These editorials/commentaries will be published in the *JTD*.

Doctor Atsushi Sano, from Japan, stated the treatment for primary spontaneous pneumothorax in a healthy patient is straightforward; however, secondary spontaneous pneumothorax can be hard to treat. Secondary spontaneous pneumothorax is often related to other lung diseases such as chronic obstructive pulmonary disease and interstitial pneumonia and sometimes, pneumothorax might lead to respiratory failure. The existing lung disease from patients with secondary spontaneous pneumothorax has a higher treatment failure and morality rate than patients with primary spontaneous pneumothorax. Similarly, treatment for primary spontaneous pneumothorax patients with other pre-existing conditions, such as pregnancy and others, can also be difficult. When treating these types of patients,

the “multidisciplinary team approach” is essential.

In addition, he also commented on the decisions made for the surgery, nutrition, simultaneous bilateral pneumonectomy and other aspects of the treatments. Towards the end he mentioned, “Unlike primary spontaneous pneumothorax, secondary spontaneous pneumothorax sometimes also co-exists with other underlying diseases, making treatment very difficult. When faced with these complex situations, doctors should consider using the multidisciplinary team approach during treatment,”

## **Patients are worth fighting for**

### *The need of the patients is the driving force behind iMDT*

“Patients Come First” has always been the core value that AME has embodied. “If these patients were our family, we would also hope that they would receive the most comfortable, the fastest, and the best form of treatment. Allowing them to receive the strongest treatment and have the least hesitations. We also hope that more people can receive such treatment, and that was our main motivation behind starting iMDT.” Stephen D. Wang said.

As a doctor in the Zhongshan Hospital Fudan University’s ICU, Ming Zhong encounters patients in serious conditions on a daily basis. When faced with these difficult cases in which multiple departments are involved, iMDT becomes particularly significant.

From his point of view, nowadays, departments are being segmented, and doctors are becoming increasingly specialized. Compared to China, Western countries began specializing earlier, and a lot of doctors have conducted in-depth research into a particular area. Compared to doctors in China, Western doctors have a bit more experience treating difficult cases. This is why iMDT is important.

For example, Ming Zhong referred to the case in 1994 when Tsinghua University student Ling Zhu was poisoned with thallium. He had to seek help through the internet to get the correct diagnosis. This was actually the first time international multidisciplinary consultation through the Internet was attempted in China.

According to reports from CCTV’s Oriental Horizon, The Beijing News, and other media outlets, Ling Zhu started experiencing abdominal pains on 24 November, 1994. In the following days, all her hair fell out. Then, she began experiencing severe pain as well as other symptoms. She was transferred to multiple prominent hospitals across the country. After a comprehensive evaluations and inspections, they could not find the cause of her symptoms. By March 1995, Ling Zhu had already been unconscious for several days and had almost entered a vegetative state. On 10 April, 1995, Ling Zhu’s symptoms were translated into English by one of her classmates and published online along with an invitation for doctors across the world to help and diagnose her. Back then, the internet was not well developed in China. Within a week, 1500 emails were received from doctors

and experts across the globe. Through statistically analyzing the emails, it was revealed that 30% of the respondents thought the patient had thallium poisoning. On 28 April, 1996, after multiple hospital transfers, Ling Zhu's symptoms were finally correctly attributed to thallium poisoning.

Similar to Ling Zhu's case, in April 2013, Yang Wang, a postgraduate student at Shanghai Medical College, Fudan University, died after he was poisoned. Back then, doctors were unable to figure out what type of poisoning Yang Wang had. They ultimately relied on regressive analysis of the case investigation. They came to the conclusion that N-nitrosodimethylamine was responsible. As the head doctor in the case, Ming Zhong fully understood why his case was so difficult. He said, "a platform for international multidisciplinary consultation and where consultation requests can be sent could help save even more lives."

Moreover, Doctor Yaxing Shen from Department of Thoracic Surgery, the Zhongshan Hospital Fudan University pointed out, iMDT is something patients objectively need. Most patients hold some sort of doubt towards diseases, even if the doctor tells them how it could be cured, they still want to hear the opinions of more people and therefore go around asking different experts. This exemplifies the value of iMDT. "If we possess a large quantity of top-level database of opinions, from hospital resources the patients will feel secure to not go around. We will only need the patients to provide information, and then we could help solve their problems. This would help eliminate the process of patients going to different places for diagnoses. The results of this type of consultation would not only be received warmly, but would also be authoritative. As the conclusion reached would be the result of the opinions expressed by experts from multiple disciplines; therefore, it would also be extremely valuable to the patients."

When difficult symptoms occur, the patient and family, as well as the doctors all hope to have fewer doubts. AME hopes that iMDT, their doubts will be diminished.

### *How far away from global top-level consultations are we?*

First, in order to successfully complete a task, proper preparation must first be made. This starts with an international multidisciplinary consultation platform, which is essential to begin international consultations.

Ming Zhong pointed out, there is a need for international consultation among patients; however, it is extremely hard for the average person to contact multiple international experts. Even if they were able contact them, the consultation fee would be massive. Unlike before, there is no longer a need for a highly developed internet structure, as internet penetration in China is at an all time high, required for international consultations. What we really need now is an even more developed academic platform that would make forming connections with experts overseas easier.

In 2014, the Department of Thoracic Surgery, Zhongshan Hospital Fudan University came across an extremely rare case. There was a 23 year old man checked into the hospital, and after a multidisciplinary consultation, the pathology doctor concluded that only after more postoperative tests could they determine whether the neoplasm was benign or malignant; however, the thoracic surgeon said that if they performed the surgery, and found that the tumor was benign then it would be considered medical malpractice, but if they didn't perform the surgery the disease might further worsen. This resulted in a medical dilemma. Before this, the patient had been transferred around hospitals without receiving a diagnosis.

Stephen D. Wang happened to be there at the time and he proposed an idea. They could utilize the resources from AME's international platform and invite the relevant leading international experts to conduct a consultation regarding the case. Within a week, they received the medical opinions of 7 experts from leading hospitals such as the Mayo Clinic, Duke University Medical Center, and the MD Andersen Cancer Center. These opinions were then sent to the Zhongshan Hospital for the doctors to use as a reference. After reading the opinions expressed by the field experts, the lead doctor at Zhongshan Hospital decided that the patient should undergo further examination in order to produce an accurate diagnosis. To the doctors at Zhongshan Hospital, the fact that this patient managed to receive the medical opinions from so many experts in such a short period of time without having to leave the country was unbelievable. There has recently been a follow-up to this case, as well as the case being published in *JTD's* iMDT Corner column.

The experience AME has accumulated over the years, is what has allowed AME to accomplish what it has now. Now, AME has successfully made the jump from a medical publishing platform to a platform for doctors to seek advice regarding clinical diagnosis and treatment. This has allowed AME to have a unique advantage.

Firstly, AME has established a stable public academic platform. Since its establishment in 2009, AME has always been focused on the publication of international medical journals and books, and the promotion of reports from both national and international conferences as well as newly discovered research results. It already has an established network of 60 peer-reviewed English journals, among them, 6 have been included in the SCIE and 18 have been included in PubMed. It has developed connections and collaborated with over 6000 international medical experts, which has allowed AME to be critical to the medical field. Through the iMDT consultation platform, patients in China are able to receive the medical opinions of experts from around the world while they undergo treatment. This allows "the patient to stay stationary while the doctors move". The patient will receive the medical opinions through their lead doctor, who will communicate with the experts. This helps to eliminate the long journey the patient would have to take if they were to go overseas to find a doctor.

Secondly, AME's iMDT's influence has spread far and wide. Hospitals that work and communicate closely with AME are not hindered by just the resources from

hospitals within mainland China, Hong Kong, Macau, and Taiwan but able to get resources from leading hospitals in countries such as the US, Japan, and Australia. The departments AME works with not only includes thoracic surgical departments, as AME is slowly branching out towards other departments such as cardiology, oncology, endocrinology, and orthopedics. This has also allowed AME to be able to receive the medical opinions from experts in a variety of fields, from renowned institutions around the world, providing patients with better treatment options.

Thirdly, with regards to the consultation requirements, AME is able to efficiently allocate doctors and quickly receive feedback, simplifying the consultation process. The submission of case-study information is checked by doctors in China. This helps to increase the efficiency of the consultation and prevent any delays that might occur due to a lack of information regarding the case.

Finally, conveniently, if patients use medical consulting companies or other methods of international consultation, they have to personally travel overseas. Not only is the journey physically exhausting, they are also forced into an unfamiliar environment and they would need a translator to accompany them. The medical fees, visa fees, transportation and accommodation fees required for such a trip would also be massive. Currently, iMDT invites overseas experts participate in a consultation with the academic exchanges, which is more professional, economic, and time saving.

“Based on the needs of patients and AME’s current monumental development, it would just be a matter of time for AME to succeed in copying iMDT model in other fields besides the field of thoracic surgery.” Ming Zhong hopes to see iMDT’s future development and is confident that AME will be able to cover a wide area like it does for thoracic surgery.

## **From the doctors’ perspective, what is iMDT’s significance?**

### *From NEJM’s Case Records to AME’s iMDT Corner*

In the famous *New England Journal of Medicine*, abbreviated to *NEJM*, the Case Records of the Massachusetts General Hospital column publishes classic cases from the Massachusetts General Hospital. These colorful cases describe stories that are concise, yet fascinating, and conduct thorough medical analysis on them. This column provides medical workers around the world with extremely valuable learning material, that can act as a guide for clinical work (*Figure 4*).

Inspired by this column, Stephen D. Wang suggested using a format from the medical case report to organize the opinions expressed during the iMDT consultations, and form high quality multidisciplinary case discussion reports to publish them in one of AME’s English journals. It is therefore, that they can be referenced by doctors around the world. These cases helped initiate discussion, deepening the exploration of the problems that occur in clinical medicine.



**Figure 4** NEJM journal’s Case Records of the Massachusetts General Hospital.

Publishing the case reports would help increase their educational significance, as the treatment for each case was very complicated. The report included the medical opinions from experts both within, and outside of China, and would help encourage the readers to think. This would inspire doctors that were previously unable to participate in the consultations.

“The cases and the experts consulted for them in the column published in the NEJM were all from the Massachusetts General Hospital, and therefore it is quite closed off. We, on the other hand, broke down the barrier between patients and hospitals, and have a more flexible structure. The cases and the experts participating in the consultations can come from anywhere in the world. This allows for a more open discussion and academic exchange.” Stephen D. Wang said.

### *Opening another window for doctors*

iMDT opens another window for clinical doctors, and increased the clinic influence. “During the early preparation stages, I brought some questions along with my consultation invitation. I designed some questions for doctors from different departments to answer.” Doctor Jianfei Shen, who had been there for the entirety of iMDT’s development, was strongly impacted by this. He continued, “during the consultation, we received the opinions of doctors from different countries and different departments. This helped increase my own professionalism and broaden my approach and vision towards treatment.

He also pointed out, that within China, the standards of a lot of doctors in large hospitals are comparable to those in more developed countries; however, our philosophy towards treatment has not caught up to western standards, and we still need to develop the way we think.

“Even more importantly, in clinical work, a lot of cases are closed once after it has been dealt with. Nobody thinks about the case afterwards. iMDT forces us to concentrate and really think, especially about problems that guides can’t solve. There are a lot of problems in clinical medicine that are worth thinking about, such as, what is the best method of handling them? What is the best approach to treatment?” Doctor Jianfei Shen said.

A hospital’s “think tank” is limited. If putting it online can expand it, then putting it on an international stage can further expand it, and hence the best possible solution can be found.

### *The path to internationalization is not far*

The project of iMDT shares the same ‘genes’ as the other projects that AME has launched, and is centered around academia. Through a step-by-step accumulation, it has slowly opened up the path of knowledge towards the world and expedited the process of increasing the impact and influence of Chinese doctors.

In Ming Zhong’s opinion, in terms of pushing Chinese doctors to the international stage, iMDT’s function is unquestionable. Previously, other countries’ understanding of China was extremely limited, but in reality, a lot of Chinese doctors use the same standards as doctors in developed countries, and some are even better. The academic exchange that occurs through iMDT has helped increase the world’s understanding of medicine in China and changed the way Chinese doctors are viewed.

Doctor Tao Jiang from the Department of Medical Oncology, Shanghai Pulmonary Hospital, Thoracic Cancer Institute, Tongji University School of Medicine also wrote an iMDT case report. This was also his first attempt at writing a paper for iMDT and he experienced first hand how writing it differed from writing other case reports. “While writing the iMDT case report, I had to keep in contact with a lot of experts overseas and invite them to help edit the structure of the report, the ideas, and the discussion of the case. Through communication with these experts, I elevated my own understanding, and also established relationships with these specialized experts.

“A lot of questions that come up during clinical work don’t have a quick answer. When comparing my own ideas with those of the overseas experts, there was quite a noticeable disparity. This is a great learning opportunity for young doctors.” Doctor Tao Jiang said.

The report Doctor Tao Jiang wrote was on a case from a very early stage, non-small cell lung cancer. He introduced that currently, after the patient has undergone surgery, other treatments are deemed unnecessary; however, Professor Rafael Rosell from Spain, mentioned that research on the subject matter has found that in patients with very early stage lung cancer, even if all the cancerous cells were removed during surgery, a few cells might have fallen into the bloodstream during the surgery that

these cells might ultimately lead the patient to relapse. Therefore, he believes that we should change our approach towards patients with very early stage lung cancer, and that after surgery, a percentage of patients should receive chemotherapy to assist with their recovery.

“I feel like this gives me an opportunity to update my knowledge.” During our discussions, Professor Rosell told me the research results that have yet to be published, allowing me to gain early access to this information. “This will greatly help improve my future clinical work.” Doctor Tao Jing said.

Moreover, the international consultation services that the iMDT provide, also it had increased appeal for Chinese hospitals, and departments to patients. When faced with some difficult cases, in a clinical environment, doctors often feel helpless. When this type of situation occurs, patients often choose to go to another hospital to receive treatment. With the help of iMDT, its clinical trials can act as a guardian angel to hospitals, as more options are made available and doctors now have access to the quality overseas medical resources. And so, hospitals and departments are able to keep more patients and also earn the trust of patients. Backed by world-renowned experts across the globe, patients are able to receive the best diagnosis and treatment, increasing the accuracy of the diagnosis and thus even more patients are attracted.

### *Academia can be made easy and enjoyable.*

AME is an abbreviation of Academic Made Easy, Excellent and Enthusiastic. In Chinese it can be translated to “欲穷千里目，快乐搞学术”. Its mission is to the make academia easier and more enjoyable.

Yaxing Shen thinks that the format of iMDT is very lively and interesting. It exemplifies the core value of AME. The most obvious innovation based on the motto “Academic Made Easy, Excellent and Enthusiastic” lies in the innovation on format. Like playing games, only when you grasp the rules and tricks, you can play happily. The happiness brought by iMDT comes from two sides. On one hand, the transformation of AME from a publication venue into a medical consultation platform, though not without challenges, provides a possibility and shows unlimited potential and value of the model. On the other hand, the consultation result can offer hope and comfort for the patient.

From Jianfei Shen’s point of view, academia was originally a lonely matter, as it required you to be focused while you made observations and learned. Through AME, he met a lot of friends who work in his field. They often discuss academic issues, and chat on their lives together. They learn from each other and support each other. With the support of AME, he was able to elevate and bring his knowledge and work to the next level. He gained a lot from this experience, and found it very enjoyable.

In the beginning, when he didn’t fully understand the iMDT project, to now, when he successfully completed all the rounds and understands it completely. Over



the past year and a couple months of working together, Jianfei Shen and AME, were able to witness the creation of the first iMDT case report. “It’s hard to put into words the happiness you experience when everyone wants to read the paper you have published and you could gain something from it.” Jianfei Shen said.

Tao Jiang also began participating in a lot of AME’s work 3 years ago. “We have a lot of clinical work to do; however, we are willing to work with AME during our spare time because we thoroughly enjoy the process of working with them. We also feel like we gain a lot mentally. We really feel as though academia is not as dull and frustrating as it was in the past. Instead, it has become quite interesting. It’s like playing a game in which at first we found dull, but now we have learned to enjoy it!

## **The hardships endured by the exploration of AME Network for International Healthcare**

### *The seed was planted in 2013*

In early 2013, when Stephen D. Wang was studying his MBA in Australia, the seed that would later become iMDT had already been planted. Over these past 5 years, he has come across a lot of obstacles during the development of iMDT. He has never thought of giving up and abandoning the project.

While he was studying for his MBA, his teacher requested the students to research a paper published in the Case Study column of the *Harvard Business Review*. At the time, the Harvard Business Review had already become a breeding ground for new management strategies. The Case Study column focused on a few business cases, and invited leaders in the business circle to comment on them. This encouraged different ideas to be produced about medical case studies, and it has become a very popular column within the business circle.

Stephen D. Wang thought, if a Case Study column like this could be applied in the medical field, different experts could be invited to comment on a case and participate in a multidisciplinary consultation. This would be an incredibly valuable learning resource that would not only increase the standards of clinical treatment but also encourage its growth; however, finding the right doctor to write an excellent multidisciplinary case report, is a lot harder than we can expect.

One day, Stephen D. Wang had an epiphany: “What actually is a case? A medical case could count as one case, or a medical paper could also count as a case. It may be difficult for a doctor to write an excellent multidisciplinary case report; however, there are a lot of excellent articles written and published everyday. Since these “cases” are right there in front of us, why don’t we use them?

So, the Medical Review column was born, established under one of AME’s journals.

Through the internet, AME recruited a group of excellent young doctors to take on the role of Section Editor in this column. Every week, they would recommend 1

exceptional paper (a symbolic case) and international experts from the field related to the topic of the paper. Then, AME editorial office would invite these experts to write an editorial/commentary on this case. These editorials and commentaries are then published in one of AME's English journals. This column has received widespread positive feedback.

***The fire within his soul has once again been lit.***

It is now 2014, the case from the Department of Thoracic Surgery of Zhongshan Hospital once again lit the fire within Stephen D. Wang's soul and allowed him to better see the possibilities that iMDT holds, and the necessity of it.

Within one night, the doctors from Zhongshan Hospital managed to organize the relevant materials to the case, and translate them into English. Through the AME platform, these materials were provided to experts around the world so that they could give their opinions. Within a week, 7 leading experts overseas responded. The attention the doctors at Zhongshan Hospital pay to their cases and the high standards of their clinical work earned the Stephen D. Wang's respect. This, along with the support of experts overseas was crucial to the development of iMDT.

It was also this case, that led to the conversation between Stephen D. Wang and Yaxing Shen which ultimately resulted in what would later become a prototype of "AME Network for International Healthcare (abbreviated to 'ANIH')". With the network advantage of AME and its various cooperation with experts at home and abroad including Cleveland clinic, MD Anderson, Mayo clinic, Stanford cancer center, Memorial Sloan Kettering Cancer Center, Sydney Adventist Hospital etc, ANIH aims to open a "door of health" for more patients in need.

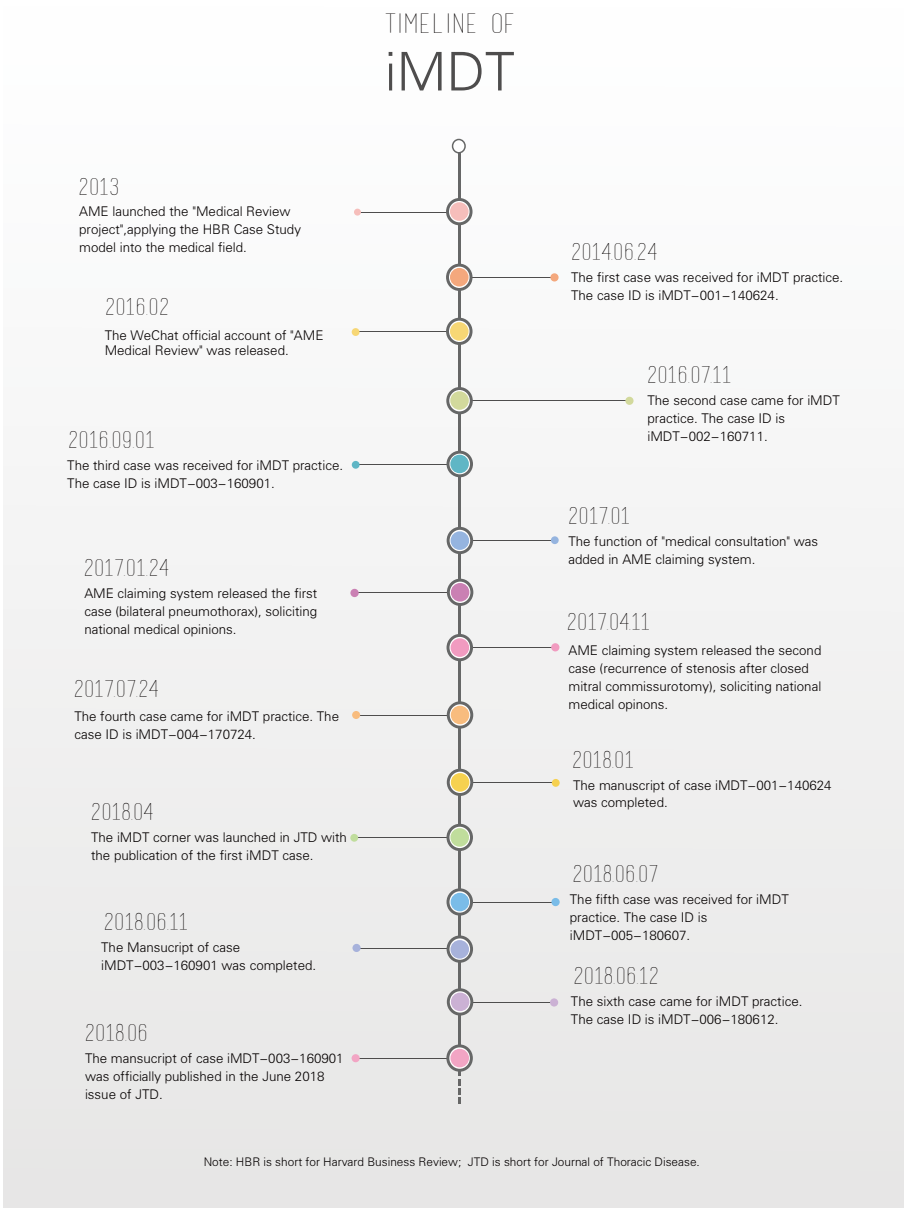
Looking at how things had developed so far, turning "international healthcare" into a reality would have to be completed step by step, as things such as: platform resources, how the responsibility behind medical risks should be assumed, and the price system all need to be considered as well. At present, AME makes a new discovery one step at a time.

There is not just one path to success. With strong determination, a guardian angel can appear.

From the Harvard Business Review, to AME medical reviews, then to International Multidisciplinary Treatment (iMDT) project, it is this type of strong will and persistence that is pushing AME forward (*Figure 5*).

***From "one-to-one" to "one-to-many", breaking down the barriers and creating a link.***

AME made Content, Network, and Systems (abbreviated to CNS) to be its three main dimensions for development. iMDT perfectly exemplifies the C and N – through the case reports, quality discussion and content is produced. In terms of C, multidisciplinary consultations exemplify a "collision of ideas", connecting Chinese



**Figure 5** iMDT's Development Memorabilia.

doctors with doctors overseas, allowing an interdepartmental network to be formed. This demonstrates N. S represents the future development of an innovative and enjoyable research ecosystem. For example the development of the “ABER”. This was a lengthy and lasting process.

The AME claiming system (the English version is called “ABER”) is much like the ride-sharing cab company Uber. In a “sharing economy”, we cannot apply all the functions of this ride-sharing platform to our platform, because every industry has its own characteristics. Uber inspired ABER’s conception; however, ABER has now “exceeded” Uber. This is something Stephen D. Wang is proud of.

From 2015 to now, AME claiming system has been updated 4 times. Its system functions, running speed, and security have all been upgraded (*Figure 6*).

In July 2015, when AME claiming system first came out, there was a “one-to-one” translation task collection function (*Figure 7*).

In the second version that came out in May 2016, a “one-to-many” review task collection function was added (*Figure 8*).

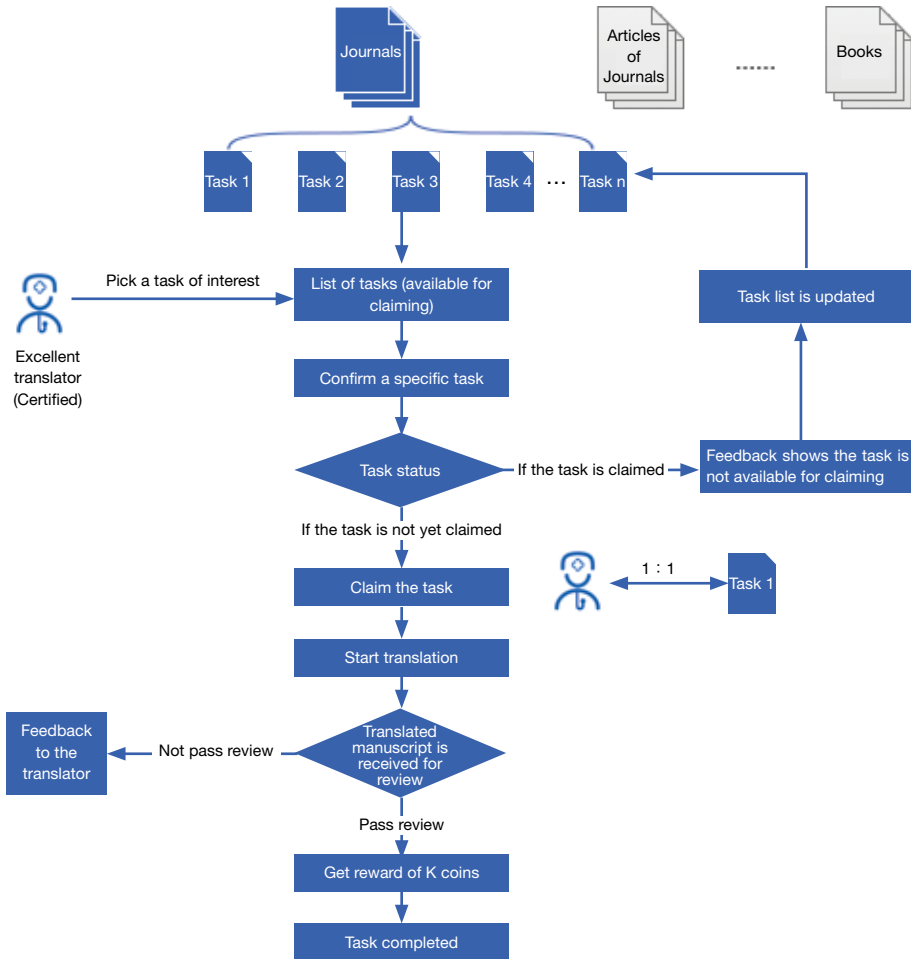
In the third version that came out in January 2017, a “many-to-many” case consultation task function was added (*Figure 9*).

In the fourth version that came out in May 2018, the security and the running speed of the system was upgraded.

In July 2018, the newly upgraded English version of the review system – AME Bond between Editors and Reviewers (ABER) came out (*Figure 10*). ABER is dedicated to acting as a link between editors and reviewers, in order to establish a

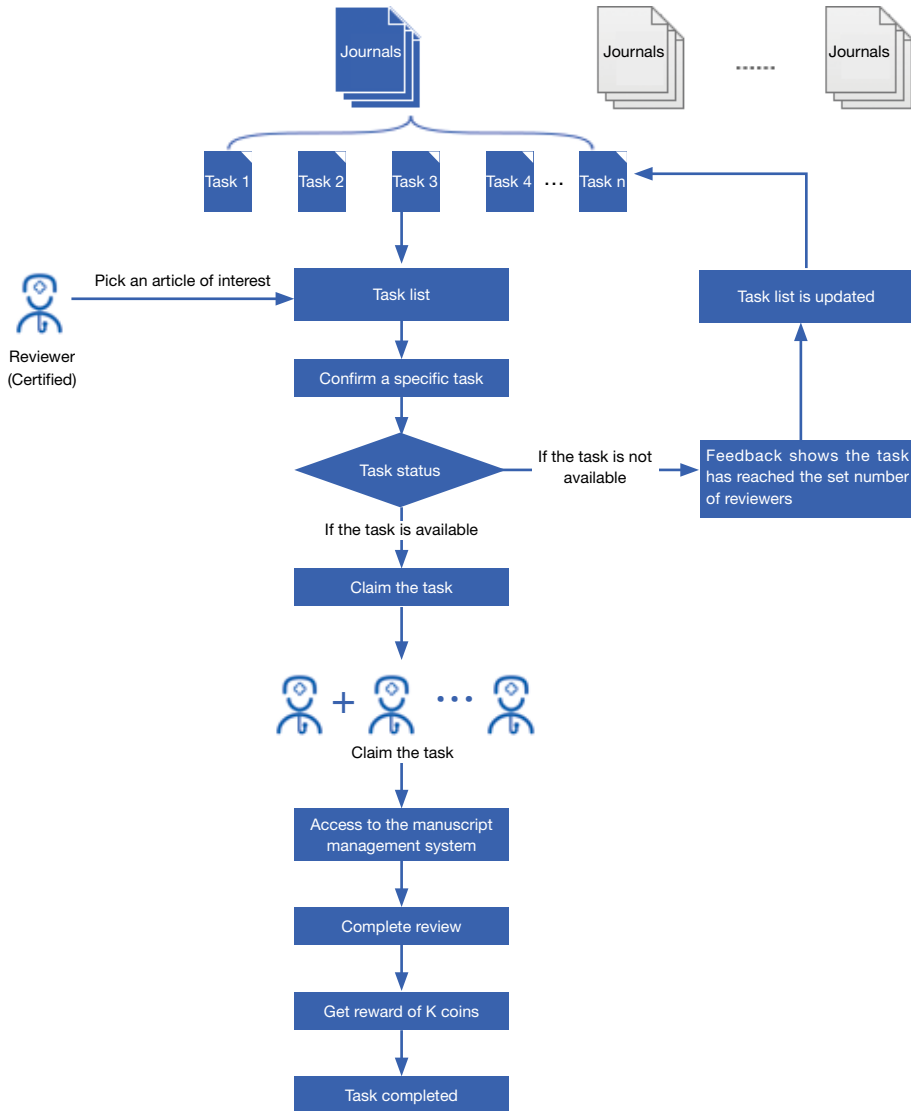


**Figure 6** The update process of the AME claiming system.



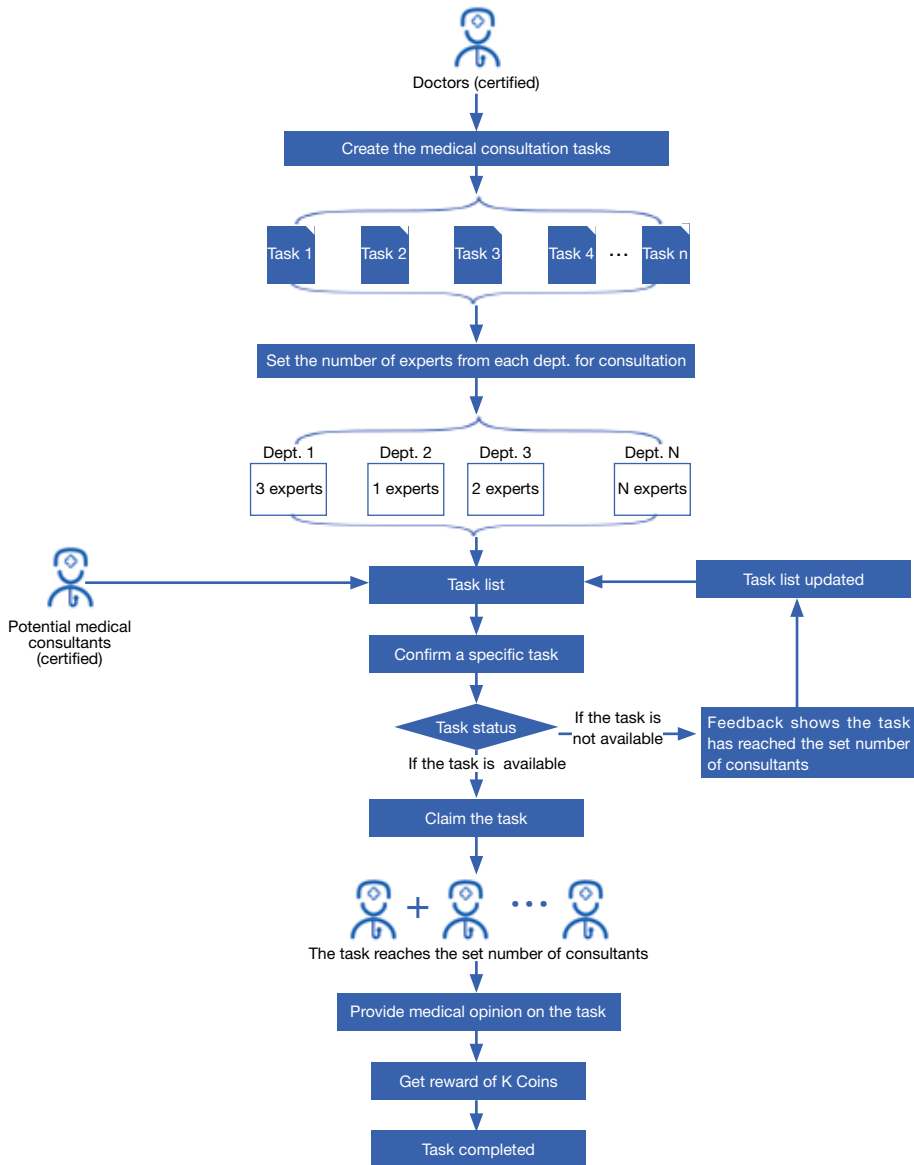
**Figure 7** The “one-to-one” translation task collection process of AME claiming system

Note: Readers with intentions of becoming translators please download the translator registration form and send it to the editorial office’s email: [rlxt@amegroups.com](mailto:rlxt@amegroups.com). Claim the translation task you want to take, read the task details, and then confirm your collection. Each manuscript can only be claimed by one translator. After a task has been “grabbed (claimed)”, the task will be locked, and cannot be claimed by another person. After you have successfully claimed the task, you will be given 3 weeks to upload the translated manuscript and a self-introduction to the system, and to send them to [rlxt@amegroups.com](mailto:rlxt@amegroups.com). The editorial office will then invite an expert to review the translated manuscript. If the manuscript does not pass the review, it will be returned to the translator for revision or retranslation if needed. If the translation passes the review, the translator will receive the reward of K coins which can be used to purchase various books and journals under AME, and to watch the surgical videos in AME’s video database named “ASVIDE” (<http://www.asvide.com/>). The translator will also receive the credit for their work and their profile will be highlighted in membership page in the system.



**Figure 8** The “one-to-many” review task collection process of AME claiming system

Note: After a new manuscript has undergone the editorial office’s initial review, it will be uploaded onto the system, and the review task will be published. The editorial board, certified by the editorial office, can select the manuscripts related to their field and claim their review task. Every manuscript can be reviewed by multiple people. After the limit for the number of people who can claim the task has been reached, the task will be locked and can no longer be claimed by another person. Reviewers who have successfully claimed review task will enter the manuscript management system and begin reviewing their manuscript. After the review has been completed, the reviews will receive the reward of K coins. The editorial office will rate the reviewer with comments based on the quality of the review.



**Figure 9** The “many-to-many” case consultation task collection process of AME claiming system.

Note: The case consultation task is usually initiated and uploaded by the doctors. They can then designate the departments and the number of experts they want from each department. Every case can be claimed by multiple doctors from different departments until the set number of experts was reached. Once the expert number threshold is reached, the task will be locked and can no longer be claimed by another person. After the consultation task has been completed, all participants will receive K coins. Once the case consultation paper has been written up for publication, the participants will be entitled for co-authorship.

more effective peer review process. From our network of overseas experts, we are able to present outstanding research to our readers.

On ABER, editors can upload manuscripts waiting to be reviewed, issue the task, and then track their review process. An expert can register as a member of ABER after the internal verification. Then, he or she can use keywords to search for topics



**Figure 10** A display of the ABER system.

they are interested in and then claim review tasks. After the review task has been completed, the reviewer will gain “ABER points” (K coins) automatically.

ABER has simplified the process of peer review.

From the editors’ perspectives, ABER massively lightened their workload. Editors no longer have to worry about finding the appropriate expert, in the reviewer database, to review the manuscripts. All they need to do is upload the manuscript onto ABER, and then wait for an expert to claim it. AME has 60 English peer-reviewed journals. The “release” of ABER has provided editors an indescribable convenience.

From the reviewers’ perspectives, ABER has broken down the traditional “assigned” work model. Reviewers can choose manuscripts based on their field of expertise, and their interests, and they are also in better control of their own time. This helps increase the standards of the reviews. As a reward, they are able to collect points/coins and highlight their profile on their personal page.

iMDT has broken down another barrier, connecting all of AME’s journals. “At iMDT, we are not simply publishing a few papers. What is more important, is that through these papers and through quality content, we have connected the experts’



thoughts and ideas. When problems arise during clinical works, we will be prepared. This is when iMDT reveals its societal value.” Stephen D. Wang says.

### ***How AME puts “Patients Come First” into practice***

As AME’s core value “Patients Come First” is not only the primary focus, but also the process used in development. It is found throughout every aspect of the practices and actions of the company.

“If we make the impact factor of our journals as the most important factor, then we have deviated from our intended path. As we put patients first, we pay more attention to multidisciplinary consultations and surgical techniques etc., and publish surgical videos and case reports that are of clinical value, and will benefit patients. These types of articles might lead our journals’ impact factor to go down; however, if we believe that a manuscript could improve the way clinical doctors approach treatment, and increase the standards of treatment, we will publish it. How it will affect our journal’s impact factor is secondary. We believe that this type of commitment will ensure that our team does not go off our intended path and maintain our values.” Stephen D. Wang said.

“I hope that ultimately if AME’s customers, members, or our family members get sick, they will be able to find the world’s most reliable doctor in no time to decrease their chances of having any regrets and doubts later. We have made this vision a reality.”

On June 9, 2018, the team members at AME received a note:

#### **A cry for help for team member XX’s father.**

*“XX’s father has been admitted into the hospital due to a brain hemorrhage, and has undergone one operation. So far he is unconscious, and his situation is critical. The company has contacted several experts from the Department of Brain Surgery, Fudan University Huashan Hospital and Sichuan University West China Hospital for a consultation and the doctors recommended a second operation! Our colleague is looking for a helping hand and support from us, Here the company AME promises to donate a sum of money to help with his medical fees. Let us all pray.”*

The team members at AME all came together to support their colleague, and helped him through this difficult time.

“We are prepared for a lot of things. If our colleagues or family come across any troubles and need help, we will actively try to help. We wouldn’t want to leave them helpless.” Stephen D. Wang said.

As a result, “AME Health Plan A” became one of AME’s employees welfare plan. If any colleague or their family come across any health problems and need to consult a doctor, the company will help them plan everything. If they need to pay any fees during the consultation process, the company will also pay for it in full. AME’s dedication to this health plan is because AME believes in the power of support and

care!

Stephen expressed that when it came to hiring future employees, one of the most important factors they consider is if they have a good heart. All employees receive equal treatment, regardless of their position or their abilities. All of them will receive the same amount of assistance if they find themselves in a difficult situation. A commitment to this will allow us to grow further.

### ***Big goals come out of persistent hard work***

With the academic related research exploration that AME has done over the past years, three major breakthroughs have been made.

(I) In terms of academic publishing, AME has successfully transitioned from publishing academic journals to publishing both academic journals and books

(II) From academic publishing to hosting consultations, AME has realized a new academic and scientific service.

(III) iMDT broken down the barrier between doctors and patients, however, it is has also created a passageway between doctors and doctors to bring to patients through clinical cases.

“Doctors have a lifelong mission to help find a solution to their patient’s problem. Therefore, everything AME does is aimed for bettering clinical practice, generating additional educational value and improving the standards of clinical treatment.” Stephen D. Wang said.

English poet William Wordsworth once said, a lofty goal, as long as the unswerving pursuit, will become a feat.

“Once I am determined to accomplish something, the only thing I see is the future and not the obstacles that I might encounter on the way. All these obstacles can be overcome.” Stephen D. Wang knows that there is no shortcut to success; however, as long as you remain committed, one day you will find success. Therefore, all of AME’s projects have formed a “loop”—an idea arises, relevant resources are collected, obstacles occur, the obstacles are overcome and they persevere. Regardless of whether it takes 3 years, 5 years, or even longer, they will never give up and continue the pursuit until they succeed.

Once they have a goal they want to accomplish, AME will analyze the situation, and then divide the project into several phrases. Then they will begin working towards the goal, one step at a time. Small accomplishments will slowly accumulate, and form a big accomplishment.

Regarding AME Network for International Healthcare, AME has already accomplished a few things. Firstly, they have tested the market demand. Secondly, they tested to see if the doctors could organise the materials for the consultations, whether they could find doctors to participate in the consultations, how was their response rate, how active in their participation. Luckily, the answers so far are gratifying.

Encountering obstacles on the path towards realising AME Network for International Healthcare is unavoidable; however, we cannot let these obstacles prevent us from moving toward the path forward. There will be times where we need to make a slight detour or slow down our pace; however, we will remain on these paths and work towards our aspirations.

## Doctors' Testimonies

What did the doctors who supported AME's iMDT case consultations gain from the consultations? What suggestions do they have? We invited the doctors who participated in the consultations for the "bilateral pneumothorax" case and the "treatment strategy for stage IA lung cancer with EGFR mutation" case to express their thoughts. Regarding the suggestions that everyone gave, we will take them into account and continue to improve our work. Thank you for everyone's support and participation.

### **Doctor Haijun Yao (Intensive Care Unit, Huashan Hospital Fudan University West Branch)**

I often browse the AME claiming system and have claimed a few translation and review tasks. I think this is a very good platform. When I saw the "bilateral pneumothorax" case on the system, I knew we could contribute because we often have similar cases. Therefore, I wanted to participate in the consultation and hear other people's medical opinions.

These kind of patients' conditions are relatively hard to deal with and treatment is quite a challenge. This consultation helped broaden my clinical thinking and improved my clinical ability. iMDT allows for exchange between doctors from different hospitals. This helps us understand what level we are working at, and what level other people are working at and how we can learn from each other.

In the past, we mainly relied on books to acquire information. When compared to the internet, these books seem so inferior. Through exchanges like iMDT, we are able to immediately gain access to the latest and most-cutting edge information and opinions from both within China overseas.

Finally, I never thought that this paper would be formally published and was shocked when it did. The publication of this paper allowed even more doctors to learn from the case, so that fewer mistakes will be made in the future.

### **Doctor Yuetian Yu (Critical Care Department, Renji Hospital, School of Medicine, Shanghai Jiaotong University)**

I have been participating in AME's review and translation work since 2015. In early 2017, I saw that a new "case consultation" section had been added to the AME claiming system and so I started studying the cases provided.

iMDT's format is very original, it's a project unique to AME. I believe that this type of multidisciplinary information exchange will help everyone solve practical clinical problems.

In order for the iMDT case to be completed and finally published, the staff at AME, and the doctors who provided the case and participated in the consultations, all put in a lot of work.

Before the manuscript was written, repeated revisions with scrutiny was done. A large amount of domestic and foreign literature was read, and that was then combined with the suggestions of domestic and overseas experts in related fields. It was finally published in *JTD* after over a year, and it was not an easy journey.

As a critical care doctor participating in the consultation, I received a lot of guidance from experts from other departments. While discussing the case with other Chinese and foreign experts, I also improved my own work. I would like to thank the team at AME for the hard work they put into this project. I hope that there will be even more cases in the future, and that this column will be even more successful.

**Doctor Xuefeng Leng (Department of Thoracic Surgery, Affiliated Hospital & Clinical Medical College of Chengdu University)**

Cases of “bilateral pneumothorax” can be both unusual and common. The common cases of “bilateral pneumothorax” are relatively easy to come across in large scale general hospitals. The treatment strategy for the unusual cases, can be quite challenging for those just entering the field; Therefore, this case is worthy of discussion.

Whether it was from the consultation process, or the conclusion reached at the end of the consultation, or anything in-between, this MDT consultation is worth drawing from. The iMDT journal that includes overseas experts in huge change is quite innovative and will have a big impact. From my understanding, iMDT gathers experts from both within the country and from all over the world. This achieves the effect of internationalization and the advantage of Internet. This is very ambitious.

The most enjoyable part of this consultation process was being able to provide the patient with the best form of treatment. At the same time, the inclusion of foreign experts further advanced the clinical decisions made in the future.

Nowadays, most MDT practices are driven by clinical doctors. In the future, if iMDT establishes itself as a brand and impresses patients, patients will be able to invite relevant experts for a consultation through iMDT. This would eliminate the inconvenience that comes with having to travel long distances to find a suitable doctor.

**Doctor Qiang Lu (Department of Thoracic Surgery, Tangdu Hospital, Fourth Military Medical University)**

For a doctor, it is important to keep learning. After this multidisciplinary consultation, we were able to see the opinions of doctors from different departments. This helped broaden my horizon; moreover, the foreign doctors’ rigorous thinking and professionalism also greatly benefitted us.

To the doctors who participated in the consultation, publishing everyone’s opinions in a paper gives us the opportunity to train and exercise our ability to think. When compared to the opinions that were expressed verbally, the opinions that were published in written form are more organised and logical. They are also more formal and rigorous. Any inaccuracies or omissions that might have occurred in the verbal form have been avoided.

If AME is able to continue iMDT and normalise it, it will generate a very significant reaction in the scientific community because there isn’t much innovation in the field. Even though I am

quite busy with clinical work, I hope that I will be able to participate in more iMDT practices in the future, and discuss with everyone some rare and unusual cases that I've come across. This helps break down the restrictions created by separate departments and separate hospitals and increase my own insights.

**Doctor Xiaofen Su (Department of Respiratory Medicine, The First Affiliated Hospital of Guangzhou Medical University)**

Through this multidisciplinary consultation, I wanted to take the opportunity to see how doctors from different departments look at this problem and from a collision of ideas from different departments, to find the most suitable method of treatment for the patient.

During this process, a lot was gained. Firstly, by listening to the opinions given by doctors from other departments, I was able to expand my own knowledge. Secondly, this multidisciplinary consultation directly benefitted the patient as he or she was able to receive the most suitable treatment. Thirdly, I was greatly surprised that the consultation was then formally published as an academic paper. The publication of this paper allowed even more doctors to learn and improve from the consultation. Finally, it allowed patients in China to be able to receive a consultation from experts all over the world and to receive a personalised treatment.

However, I do have one small suggestion. As the doctors have never met the patient, and never made any inquiries, does the problem of an “armchair” arise? In the future, if patients are able to respond to the doctors' questions, that would be better.

**Doctor Chunguang Wang (Department of Anaesthesiology, Baoding First Central Hospital)**

Bilateral pneumothorax has its special features. As we all know, the pneumothorax will lead to poor lung function in its corresponding lateral region. Anaesthesia might lead the bilateral lungs to not expand, and this carries a huge risk. Bilateral pneumothorax is very tricky to deal with, and its technical demands are high.

The large number of cases in China also means that doctors have a lot of practical experience dealing with it; however, foreign doctors place more emphasis on following medical evidence. Having these two sides both participate in the consultation, has allowed them to learn from each other and improve together. This collision of different perspectives is very interesting.

After working so many years, I have come across quite a lot of complicated cases; however, previously I had never had such a great opportunity. Now with the AME platform, I am not only able to participate in case discussions and receive another doctor's opinion on my own case, but I am also able to publish the case discussion process through the journal platform. This allows more doctors to be able to read it and is very encouraging.

Through this method, everyone brainstorms and broadens their horizons together. This method also helps to exercise their thinking styles. Finally, through the publication of the paper, we all gain something ourselves. Whether we look at it from a short term or long-term perspective, to us young doctors, this is a rare opportunity to train ourselves.

**Doctor Juanjuan Lei (Department of Rehabilitation, Tangdu Hospital, Fourth Military Medical University)**

Before participating in the consultation, I thought everyone's opinion would be so different. In reality, there were only some differing opinions that come up during the discussion. There were many opinions that everyone agreed on, there were also opinions that were the complete opposite of each other. For the patient, this is an amazing opportunity, because through multidisciplinary consultation, the most appropriate way to handle the case can be found. At the same time, the inclusion of foreign experts in the consultation and the final publication of the consultation allowed us to communicate with our colleagues around the world. The whole process was full of surprises and joy.

This was a great process to train yourself in thinking about other solutions. The format of this multidisciplinary consultation was very new and it was also an opportunity to expand your knowledge. I usually don't participate in a lot of surgeries, but in order to prepare for this consultation, I inquired some of my colleagues in our thoracic surgical department and also read some related materials. You could say that through this opportunity, I deepened my understanding of thoracic surgery.

This consultation had a considerable impact on my future career trajectory and plan, as it encouraged me to continue learning and thinking. In the future, I will pay more attention to the opinions of doctors from different departments in order to gain more professional academic guidance.

**Ching Yeung & Sebastien Gilbert (Division of Thoracic Surgery, Department of Surgery, Faculty of Medicine, University of Ottawa, Ottawa, Canada; Division of Thoracic Surgery, Department of Surgery, The Ottawa Hospital, Ottawa, Canada)**

We were pleased to participate in the discussion of "bilateral tension pneumothorax" because it was a very interesting case with good questions posed. We enjoyed reading about different approaches to the same case. We also gained insight into Western and Asian perspectives.

In our daily clinical work, we appreciate the constructive suggestions from a multidisciplinary group of international experts. We think that International Multidisciplinary Consultation is an important way to track academic developments in China.

Overall, the process of case consultation to publication was very smooth. We appreciate the opportunity to be involved.

**Luca Ampollini (Department of Medicine and Surgery, Thoracic Surgery, University Hospital of Parma, Parma, Italy)**

I was honored to receive such an invitation from one of the leading journal in the field of thoracic diseases. As a surgeon, I am very interested in optimizing adjuvant treatment for patients with stage I NSCLC. Tumor biology is so important in determining patient's prognosis that it is mandatory to the decision-making process.

Multidisciplinary teams (MDTs) meetings should improve coordination, communication, and decision-making between health-care team members and patients, and hopefully produce more positive outcomes (1,2). Since the constant and rapidly expanding range of potentially

efficacious treatment options introduces therapeutic dilemmas about optimum management plans and how these should be presented to patients, MDTs meeting could improve this process. I think AME International Multidisciplinary Treatment Consultation has the potential to really optimize diagnostic and treatment strategies. International experts could share their perspectives and therefore contribute positively to this purpose.

I found the whole process quite lean and fast. It's fascinating to make contact with different specialists all over the world and share opinions and feelings in such a good mode. It could be really helpful to receive different opinions from leading experts in the field of thoracic diseases. Some cases might be difficult to interpret; so having suggestions from other colleagues could be very supportive.

I believe that International Multidisciplinary Consultation is the best tool to rapidly share opinions and comments about challenging clinical cases. I hope to be involved in other multidisciplinary paper like the one I was asked to participate.

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### **Joe Y. Chang (Department of Radiation Oncology, The University of Texas MD Anderson Cancer Center, Houston, Texas, USA)**

“Treatment strategy for patients with EGFR-mutant stage IA lung adenocarcinoma” is an important clinical and research question that will have impact in our daily clinical practice, so I was willing to participate in the discussion.

It is a wonderful and unique way to provide international MDT consultation/ discussion to address clinical controversial issues. Particularly, it helps front line clinicians to understand the issue and review the arguments and scientific background about specific recommendations.

This is a novel way to present and publish important clinical practical question through case discussion and consultation. We all learned from it. It is very helpful and educational to bring/ publish the questions and discussion involved international leaders.

International Multidisciplinary Consultation is an important way for us to keep track of the latest developments of medicine in China. It is also fantastic way to promote scientific debate about controversial issues based on evidences, not personal feeling or emotion.

It is one of best ways to train our younger generation oncologists about evidence based medicine.

### **J. Isabelle Choi (Department of Radiation Oncology, University of Maryland School of Medicine, Baltimore, MD, USA)**

I think that increasing multidisciplinary discussion is a critical component of oncologic care in any setting, and therefore I am always an advocate for this type of undertaking. In addition, as



different countries are making valuable, novel contributions to the field, having a forum in which knowledge of these advances can be increased would be a valuable resource for all practitioners so that they can be assured they are providing the most current and comprehensive treatment options to their patients. In addition, for those practitioners who do not have as ready access to current medical information, having a way to access experts in the field for opinions and guidance is of utmost importance. Therefore, I was very happy to participate in this discussion to 1) increase knowledge about this specific case and 2) hopefully encourage awareness of the utility of these discussions and propagate their use in the future.

I think that having pre-defined questions was helpful to direct conversation. The questions were broad enough to allow for a comprehensive discussion of the topic, but not so narrow that a limited amount of information would be included in the responses. Having a case to help guide the discussion was also helpful in thinking through potentially applicable scenarios. In addition, it was informative to compare opinions with other participants in the discussion.

I had a very positive experience in this iMDT project. To give my professional opinion, review literature, and observe responses from other colleague in the field was interesting. While multidisciplinary discussion is held regularly at our center, to have the opportunity to participate in a more structured forum and on an international level was informative.

In my daily clinical work, I would like to get some constructive suggestions from international experts in different disciplines for those challenging cases as additional input from colleagues within and outside of my specialty are always welcome and helpful in difficult case discussion and decision making. In particular, to be aware of what novel approaches are being taken outside of the U.S. can help in thinking of treatment options outside of our accepted standards.

As awareness of and participation in structured international multidisciplinary discussion increases, I think this will be an efficient, useful way to obtain current information on developments taking place in other countries such as China. Direct conversation with other practitioners during which more comprehensive and directed discussion of queries and cases can take place can be more revealing and helpful than more indirect routes of communication. Other channels of information-gathering include literature searches

(PubMed), reaching out directly to experts in the field or colleagues, review of lecture series, and attending conferences.

**Writing Editor:** *Jie Dong, AME Publishing Company*

**Translator:** *Avery Wang, AME Publishing Company*

**Proofreading Editors:** *Jeremy Chapnick, Grace S. Li, AME Publishing Company*







