

We are excited to bring you the first edition of *Interventional Pulmonology*. This extensive compilation of diagnostic and therapeutic interventions for pulmonary malignancies and airway challenges will appeal to thoracic surgeons and interventional pulmonologists globally. With continued advances in molecular testing and minimally invasive therapeutic and diagnostic approaches for lung cancer, a detailed resource is needed for proper management of patients with these often challenging problems. General thoracic surgeons in both academic and community settings need to know how to take an evidence-based approach to management of these problems.

Lee and colleagues summarize the accuracy and indications for current imaging modalities for evaluating the new patient with suspected lung cancer as well as the management options for those not deemed to be surgical candidates for confirmed lung cancer. The role of magnetic resonance imaging beyond evaluation of chest wall invasion or superior sulcus tumors surprises us as a modality more sensitive-albeit more costly- than PET-CT for detection of advanced disease. Lin and Chung then offer ablative and stent options for palliating patients with central airway tumors and updates us on the state of drug-eluting and biodegradable airway stents, while Semaan and Yarmus outline a safe approach to rigid bronchoscopy and stent placement.

Extensive content is provided by global experts on the current state of endobronchial ultrasound (EBUS) for mediastinal staging. Folch and colleagues provide a thorough review of options for mediastinal staging from EBUS to standard transbronchial aspiration with inclusion of the molecular tests necessary to expeditiously evaluate your patient with suspected lung cancer and guide your therapeutic algorithm. Righi and colleagues provide lovely immunohistochemical images of rapid on site evaluation (ROSE) samples from EBUS but remind us of the standardization challenges of the molecular testing from these aspirates, and medical oncologists Tuzi *et al.* outline the role of these tests for the recurrent or metastatic cases. Both Canneto and colleagues and Kupeli provide guidelines for safe implementation of a new EBUS program, while Leoni *et al.* review the controversies of bronchodilators in the high risk COPD patients undergoing EBUS. Czarnecka-Kujawa and Yasufuku remind us that in the era of EBUS there is still a role for mediastinoscopy and thoracic surgeons need to be comfortable performing the more invasive and riskier procedure.

In addition to EBUS thoracic surgeons should be familiar with navigational bronchoscopic approaches for diagnosis and therapy and Arias *et al.* remind us that these procedures are complementary for “one-stop shopping” for the lung nodule patient. Transthoracic biopsies have not been replaced by the bronchoscopic approaches and experienced surgeons or interventional radiologists should be able to offer with a minimal bleeding or pneumothorax rate. DiBardino *et al.* provide detailed tables of these complications rates from their literature review in the “TTNA biopsy of the lung” chapter.

We have provided a thorough summary of state-of-the-art staging and management options of our patients with confirmed or suspected lung cancer as provided by world experts. We hope you will enjoy this compilation and use it take to care for your patients safely and efficiently!



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