

## Prof. Antonio Lacy: expertise should not be the limitation of transanal total mesorectal excision

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The 2017 Digestive Disease Institute Week (DDI Week) organized by the Cleveland Clinic was held successfully in Boca Raton, Florida, from Feb. 14<sup>th</sup> to 18<sup>th</sup>. As a grand feast in the field of digestive disease, the symposium attracted numerous experts from all over the world to get together to have deep discussion on hot topics in the digestive field, including transanal endoscopic surgery (TES), transanal total mesorectal excision (TaTME), fecal incontinence and rectal prolapse, revisional bariatric/metabolic interventions (RBMI), etc.

During this symposium, Prof. Antonio Lacy, from Hospital Clínic, Universitat de Barcelona and Founder of AIS [[www.aishchannel.com](http://www.aishchannel.com) (<http://www.aishchannel.com>)], had presented an excellent presentation on “Are There Other Indications for TaTME Besides Rectal Cancer”. Seizing this opportunity, the Editorial Office of *Annals of Laparoscopic and Endoscopic Surgery (ALES)* was honored to have an interview with Prof. Lacy (*Figure 1*).

As a participant of the DDI Week symposium, Prof. Lacy briefly introduced the highlights of the symposium. Meanwhile, he thought it's a great opportunity for young surgeons to learn from the outstanding experts from all over the world, as live videos were synchronously online.

On the second day of the symposium, an expert debate on Best Technique for Rectal Cancer attracted all participants' attention. When discussing about the best technique for rectal cancer, Prof. Lacy mentioned that it's easier and quicker to use TaTME instead of the original performance, consequently, it's undoubtedly the best technique for rectal cancer.

During the interview, Prof. Lacy also shared with us the other indication for TaTME besides rectal cancer. What impressed us most is his understanding on the limitation of TaTME, as he claimed that the expertise became the biggest enemy of innovation. The people with authority might be not quite in favor of the new approaches due to the consideration of patients' safety, while unintentionally



**Figure 1** Picture with Prof. Lacy.

controlling and limiting the novel ideas from others.

As for the focus of rectal cancer in the future, Prof. Lacy said the prevention was much more important than treatment. With the potential value of big data and genetic engineering, rectal cancer might be hopefully prevented at the first place.

At the end of the interview, Prof. Lacy passionately told us his path to be a surgeon and introduced some new techniques for bariatric surgery and what they would bring to our patients (*Figure 2*).

### Interview questions

- (I) Brief self-introduction.
- (II) Why do you think TaTME is the best technique for rectal cancer?
- (III) Would you like to share the answer and more details about your speech “Are There Other Indications for TaTME Besides Rectal Cancer?”
- (IV) In your opinion, is there any limitation for TaTME?
- (V) What do you think should be the focus of treatment for rectal cancer in the future?
- (VI) Would you share with us some new techniques for bariatric surgery? What'll these techniques bring to



**Figure 2** Interview with Prof. Antonio Lacy (1).

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our patients?

- (VII) What encourages you to be a surgeon in the colorectal field?
- (VIII) Do you have any suggestions for the young surgeons in the field of colorectal cancer?

### Expert introduction

Prof. Antonio M. Lacy, MD, PhD, is chief of the Gastrointestinal Surgery Department at the Hospital Clinic in Barcelona, Professor of the Surgery Department at the School of Medicine of the University of Barcelona, Director of the Surgical Institute of the Hospital Quiron (Barcelona), President of the Barcelona International Medical Academy (BIMA) and Founder of AIS [[www.aischannel.com](http://www.aischannel.com) (<http://www.aischannel.com>)]. He completed his specialty as general surgeon in 1987, and focused on the surgical treatment of diseases of the gastrointestinal tract (upper GI, colon & rectum, morbid obesity... etc.), with special interest on laparoscopic and minimally invasive surgical techniques [e.g., NOTES, reduced port surgery (RPS)]. Prof. Lacy has pioneered in some NOTES procedures such as transgastric cholecystectomy, transoral anti-gastroesophageic

reflux, transvaginal sigmoidectomy, transvaginal sleeve gastrectomy, and cholecystectomy by RPS. At present, main focus is on transanal, transrectal or transcolonic colorectal surgery. Moreover, he is active member of the international working groups of new techniques for bariatric surgery and development of surgery for type 2 diabetes and metabolic syndrome, with main focus on treatment of metabolic syndrome and of patients who gain weight after bariatric surgery. Prof. Lacy has published over 180 manuscripts in specialized journals, as well as more than 20 book chapters. Prof. Lacy is past president and member of the Executive Board of the European Association for Endoscopic Surgery (EAES) and other Interventional Techniques, where he has held different appointments, Active Member of the Society of American Gastrointestinal and Endoscopic Surgeons, Member of the Executive Board of the International Federation of Societies of Endoscopic Surgeons (IFSES), Founding Member of the Multidisciplinary International Rectal Cancer Society and has been unanimously accepted as Honorary Fellow by the American Association of Colorectal Surgeons (ASCRS).

### Acknowledgements

None.

### Footnote

*Conflicts of Interest:* The authors have no conflicts of interest to declare.

### References

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(Science Editors: Skylar Gao, Maxine Feng, ALES, [ales@amegroups.com](mailto:ales@amegroups.com))

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