

those in whom there was a confident expectation that they could be rendered cancer free, has provided cohorts of patients staged T1N0M0 with survival rates of up to 80%–90%.

Competing interests None.

Provenance and peer review Commissioned; internally peer reviewed.

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REFERENCES

1. **Treasure T**, Dussek J, Eraut D, *et al.* *The Critical Under-Provision of Thoracic Surgery in the UK: Report of a joint Working Group of The British Thoracic Society and The Society of Cardiothoracic Surgeons of Great Britain and Ireland.* Society of Cardiothoracic Surgeons of Great Britain and Ireland, 2002. <http://www.scts.org/doc/6168>
2. **Partridge MR.** Thoracic surgery in a crisis. *BMJ* 2002;**324**:376–7.
3. **Rich AL**, Tata LJ, Stanley RA, *et al.* Lung cancer in England: information from the National Lung Cancer Audit (LUCADA). *Lung Cancer* 2011;**72**:16–22.
4. **Rich AL**, Tata LJ, Free CM, *et al.* Inequalities in outcomes for non-small cell lung cancer: the influence of clinical characteristics and features of the local lung cancer service. *Thorax* 2011;**66**:1078–84.
5. **Riaz SP**, Linklater KM, Page R, *et al.* Recent trends in resection rates among non-small cell lung cancer patients in England. *Thorax* 2012;**67**:812–15.
6. **Belcher JR.** Thirty years of surgery for carcinoma of the bronchus. *Thorax* 1983;**38**:428–32.
7. **Russell RC**, Treasure T. Counting the cost of cancer surgery for advanced and metastatic disease. *Br J Surg* 2012;**99**:449–50.
8. **Fisher B.** The surgical dilemma in the primary therapy of invasive breast cancer: a critical appraisal. *Curr Probl Surg* 1970;**7**:2–53.
9. **Ellis H.** If I had... If my wife had cancer of the breast. *Br Med J* 1978;**1**:896–7.
10. **Veronesi U**, Saccozzi R, Del Vecchio M, *et al.* Comparing radical mastectomy with quadrantectomy, axillary dissection, and radiotherapy in patients with small cancers of the breast. *N Engl J Med* 1981;**305**:6–11.
11. **Berwick DM.** The science of improvement. *JAMA* 2008;**299**:1182–4.
12. **Treasure T**, Hillerdal G, Utey M. LUCADA: a valuable resource but there are questions it cannot answer. *Thorax* 2011;**66**:1023–4.
13. **Treasure T**, Utey M. Ten traps for the unwary in surgical series: a case study in mesothelioma reports. *J Thorac Cardiovasc Surg* 2007;**133**:1414–18.
14. **Utey M**, Fiorentino F, Treasure T. Obtaining an upper estimate of the survival benefit associated with surgery for mesothelioma. *Eur J Cardiothorac Surg* 2010;**38**:241–4.
15. **Treasure T**, Lang-Lazdunski L, Waller D, *et al.* Extra-pleural pneumonectomy versus no extra-pleural pneumonectomy for patients with malignant pleural mesothelioma: clinical outcomes of the Mesothelioma and Radical Surgery (MARS) randomised feasibility study. *Lancet Oncol* 2011;**12**:763–72.
16. **Lilford RJ**, Thornton JG, Braunholtz D. Clinical trials and rare diseases: a way out of a conundrum. *BMJ* 1995;**311**:1621–5.
17. **van Loon J**, Grutters J, Macbeth F. Evaluation of novel radiotherapy technologies: what evidence is needed to assess their clinical and cost effectiveness, and how should we get it? *Lancet Oncol* 2012;**13**:e169–77.
18. **Treasure T**, Morton D. GRIST: Growing Recruitment in Interventional and Surgical Trials. *J R Soc Med* 2012;**105**:140–1.
19. **Utey M**, Paschalides C, Treasure T. Informing decisions concerning adjuvant chemotherapy following surgical resection for non-small cell lung cancer: a mathematical modelling study. *Lung Cancer* 2006;**53**:153–6.
20. **Utey M**, Treasure T, Linklater K, *et al.* Better out than in? The resection of pulmonary metastases from colorectal tumours. In: Xie X, Lorca F, Marcon E, eds. *Operations Research for Health Care Engineering: Proceedings of the 33rd International Conference on Operational Research Applied to Health Services.* Saint-Etienne: Publications de l'Universitaire de Saint-Etienne, 2008:493–500.

High sixes!

Andrew Bush,¹ Ian Pavord²

The release of the 2012 impact factors have been really encouraging, with *Thorax* rising to 6.84, and the distance between ourselves and our nearest competitors, *Chest* and the *European Respiratory Journal*

widening (but congratulations to the *ERJ* for leaping into third place). We remain the second ranked respiratory journal in the world. This has only happened because of the great manuscripts submitted to us by so many good groups, and the tireless work of the Deputy and Associate Editors, the Editorial Board, so many who have given generously of their time to review the papers, and all the editorial staff. Huge thanks to you all, and please keep it up. We are not complacent,

however, and we want to use this encouragement to spur us to higher levels of performance and an even better impact factor in the last 3 years of our tenure.

And the second of the high sixes? *Thorax's* answer to Tiger Woods (at least on the golf course), Ian Pavord, wishes it to be known that he has won the BTS Lipscomb Trophy for the 6th successive year. Always good to have someone conforming to the Ministerial stereotypes of Consultants!

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