

Mong-Wei Lin



• Current position:

- Attending Physician, Department of Surgery, National Taiwan University Hospital.

• Specialty:

- Lung cancer surgery
- Minimally invasive thoracic surgery
- Uniportal VATS
- Robotic surgery
- General thoracic surgery

• **Education:**

- PhD, Graduate Institute of Pathology, National Taiwan University.
- MD, School of Medicine, College of Medicine, National Taiwan University.

• **Career and certification:**

- Professor, Department of Surgery, College of Medicine, National Taiwan University.
- Vice Chief, School of Medicine, National Taiwan University.
- Visiting Professor of Surgery, Harvard Medical School, United States
- Member, American Association for Thoracic Surgery (AATS)

• **Reminder from Dr. Lin:**

When a lung nodule is detected during a health checkup, there's no need to panic. With increasing public awareness of health and the continued promotion of early lung cancer screening by Taiwan's Health Promotion Administration, more and more early-stage lung cancers are being detected through low-dose CT scans—a very positive trend. In the past, lung cancer was often diagnosed only after symptoms such as coughing up blood or significant weight loss appeared, by which time it was usually in an advanced stage and the opportunity for curative surgery had been missed. Today, however, most cases are caught early, allowing for timely treatment and greatly improved cure rates.

In fact, about 20% of individuals undergoing low-dose CT screening will incidentally discover non-specific small lung nodules. The vast majority of these

nodules, especially those smaller than 5 mm, are benign and do not require immediate intervention or surgery. These small nodules are like the moles we all have on our skin—not every mole is skin cancer. Only when a nodule grows larger than 8–10 mm, or shows changes in size or becomes more solid during follow-up, do we begin to strongly suspect early-stage lung cancer. At that point, doctors may recommend surgical removal.

In most cases where surgery is needed, a "single-port video-assisted thoracoscopic surgery (VATS)" can be performed. This minimally invasive technique requires only a small incision of about 3 cm. It has low surgical risk, minimal bleeding, a quick recovery time, and leaves only a small scar, while still allowing for complete removal of early-stage lung cancer.

To sum up, if you have risk factors for lung cancer—such as a family history or a history of heavy smoking—it is recommended that you undergo low-dose CT lung cancer screening every two years. The results should be interpreted by experienced thoracic physicians. There is no need to feel anxious about small nodules mentioned in a radiology report. Regular follow-up and careful observation, with surgery reserved only for nodules that are clinically highly suspicious for early-stage cancer, is the most appropriate approach. Early detection, early treatment, and safe, well-established minimally invasive surgery are key to protecting your lung health.