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Inside This Issue

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The First Year, The Forward Path: Report from WABIP Chair Pyng Lee

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Singapore · September 2025

Colleagues and friends,

As I approach my first full year as Chair of the World Association for Bronchology and Interventional Pulmonology (WABIP), I'm grateful for your trust and energized by what we have achieved together. This report highlights the progress across our core pillars—membership, standards and guidelines, education, and global collaboration—and outlines where we're headed next.

Welcoming New Member Societies & Sustained Growth
Our community has grown meaningfully in both reach and depth.

- Tunisia Bronchology and Interventional Pulmonology Group has joined WABIP with 11 members. I want to recognize Dr. Islem Mejri for championing Tunisia's engagement and thank our WABIP Membership Committee Chair Dr. Hind Janah for serving as the bridge and guide that made this possible.
- Mexican Society of Pulmonology and Thoracic Surgery has joined with 16 members. We warmly welcome this collaboration and appreciate the leadership of Dr./Prof. Jose Luis Sandoval Gutiérrez.

In addition, new members from existing societies totaled 1,868 over the past 12 months. Together, we now comprise approximately 12,500 members across more than 65 regions/countries. This momentum reflects your commitment to a global professional home where learning, standards, and patient-centered innovation thrive.

Advancing Standards: BCAO Stenting Guidelines Accepted

Setting and disseminating standards remains central to our mission. I'm pleased to share that the WABIP Guidelines on airway stenting for benign central airway obstruction (BCAO) have been accepted for publication in *Respirology* and are scheduled for 2025. Co-authored by Antoni (Toni) Rosell, Septimiu (Tim) Murgu, Udit Chaddha, Abhinav Agrawal, and colleagues, this consensus complements our earlier WABIP malignant central airway obstruction (MCAO) guidance published in *Respirology*.

Why this matters: benign airway disease presents unique indications, risk–benefit considerations, device choices, and follow-up strategies that differ from malignant CAO. These new guidelines aim to sharpen decision-making and reduce variability in practice. In the year ahead, we will prioritize implementation support: practical teaching cases, checklists, and webinars that bring the recommendations from page to procedure room.

Education & Skills Transfer: Courses on Two Continents

Singapore: "Focus on EBUS—What a Pulmonologist Needs to Know" (August 1-2, 2025)
Under my direction, we hosted a focused course on endobronchial ultrasound that drew 45 physicians from across Asia–Pacific (Australia, Taiwan, Hong Kong, Indonesia, Vietnam, Malaysia, Philippines) and three endoscopy nurses.

- International faculty: Prof Noriaki Kurimoto and Prof Dongil Park
- Local faculty: Melvin Tay, Pipetius Quah, Alvin Lo, Clare Fong

Program highlights included airway mapping and radial EBUS for peripheral pulmonary lesions; mediastinal evaluation; transbronchial and mediastinal cryobiopsy; and a lively "Best and Worst Cases" session. Feedback was emphatic: participants found the airway mapping pearls from Prof Kurimoto and the technique-focused sessions highly actionable. Our aim was simple—translate technology into reliable practice—and the learners' responses tell us we're on the right track.

Bulgaria: Bronchoscopy Education Project—Sofia (June 12–14, 2025)

At the Department of Interventional Pulmonology, Military Medical Academy (Sofia), we delivered two linked courses—Introduction to Flexible Bronchoscopy and a Faculty Development Program (Train the Trainers)—as part of the Bronchoscopy Education Project.

- Lead: Prof Henry Colt (University of California, USA)
- Certified trainers: Assoc. Prof Milena Encheva (Sofia, Bulgaria), Assoc. Prof Spasoe Popevich (Belgrade, Serbia), Dr Maria Zdraveska (Skopje, North Macedonia)
- Participants: bronchologists from across Bulgaria, Serbia, and North Macedonia

Beyond technical steps, the curriculum emphasized competency-based education: the BSTAT assessment tool, "Step-by-Step" skill acquisition, checklists, the 4-box approach, informed consent, and communication—up to and including how to deliver bad news. Role-play and case re-creation fostered a two-way exchange of experience. Attendees reported that the methods would change and unify their training systems, strengthening how teams teach and how patients experience care. My gratitude to Prof Colt and our Balkan colleagues for modeling how to scale quality through education.

Save the Dates: WABIP Two-Day Global Webinar (Free)

Evolution of Interventional Pulmonology—From Fiberoptic to Robotic Bronchoscopy; From Rigid to Flexirigid Thoracoscopy (In honor of: Prof Shigeto Ikeda and Prof Hans Christian Jacobaeus)

Saturday–Sunday, September 13–14, 2025 · Start: 8:30 AM GMT (local time auto-converts on the event page)

Across Asia, Europe, the Americas, Africa, and Oceania, a world-class faculty will lead deep dives and case discussions. Selected speakers include Ali Musani, Stefano Gasparini, Danai Khemasuwan, Hind Janah, Hideo Saka, Naofumi Shinagawa, Hervé Dutau, Carla Lamb, David Fielding, Noriaki Kurimoto, Najib Rahman, Atul Mehta, Taeko Shirakawa, Septimiu Murgu, Felix Herth, Levent Dalar, Udit Chaddha, Sonali Sethi, Takahiro Nakajima, Thomas Gildea, Marios Froudarakis, Thitiwat Sriprasart, Antonio Bugalho, Spasoje Popević, Gary Lee, Rainbow Lau, Wahju Aniwidyaningsih, and many others—supported by dedicated chairs and moderators across both days.

Program snapshot

- Day 1 (Sat): Bronchoscopy—Traditional → Cutting-Edge Peripheral bronchoscopy with airway mapping/radial EBUS; navigation & robotic bronchoscopy (workflow, anesthesia/ventilation to reduce atelectasis, augmented imaging vs CBCT); mediastinal access & staging (EBUS in complete lung cancer staging); biopsy adequacy and when to trust benign results; and a round-table on balancing innovation with pragmatism.

- Day 2 (Sun): Thoracoscopy & Advanced Interventions Pleural space (infections, malignant effusions, thoracoscopic technique); advancing rigid bronchoscopy and airway stenting; sublobar resection vs bronchoscopic ablation for malignant nodules; benign disease interventions (COPD endobronchial therapies, ILD bronchoscopy, asthma—thermoplasty vs biologics); and a round-table on cost, access, training, and expertise.

Sponsors: Ambu, Harada Corporation, Novatech, Intuitive, FTM, Cook Medical

The Forward Path: Priorities for Year Two

1. From guidelines to practice: Launch targeted implementation toolkits for BCAO and refresh our MCAO materials—quick-reference algorithms, procedure checklists, and case libraries aligned with real-world constraints.
2. Consensus-building with AABIP: Collaborate with the American Association for Bronchology and Interventional Pulmonology (AABIP) to develop joint consensus statements on thoracoscopy, tracheobronchial malacia, and excessive dynamic airway collapse (EDAC).
3. Safety data from India: Partner with Indian colleagues to curate and share the country's rich resources on complications and safety in interventional pulmonology procedures—translating lessons into checklists, benchmarks, and QI toolkits for the global community.
4. Education without borders: Expand regional courses and train-the-trainer programs so skills multiply locally. We will continue to mix high-fidelity simulation with bedside teaching, emphasizing assessment and communication—because quality is more than a device or a scope.
5. Equity and access: Strengthen partnerships that help centers acquire appropriate tools, and share pragmatic workflows for settings with limited resources (e.g., alternatives to CBCT, anesthesia strategies to reduce atelectasis, and low-radiation pathways).
6. Mentorship and early-career growth: Build structured mentorship tracks, spotlight young investigators, and promote scholarship opportunities linked to WABIP meetings and webinars.
7. Data and quality improvement: Encourage multi-center registries and pragmatic studies—particularly around biopsy adequacy, stent outcomes in BCAO, and safety metrics—to move debates from opinion to evidence.
8. Community and voice: Continue to bring in societies from underrepresented regions, and nurture member-to-member exchanges so that our 12,500-strong network remains personal, collegial, and generous.

Gratitude

My heartfelt thanks to our Executive members, Board of Regents, member societies, committee leaders, faculty, and volunteers—and to every clinician who teaches, learns, and advocates for patients with complex airway and pleural disease. Your work gives life to WABIP's mission.

Let us keep translating innovation into equitable, safe, and effective care—everywhere.

With appreciation,

Pyng Lee, MD
Chair, World Association for Bronchology and Interventional Pulmonology (WABIP)
Singapore · September 2025

Technology Corner

Rigid Bronchoscopy-Guided Percutaneous Dilational Tracheostomy (RBG-PDT)- Technical Approach and Safety for High-Risk Populations

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Introduction

Percutaneous dilational tracheostomy (PDT) has become the preferred approach for establishing surgical airways in critically ill patients, with over 100,000 procedures performed annually in the United States.(1) While PDT offers numerous advantages over surgical tracheostomy, several relative contraindications have traditionally limited its application, forcing clinicians toward more invasive surgical alternatives or delaying necessary interventions.(2,3) The integration of rigid bronchoscopy guidance to PDT (RBG-PDT) represents a modification addressing many limitations of conventional PDT while expanding the eligible patient population.

Background

Traditional PDT, first described by Ciaglia and colleagues using a modified Seldinger technique, relies on flexible bronchoscopic guidance through the existing endotracheal tube.(4) Unfortunately, several limitations become apparent in high-risk patients and have served previously as relative contraindications to this procedure. Flexible bronchoscopy may provide inadequate visualization in patients with altered anatomy, cannot prevent tracheal collapse in those with tracheomalacia, and offers limited therapeutic intervention capabilities should complications arise. As a result, patients with morbid obesity, coagulopathy, complex airway anatomy, and repeat tracheostomies are commonly cited as factors precluding standard PDT approaches. (5)

RBG-PDT addresses these shortcomings through several mechanisms. The rigid tracheoscope maintains continuous airway patency, preventing collapse and ensuring unobstructed visualization throughout the procedure. It allows for sustained ventilation without airway obstruction, protects the posterior tracheal membrane from inadvertent puncture, and displaces the trachea anteriorly to facilitate needle placement. Additionally, the larger diameter rigid bronchoscope provides superior suction capacity and therapeutic intervention capabilities for managing bleeding complications. Literature supporting RBG-PDT remains limited, with only small case series reported to date.(6,7)

Clinical Application

This advanced technique addresses standard PDT limitations in high-risk populations including obesity, coagulopathy, and those on concurrent therapeutic anticoagulation in several ways. The rigid bronchoscope prevents tracheal collapse in patients with tracheomalacia, provides superior suction capacity for hemostasis management, and maintains continuous positive pressure ventilation throughout the procedure. As such it expands the eligible population for PDT serving as an intermediate option between PDT and open tracheostomy. (Fig. 1)

The RBG-PDT technical approach utilizes a rigid tracheoscope under general anesthesia with neuromuscular blockade and open-

circuit jet ventilation.(Fig. 2). Typically a 12-mm outer diameter rigid barrel is utilized however for more challenging anatomy a smaller diameter could be considered. The technique requires precise airway exchange from endotracheal intubation to rigid bronchoscopy without loss of ventilation or oxygenation. Following supine positioning with cervical hyperextension, the rigid tracheoscope is advanced through the oropharynx with anterior bevel orientation to visualize vocal cord anatomy. Preliminary airway inspection and mucous suctioning via flexible bronchoscopy, as well as in-line rigid suction alongside the tracheoscope, facilitates optimal visualization throughout exchange. Critical airway transition involves ETT cuff deflation followed by controlled ETT retraction and rigid tracheoscope advancement, with simultaneous jet ventilation initiation, to 5mm distal to the true vocal cords for optimal tracheal ring visualization. Gentle pressure with a Kelly clamp allows confirmation of the intended tracheostomy course and adjustment of the rigid tracheoscope bevel. The rigid bronchoscope provides continuous tracheal stabilization and prevents posterior wall injury during needle puncture and sequential dilation. Following bevel placement, RBG-PDT is performed using standard technique under direct bronchoscopic guidance.

In our single single-center retrospective we examined 104 consecutive patients who underwent RBG-PDT over a 15-year period.(8) The cohort represented a high-risk population with median BMI of 30.25 kg/m², and 41.9% of patients having BMI exceeding 30 kg/m². Notably, 59.6% had ASA classification ≥4, indicating significant comorbidity burden. Half of all patients (51.0%) possessed at least one bleeding risk factor, with elevated aPTT >36 seconds being most common (36.5%). Twenty-seven percent underwent tracheostomy while receiving therapeutic anticoagulation with heparin. Clinical outcomes demonstrated 0.5% intraprocedural complication rate with no pneumothorax, airway loss, or procedure-related mortality in line with historical PDT safety data.

While our study described RBG-PDT performed in the operating room using jet ventilation previous investigators have reported the use of rigid bronchoscopy in non-operating room settings. (9) The utilization of positive pressure ventilation via rigid bronchoscopy, in leu of jet ventilation, would further expand this technique to patients who cannot safely be transported due to physiologic or mechanical constraints, such as those requiring extracorporeal membrane oxygenation (ECMO).

Conclusions

RBG-PDT represents a safe and effective intermediate option between standard PDT and open surgical tracheostomy for high-risk patients. This technique successfully expands the eligible patient population for percutaneous approaches, allowing safe intervention in patients with morbid obesity, coagulopathy, and complex airway anatomy who might otherwise have delayed intervention or a more invasive surgical procedure. Implementation requires specialized equipment, experienced interventional pulmonologists comfortable with rigid bronchoscopy, and skilled anesthesiologists. The technique's learning curve and increased procedural complexity are offset by enhanced safety margins and expanded therapeutic options for critically ill patients. While data remains limited to single center retrospective studies the comprehensive safety data provide compelling evidence for RBG-PDT. As interventional pulmonology programs continue expanding their complex airway management capabilities, RBG-PDT offers an important tool for optimizing care in challenging patient populations previously considered unsuitable for percutaneous approaches.

References:

1. **Shah R et al. Laryngoscope 2012; 122; 25-29**
2. **Ernst A et al. Clin Chest Med 2003; 24; 409-41**
3. **Chorath K et al. JAMA Otolaryngol Head Neck Surg 2021; 147; 450**
4. **Ciaglia P et al. Chest 1985; 87; 715-719**
5. **Huang C et al. Surg Today 2014; 44; 107-114**
6. **Majid A et al. Annals ATS 2014; 11; 789-794**
7. **Grigo, A et al. Br J Anaesth 2005; 95; 417-419**
8. **Murn M et al. J. Bronchol. Interv. Pulmonol 2025; 32; e0990**
9. **Mahajan AK et al. J Thorac Dis. 2025;17(6):3667-3672.**

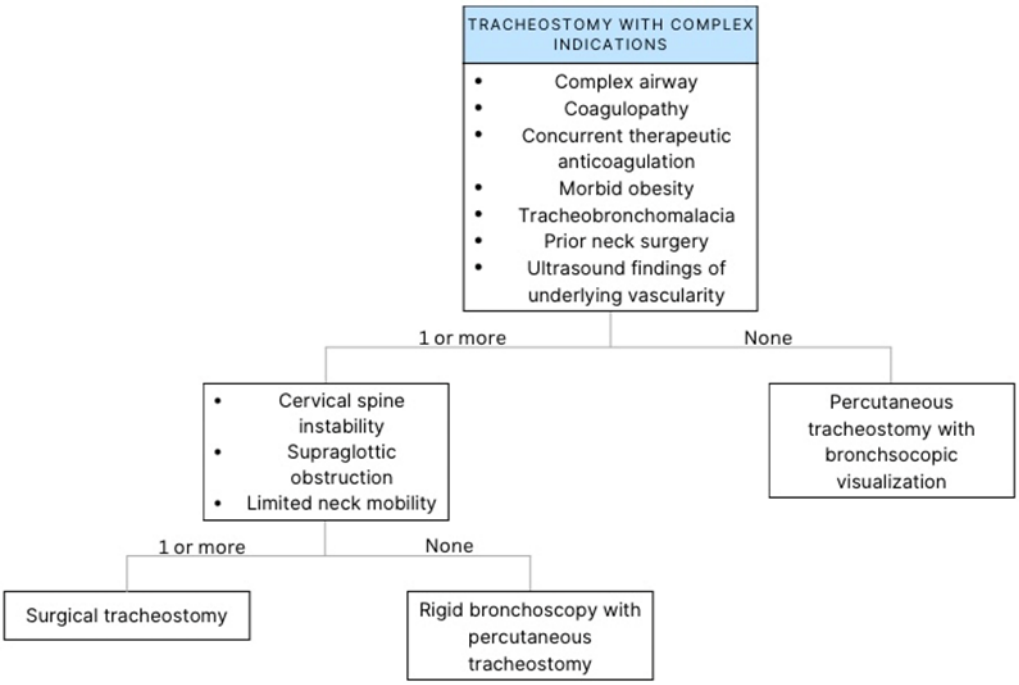

Figure 1. Proposed Patient Selection for Rigid Bronchoscopy-Guided Percutaneous Dilation Tracheostomy

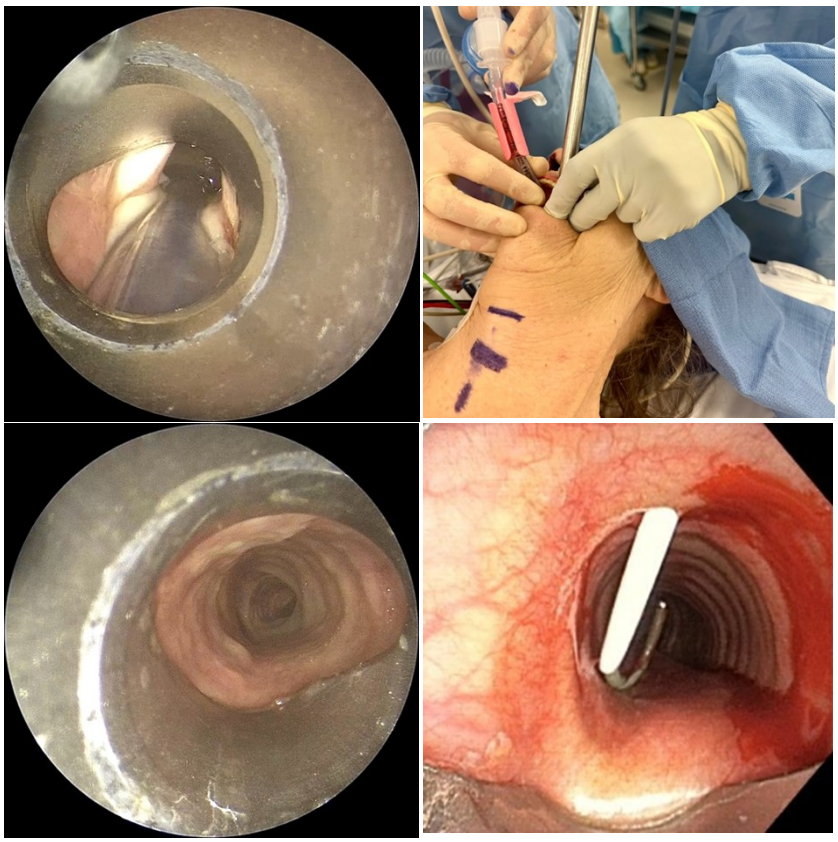

Figure 2. Rigid Bronchoscopy-Guided Percutaneous Dilation Tracheostomy.
A) Rigid View of Vocal Cords prior to ET Tube retraction
B) Primary and secondary operator positioning prior to ETT exchange with rigid tracheoscope
C) Rigid tracheoscope advanced into position below 1st tracheal ring
D) Rigid tracheoscope view of the guide wire

Anesthesia for Robotic Bronchoscopy in 1000 words

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Introduction

General anesthesia with muscle relaxation and endotracheal intubation to enable docking of the robot and ensure lack of movement or coughing during robotic bronchoscopy (RB) is universally practiced. Atelectasis under general anesthesia is common and can obscure targets or increase CT to body divergence (CTBD) leading to suboptimal diagnostic yield. While CTBD can be overcome with the use of intraoperative cone-beam-CT to adjust the location of the target, atelectasis remained an issue. The I-LOCATE study (Incidence and Location of Atelectasis) showed that atelectasis occurs in the dependent lung areas, mostly in lower lobes, and that its rate increases with higher BMI and duration of general anesthesia(1). The authors use two different strategies to combat atelectasis during RB, the ventilatory and the positioning strategies. The ventilatory strategy entails positive end expiratory pressure (PEEP) during mechanical ventilation and maintaining a continuous positive pressure during the breath holds for the intraprocedural CT scans. Based on the current knowledge that the alveolar closing pressure is 5 cmH_2O, the VESPA trial (Ventilatory Strategy to Prevent Atelectasis), a multicenter randomized controlled study, utilized a PEEP of 8-10 cmH_2O, protective tidal volumes (VT) of 6-8 cc/kg ideal body weight (IBW), FiO_2 titration to keep oxygen saturation at 92-94%, and a recruitment maneuver immediately after intubation(2). This strategy decreased the rate of atelectasis from 84% (control group) to 29%. Meanwhile, the positioning strategy places the patient in a lateral decubitus where the patient's lung with the nodule of interest is in a non-dependent position(3). An ongoing randomized controlled study, (lateral decubitus vs VESPA), have so far shown 100% effectiveness in eliminating atelectasis (personal communication). Of note, no special ventilatory adjustments are required in the lateral decubitus. Furthermore, if atelectasis is encountered in the supine position, it is completely eliminated when the patient is turned to the lateral decubitus. Limitations to the lateral decubitus are noted in the morbidly obese patients with laterally located lesions where iso-centering of the CT C-arm and avoidance of its collision with the table can be challenging. Additionally, some of the RB platforms require the patient to remain supine.

Planning

The anesthesiologist and the interventional pulmonologist review the patient's history and CT to plan the patient's ventilatory protocol, positioning (supine or lateral), and the need for endobronchial ultrasound guided transbronchial needle aspiration (EBUS-TBNA) for staging after the RB. In the authors practice, VESPA is utilized in patients with lesions in dependent areas of upper and middle lobes and BMI ≤ 35. While the lateral decubitus is used in patients with dependent lesions in lower lobes regardless of the BMI and in all patients with BMI ≥35 irrespective of the lesion location(4). If the lateral decubitus is not feasible, the safest lowest PEEP and tidal volumes are used in the supine position as per the VESPA protocol. It is also important to note that patients with severe emphysema or low BMI <20 are unlikely to develop atelectasis in the supine position and do not need high levels of PEEP.

The patient's procedure table is prepared with a bean bag placed under the patient's torso to facilitate turning to the lateral decubitus if needed while under the same general anesthetic. It is important to place the anesthesia monitors wires outside the field of the CT scan to avoid collision with the C-arm and creating artifacts. Endotracheal tube (ETT) size 8-8.5 for male and 7.5-8 for female patients are pre-warmed before use.

Technique

The patient is monitored with the ASA standard monitors in addition to a Bispectral index monitor (BIS) for the depth of anesthesia. A small 22G gauge IV catheter is inserted. The anesthesia is induced with a propofol infusion at 250 ug/kg/min to avoid hypotension during induction. Once the BIS reading is below 60 and the patient is asleep, rocuronium 1mg/kg is injected to induce muscle relaxation. The ETT is loaded over the bronchoscope and introduced in the patient's airway through an Ovassepian oral airway. The airway is anesthetized with 1-2 cc of 2% lidocaine injected through the bronchoscope during the intubation at the level of the vocal cord and in the tracheal lumen. The trachea is inspected for pathology during the intubation. We do not rush the intubation or use rapid sequence induction to shorten the time to intubate. Once the airway is secured it is handed over to the interventional pulmonologist. After completion of the airway exam and suctioning of secretions by the interventionalist, the ventilator is set at the agreed upon ventilatory parameters and recruitment maneuvers as per VESPA protocol are performed. Navigation and CT scan are then performed. If atelectasis is encountered during the first CT scan in the supine position, the patient is turned to the lateral decubitus and repeat recruitment maneuvers are applied. Repeat CT scan with breath holds at the peak of inspiration is performed and the procedure is completed. If EBUS is required at the end of the RB, the patient is turned back to the supine position, the muscle relaxant is re-dosed as needed and the ventilator settings are changed to 5cc/kg/IBW tidal volume, 0 PEEP, RR 8 volume controlled with pressure limit of 20 cmH2O to avoid gastric insufflation during ventilation with the supraglottic airway (SGA). The ETT is removed, and I-gel SGA is placed. The SGA placement is confirmed with the bronchoscope and the airway is secured and handed over to the interventionalist. At the end of the EBUS procedure, the rocuronium is reversed with 200-400 mg of sugammadex and the patient is extubated in the seated position once standard extubation criteria are met. The patient is then transferred to recovery with supplemental oxygen and monitored for 45 minutes before being discharged. Chest X-ray is commonly performed in recovery to assess for pneumothorax.

Conclusion

Robotic bronchoscopy can be safely performed under general anesthesia. Gentle anesthesia induction, maintenance and complete muscle relaxant reversal in addition to appropriate ventilatory techniques and positioning as needed without rushing the intubation are the key to procedure success and higher yield of the biopsy. Avoiding narcotics ensures speedy recovery.

References:

1. Sagar AS et al. Chest. 2020;158(6):2658-66.
2. Salahuddin M et al. Chest. 2022;162(6):1393-401.
3. Lin J et al. J Bronchology Interv Pulmonol. 2022;29(3):220-3.
4. Khan A et al. Diagnostics (Basel). 2024;14(2).

Will Someone Discover Our Fractured Femurs? : From Initial Solidarity to Antisocial Egoism

In a widely disseminated interview, renowned anthropologist Margaret Mead was queried by a reporter on her perspective on the initial indicator of civilisation within a culture. Her response, characterised by both simplicity and profundity, was: "a healed femur." She stated that in the animal domain, when an animal fractures its leg, it is doomed; it cannot escape predators, access water, or procure nourishment. The healed femur indicates that an individual remained with the injured party, secured the wound, transported them to safety, and administered necessary care until the fracture healed. *"Civilization commences when an individual assists another during a challenging period",* Mead remarked[1]. This narrative encapsulates a fundamental truth about humanity: civilisation is not established by technology, writing, or agriculture, but by the foundational connections of caring among those who seek to support the vulnerable. Contemporary civilisations appear to have neglected this ancestral lesson, manifesting what may be termed a "ethics-quake," characterised by unprecedented levels of individualism, greed, and systemic cruelty towards the vulnerable. That is not occurring in a political vacuum. Numerous contemporary social scientists have demonstrated that the erosion of solidaristic ideals is intricately linked to increasing social inequality, with far-right movements globally capitalising on socioeconomic grievances to establish exclusionary and authoritarian agendas. The central thesis of this essay posits that emergent ethical deterioration is not merely passive but actively cultivates far-right proliferation, resulting in a pernicious loop where institutionalised cruelty underpins increasingly egregious expressions of animosity. The foundational model of solidarity. The repaired femur serves as a metaphor that transcends its anecdotal roots to become a paradigm of civilisation. It surpasses the biological imperatives of solitary survival through an enhanced comprehension of mutual care. The concept of 'primordial solidarity,' as articulated by theologian Dorothea Soelle, would establish an ethical framework that influences the maternal responsibilities inherent in all human societies: accountability for others in their fragility. Anthropologist Christopher Boehm's research on the hunter-gatherer lifestyle demonstrates that cooperation and equality are not outliers in human history, but rather fundamental characteristics of our social structure during the majority of our evolutionary past. Boehm posits that human civilisations developed intricate systems of "reverse dominance hierarchy" to inhibit individuals from "emerging as aspiring despots" over the remainder of the community. These data suggest that significant inequality and predatory individualism represent recent deviations from more familial norms. By the late nineteenth century, sociologist Émile Durkheim had accurately perceived the contradiction between the 'mechanical solidarity' of old communities, characterised by resemblance and communal ties, and the 'organic solidarity' of modern society, founded on functional interdependence. Durkheim cautioned that the swift shift to highly individualistic social structures could lead to conditions of social "anomie," wherein individuals cease to share common normative frameworks, increasing the likelihood of societal collapse.

The Ethics of Responsibility in Emmanuel Levinas's Philosophy

To comprehend the magnitude of contemporary ethical deterioration, we must first interpret the philosophical innovation of Emmanuel Levinas, which articulates a radical ethics of unconditional responsibility for the Other. In his work "*Totality and Infinity*" (1961), Levinas (an extremely fine Lithuanian-Jewish philosopher who spent years at a concentration camp in Hanover and lost almost all his family to Nazism) challenges us that ethics is not derived from abstract principles or social contracts, but instead is on the basis of the unmediated face-to-face encounter with the vulnerable face of the Other. For Levinas, the face of the Other -particularly when faces as nakedness, fragility, vulnerability- is an ethical epiphany which interpellates us 'before' all reflection. This meeting creates an infinite responsibility that is prior to our freedom itself. I have responsibility to the Other without expecting any reciprocity, to the point of death, says Levinas, laying out a positive asymmetry of ethical relations[5]. The Levinasian proposal is particularly important now, since it provides a radical alternative to both neoliberal individualism and political projects that reduce ethics to the defence of group identity against other groups. According to Levinas, ethical responsibility extends beyond national, ethnic and religious affiliations, creating a universalism that is not rooted in abstract principles but in a concrete acknowledgement of a shared human experience of vulnerability[6].

Humanitarian News

Individualism and Its Structural Habitat

Indeed, against this vocation of ethics, modern societies have witnessed an all-encompassing epidemic of destructive individualism that many social critics have described as a multi-dimensional issue with profound political consequences. Pierre Bourdieu, in his scathing critiques of neoliberalism, has shown how this logic of (the) market everywhere turns social relations into competitive transactions, systematically dissolving the ground of collective solidarity. Neoliberalism, Bourdieu argues, is not just an economic doctrine, but a 'programme for the destruction of collectives' that fragments individuals and leaves them unarmed in the face of the market[2]. The Bourdieusian proposal unveils how this change functions through a multiplicity of discreet, but lethal devices, some of which are much more subtle than others, some of which are equally useful to different sides. Neoliberalism inflicts on us is an economic doxa that naturalizes competition as the only human relation, turning words like "solidarity" and "common good" into inefficient anachronisms. This ideological monolith is driven into sectors hitherto shielded from market logic: education appears as "investment in human capital", family ties as "strategic resource investment", social links as "network networking" according to the logic of personal advancement. Bourdieu writes that this creates a specific form of "symbolic violence" where people take the "credit" or "blame" for their own success or failure as if this was solely personal and hides the structural conditions that dictate one's life chances. This culpabilisation of the individual preempts the possibility of generating collective identity, and it enables the expert acceptance of staggering levels of inequality as the "natural result" of variance in merit. Concurrently, the systematic precarization of labour and the erosion of social protection systems, produces precariously insurantiated subjects who pop up in the market paradoxically at the moment when they have lost collective assets to resist the imperatives of the same. This paradoxical relationship is what explains, for Bourdieu, the propensity of neoliberalism's subjects to endorse polices that exacerbate the conditions that make them so vulnerable, and their turn to the market as a solution to the problems that the market has produced.

The Corrosion of Character: Richard Sennett's Essential Dissent

Richard Sennett has articulated a description of neoliberal individualism, wherein the erosion of character is one of the most evident critical perspectives. In "*The Corrosion of Character*" (1998) and "*The Culture of the New Capitalism*" (2006), Sennett illustrates how structural transformations in the labour landscape have undermined not only the material conditions of existence but also the psychological and moral underpinnings of community.

Sennett asserts that flexible capitalism has dismantled the "life narrative" that once allowed individuals to integrate diverse experiences and construct coherent identities. The continual necessity for personal reinvention, exacerbated by the rapid evolution of skills and the transient nature of professional relationships, obstructs the cultivation of what Sennett refers to as "character": the capacity to maintain commitment and foster enduring loyalties to others. Sennett's characterisation of "fragmented time" is notably revealing. Sennett asserts that contemporary capitalism is characterised by a "short term" temporality rather than "duration," leading its residents to be unable to envision their lives on a far horizon or to undertake enduring societal responsibilities. Time fragmentation extends beyond the workplace, permeating relationships among family, friends, and community, so fostering a culture of "weak ties" that is particularly susceptible to political manipulation.

Sennett contends that this engenders a harsh paradox: if the system necessitates continual flexibility and adaptation, it simultaneously penalises individuals who cannot cultivate their own personal "resilience". Consequently, we have perpetually nervous individuals who perceive their own shortcomings as inherent defects rather than deficiencies of an impersonal systemic structure that hinders self-reflective analysis.
Sennett's observation regarding the erosion of character as a foundation for authoritarian leadership is particularly significant for this analysis. Fragmented and anxious individuals seek leaders who offer simplistic solutions and identifiable antagonists, despite the fact that these leaders are, in a fundamental sense, the identical adversaries responsible for the initial uneasiness.

Humanitarian News

Liquid Modernity: An Examination by Zygmunt Bauman.

Zygmunt Bauman referred to the disintegration of strong social structures and cohesive worries of the past as the transition to "liquid modernity," when individuals exist in a state of perpetual uncertainty, blissfully numbed. Bauman's metaphor of "liquidity" transcends mere description, serving as an analytical instrument to illuminate fundamental transformations in modern human existence.

Bauman posits that liquid modernity emerged from the ascendancy of ephemeral undertakings, supplanting the preceding solid modernity characterised by dependable institutions, enduring identities, and permanent fundamental endeavours, whether communal or individual. In contrast, liquid modernity is defined by "fluidity": social structures are in constant flux, identities are adaptable, and communal bonds are supplanted by individual survival strategies. The diverse dimensions of liquidity support Bauman's characterisation of a social framework for comprehending the present ethical collapse. 'Liquid love' denotes interpersonal relationships characterised by the ease of forming and dissolving connections, prioritising immediate gratification over lasting commitment. "Liquid life" signifies the perpetual fluidity of existence, wherein individuals are unable to establish stable identities or cohesion. 'Liquid surveillance' denotes mechanisms of control that operate not through an overt state infrastructure of coercion, but rather through the internalisation of self-monitoring and competitiveness.

Bauman posits that this liquidity engenders a specific type of pain, which he refers to as "liquid anxiety." In contrast to conventional dread, characterised by defined targets and reasonable reactions, liquid anxiety permeates existence, resulting in persistently uncertain subjectivities that yearn for stable anchor points. Bauman contends that the pursuit of order in a fluid environment makes individuals particularly susceptible to the "solid solutions" proposed by fundamentalist and totalitarian movements. The extreme right exploits this vulnerability by offering "solid" national identities, clear adversaries, and the promise of a restoration to a supposedly stable society. He further elucidates the concept of 'wasted lives' to analyse how this manifestation of liquid modernity functions as a societal mechanism that generates 'surplus' populations devoid of a role in the global economy. These populations—migrants, individuals with persistent unemployment indicated solely, and residents of urban peripheries—function as ideal scapegoats for movements characterised by social anxiety expressed through xenophobic animosity.

The amalgamation of Sennett's and Bauman's viewpoints elucidates a paradoxical dynamic: while neoliberal capitalism undermines both the material and psychological foundations of social solidarity, the resultant fears and fragmentations are harnessed by political movements that may seek to restore social cohesion through the exclusion and aggression towards other marginalised groups.

Neoliberalism and the Far Right: Hypotheses of Social Scientists

A significant accomplishment of contemporary social science is the revelation of structural links between economic neoliberalism and the rise of the far right. Several theoretical explanations elucidate the mechanism by which the disintegration of social solidarity fosters authoritarian political projects.

Karl Polanyi's "*The Great Transformation*" (1944) presciently forecasted the political perils of permitting market logic to operate independently of legislative oversight. Polanyi posited that when nations endeavour to entirely subjugate social existence to the self-regulating forces of markets, they generate either progressive or reactionary tendencies of "social protection."[10] The Polanyian hypothesis situates these developments inside a perverse counter-movement opposing neoliberal social deprotection. Rather than confronting the economic structures that are the root cause of insecurity, these movements redirect the attention of that uneasiness onto scapegoats such as immigrants, minorities, and cosmopolitan elites, while leaving the economic institutions unaltered.

As Chrostowski notes, the political democratic promise of equality increasingly clashes with the economic realities of extreme inequality, fostering a sense of chronic disappointment that could potentially finesse popular fear on behalf of anti-democratic movements[11]. For her part, Nancy Fraser has argued that neoliberalism brings about a "crisis of social reproduction" through the commodification of care work and the degradation of institutions that have historically supported human life. Such a crisis, Fraser argues, harms not only working families in material terms, but also diminishes the values of solidarity and mutual concern on which democratic bonds rest[12]. Fraser contends that the far right is able to capitalize on this crisis

by hawking nostalgic stories about traditional family and the national community, even while promoting economic policies that deepen the very contradictions that produce the crisis in the first place.

Writing in her 2016 ethnography "*Strangers in Their Own Land*," the American sociologist Arlie Russell Hochschild coined the metaphor of the "spiral staircase" to account for working-class white backing of far-right movements — even ones that would seem at odds with their economic interests. These voters, according to Hochschild, feel that, while they are stationary on the staircase of social advancement, other people (ethnic minorities, immigrants, women) are « passing » them through affirmative action and multiculturalism[13]. This sense of comparative injustice, cultivated by decades of economic malaise and collapse of social institutions, produces an "emotional malaise" which the far right effectively capitalises on in exclusionary and resentful political schemes.

A very popular mode of the mixed international economy generation became formulated economist Dani Rodrik's hypothesis of the 'impossible trilemma' of globalisation: you cannot have them all at once: democracy, national sovereignty and deep economic globalisation. Societies, Rodrik argues, have to choose between these three, and populist movements will inevitably emerge when economic globalisation is pursued at the expensive of democracy and sovereignty, with the goal being to restore democratic management of the economy[14]. If the far right is a warped and irrational answer to the actual contradictions of the global neoliberal order, as Rodrik argues, it is a position rooted in an understandable logic, however monstrous its solutions are.

Social Media as a Catalyst for Authoritarianism

Digital technology have expedited narcissistic individualism and far-right movements. Shoshana Zuboff, a sociologist, elucidates in "*The Age of Surveillance Capitalism*" (2019) how digital platforms have constructed economic models that fundamentally manipulate human behaviour, a phenomenon she designates as "surveillance capitalism."[15] Zuboff asserts that these platforms do not merely extract data from users, but actively influence user activity to optimise traffic and advertising potential. It is particularly detrimental, as political candidates have discovered, in the political arena: algorithms designed to capture the attention of our limited cognitive capacities typically favour hyper-emotional content over composed, rational analysis. In "*How Democracies Die*" (2018), political scientist Steven Levitsky and historian Daniel Ziblatt delineate the influence of social networks in undermining the "informal democratic norms" that previously limited extreme political competitiveness. These researchers contend that digital platforms allow authoritarian leaders to communicate directly with their supporters, bypassing intermediary organisations, and to establish personalistic loyalty that transcends democratic processes[16]. Social psychologist Karen Stenner, in "*The Authoritarian Dynamic*" (2005), has demonstrated that around one-third of any community have latent authoritarian predispositions that are activated during times when group cohesion seems jeopardised. Social media, by amplifying narratives of catastrophe and peril, serves as a potent catalyst for authoritarian inclinations. [17].

Systematic Deprotection as a Political Strategy

Among modern representations of ethics in disarray, wse can see the political exploitation of social fragility. Right-wing movements have devised intricate methods to politicise the social insecurity engendered by neoliberalism, offering diverse types of protection to certain groups while intensifying persecution against others.

Sociologist Loïc Wacquant has chronicled the manner in which the neoliberal "punitive state" metamorphoses welfare policies into mechanisms of coercive monitoring that intentionally criminalise poverty and marginality. This shift is intentional, serving as a method to discipline the working classes while offering comfort, security, or unity to the middle class, allowing them to perceive themselves as "individuals who do not belong elsewhere" by marginalising threatening "others." Philosopher Judith Butler articulates in "*Frames of War*" (2009) that this process is understood as the creation of "lives that do not deserve to be mourned" (grievable lives vs ungrievable lives). According to Butler, societies create interpretative frameworks that govern whose lives are deemed precious and worthy of protection, distinguishing them from those considered disposable without provoking moral indignation.

Illusory Economic Assurances and Fear Inducement

The far-right has effectively exploited the disparity between neoliberalism's promises and the economic realities faced by significant socioeconomic groupings. Economist Thomas Piketty illustrates in *Capital in the Twenty-First Century* (2014) that

enduring inequality engenders not only economic difficulties but also crises of political legitimacy. Piketty asserts that countries cannot maintain the level of inequality prevalent during the Gilded Age without a movement that disrupts the existing order. However, these movements can advance in two directions, either progressive or reactionary, contingent upon the capacity of political actors to convey compelling narratives on the origins and solutions to the crisis. Drew Westen, in *The Political Brain* (2007), asserts that the far-right has devised sophisticated methods of emotional communication, targeting not the logical intellect but rather primal and entrenched phobias. "*The political brain operates primarily in a primordial fashion, utilising emotions and symbols*..." The most impactful movements are those that accurately align their stances with profound emotional frameworks, articulate their ideas through symbols, and construct their stances from deeply entrenched convictions.

Individualism against Cooperation: The Contemporary Misguided Discourse on Human Nature

A fundamental inquiry in examining the current moral decline is whether it reflects an inherent selfishness that has been historically repressed by societal pressures, or conversely, whether fundamentally altruistic individuals are being conditioned to endorse punitive policies that contradict their core values. The empirical evidence from the social sciences strongly supports the second theory, presenting a more complex and, ironically, more favourable perspective. Christopher Boehm's anthropological research on prehistoric hunter-gatherer societies indicates that cooperativeness and egalitarianism characterised approximately ninety-five percent of human history. Concurrently, Michael Tomasello's studies reveal that very young children exhibit altruism prior to any cultural conditioning or socialisation, implying that this trait is our inherent predisposition as shaped by natural selection. This evidence is substantiated by behavioural economics research conducted by Ernst Fehr, which indicates that individuals consistently reject inequitable offers, even at a detriment to their own economic interests. The nascent field of social neuroscience, illustrated by Antonio Damasio's research, demonstrates that our inclination to assist others is intrinsically linked to a positive emotional response; empathy is embedded in the brain and activates reward pathways. But this cooperative orientation alone does not elucidate why individuals endorse cruel policies. Arlie Hochschild's research on the psychology of American far-right voters indicates that individuals' values are frequently eclipsed by their endorsement of policies that fundamentally contradict their principles. This occurs because these policies are presented as a "package," a term she employs, alongside other measures that align with their values, leading to dissonance that is ultimately resolved not through moral consistency but through partisan allegiance. George Lakoff illustrates that interpretations allow substandard policies to be articulated in a morally acceptable manner; for instance, "a strong response to criminals" is reframed as "protection of the innocent." The research conducted by Stanley Milgram and Philip Zimbardo in their infamous experiments demonstrates that institutions can compel individuals to participate in harmful systems to which they would typically oppose contributing, all while preserving their moral self-image. Albert Bandura refers to this phenomenon as "moral disengagement," which entails the temporary suspension of one's moral compass through mechanisms such as the de-individualization of others, thereby attributing responsibility to them, moral justification, or the employment of euphemistic language.

Further evidence that social context delineates the manifestation of our capacities is illustrated by cultural variety. Furthermore, societies characterised by greater inequality exhibit increasingly individualised actions that are 'systematically manifest', and natural calamities are generally more inclined to provoke mass cooperation rather than looting, as indicated by Rebecca Solnit's research on community responses to crises. This indicates that humans are "conditionally cooperative": we possess the ability for both solidarity and rivalry, with social circumstances determining which aspect predominates. The recent resurgence of cruelty has not arisen from the liberation of selfishness but rather from structures that systematically promote individualism, political narratives that glorify cruelty as a virtue, social fragmentation that disrupts empathetic connections, and extreme inequality that engenders a sense of scarcity. This interpretation is paradoxically positive, indicating that solidarity is not "dead" but rather temporarily suppressed by certain systems. It means that those attitudes may be altered, as current suggestions for "real utopias" imply, which are both pragmatic and transformational. We opt to assist the wounded, rather than abandon them.

Contemporary experimental evidence suggests that far-right narratives about “natural” human selfishness represent a deeply flawed understanding of our social psychology. Findings from the “Big Robber Game” reveal that the same individuals capable of prosocial behavior in face-to-face interactions can display selfishness when their decisions impact abstract groups, but this does not reflect an inherently antisocial nature, but rather specific structural dynamics: the “fading of compassion” in the face of statistical victims and the different implications of inequality when wealth is extracted from the many versus the few. Complementarily, Fehr and Fischbacher’s research demonstrates that humans possess evolutionarily unique altruistic capacities, including “strong reciprocity” that transcends self-interest, but these capacities are crucially dependent on the institutional context. The most significant finding is that a small minority of selfish individuals can collapse social cooperation, while a minority committed to altruistic punishment can force widespread cooperation. Thus, the far right does not "unmask" a hidden selfish nature, but rather deliberately exploits the structural conditions that favor the expression of antisocial behavior, manipulating cognitive frames (abstract vs. concrete victims) and weakening institutions of social punishment that have historically sustained large-scale human cooperation. The opportunity, then, is to awaken and mobilize solidarity consciences within a society.

For a Reappropriation of Solidarity:

Responses from the Social Sciences In response to this concerning situation, some social scientists have proposed strategies to prevent both moral decay and the rise of authoritarianism. Its proposals focus on reconstructing mediating structures that facilitate authentic human interaction and social cooperation. In *''Bowling Alone''* (2000), Robert Putnam documented the decline of ''social capital'' in American society while simultaneously identifying methods to restore communal connections. Putnam asserts that revitalising community life necessitates the restoration of voluntary associations, communal gathering spaces, and collective rituals that can bolster social networks. Nobel Prize-winning economist Elinor Ostrom has presented an empirical case demonstrating that human societies can establish successful institutions for the management of shared resources, contrary to the predictions of the "tragedy of the commons" hypothesis. The concepts established by Ostrom for collaborative governance serve as scalable frameworks for fostering social solidarity. One of the most refined attempts to reconcile the seeming contradiction between progressive reformism and revolutionary transformation is that of sociologist Erik Olin Wright, whose "*Envisioning Real Utopias*" (2010) offers a well-structured framework for overcoming this dichotomy. Wright's concept of "real utopias" refers to institutions and practices that are feasible within the current capitalist framework while possessing the potential to evolve into more democratic and equitable social organisations. His proposal is grounded in the notion of "symbiotic transformation," which entails reforms that not only enhance the immediate living conditions of marginalised groups but also establish the structural groundwork for more profound transformations. Rather than implementing capitalist reforms that integrate social demands into the existing system of dominance, hence perpetuating unchanged power dynamics, symbiotic changes enhance organisational power and critical awareness within popular movements, effectively addressing specific issues.
Real utopias provide a "prefiguration" of desired social relations in the present, thereby recreating the agency and experiences necessary for more extensive transformation.

Conclusion: The Ethical Imperative of Our Time

Today, the majority of us humanitarian workers, feel that our entire lives have been a complete waste. Our personal endeavours, professional development, economic well-being, and physical integrity have all been sacrificed without any purpose. Today, we observe that society is becoming more cruel, selfish, and indifferent to the suffering of others than ever before, which is in stark contrast to the objectives of our youth, which we believed were shared with the entire society and aimed to marginally improve the lives of individuals in the numerous locations where we have worked. The battle has been mercilessly lost. However, despite the dangers, injuries, and lasting effects of emotional trauma we suffered, we cannot renounce to the conviction that a more just, egalitarian world in which the fundamental human rights of all people are respected is not only possible but urgently necessary,

The ethical breakdown that defines modern societies is a product of particular political, economic, and cultural choices that have facilitated the growth of far-right movements rather than a natural or inevitable occurrence. In spite of forces that constantly threaten to undermine it, civilisation is fundamentally a collective endeavour of mutual care, as the metaphor of the healed femur serves as a reminder.

The theories put forth by modern social scientists all point to a causal link between the rise of political movements that take advantage of these weaknesses to further authoritarian and exclusionist goals, the neoliberal breakdown of social safety nets, and heightened economic and existential insecurity. But by showing that there are workable alternatives, these same studies also give hope. The innovative development of new institutions and practices that address the unique challenges of our historical era is what is needed to rebuild social solidarity, not a sentimental look back at the past. Rebuilding social co-existence based on distributive justice, solidarity, and the understanding that every human being has intrinsic worth is the ethical imperative of our day. This means actively creating alternatives that tackle the systemic issues that support modern authoritarianism in addition to opposing the rise of the far-right.

Human societies have shown time and time again that they are capable of reinventing themselves in the face of existential crises, as historical anthropology teaches us. As Margaret Mead noted, civilisation begins when we choose to care for the wounded rather than leave them to their fate. Our challenge is to mobilise this transformative capacity before ethical collapse becomes irreversible.

References

1. Mead M. (1970). Culture and Commitment: A Study of the Generation Gap. New York: Natural History Press.
2. Levinas E. (1961). Totalité et Infini: Essai sur l'extériorité. The Hague: Martinus Nijhoff.
3. Bourdieu P. (1998). Contre-feux: Propos pour servir à la résistance contre l'invasion néo-libérale. Paris: Liber-Raisons d'agir.
4. Sennett R. (1998). The Corrosion of Character: The Personal Consequences of Work in the New Capitalism. New York: W.W. Norton.
5. Bauman Z. (2000). Liquid Modernity. Cambridge: Polity Press.
6. Polanyi K. (1944). The Great Transformation: The Political and Economic Origins of Our Time. Boston: Beacon Press.
7. Fraser N. (2016). Contradictions of Capital and Care. New Left Review, 100, 99-117.
8. Hochschild, A. R. (2016). Strangers in Their Own Land: Anger and Mourning on the American Right. New York: The New Press.
9. Zuboff S. (2019). The Age of Surveillance Capitalism: The Fight for a Human Future at the New Frontier of Power. New York: Public Affairs.
10. Levitsky S. & Ziblatt, D. (2018). How Democracies Die. New York: Crown Publishing.
11. Stenner K. (2005). The Authoritarian Dynamic. Cambridge: Cambridge University Press.
12. Wright E. O. (2010). Envisioning Real Utopias. London: Verso.
13. Fehr E., & Fischbacher U. (2003). The nature of human altruism. Nature, 425, 785-791.

**The views expressed in this article are those of the author (Silvia Quadrelli) and do not necessarily reflect the official positions of the Executive Board or International Board of Regents of the WABIP.*

Best Image Contest

Best Image Contest 2025 (3 of 3)

Central Airway Diseases

ENDOBRONCHIAL CRYO CLOT EXTRACTION

Credits / Image courtesy of

Dr Preeti Vidyasagar , Dr Hemant Sharma, Dr Rowhit Y , Dr Ankur Gupta

This image is 3 of 3 selected among 100+ submissions to our Best Image Contest held in late 2023. Our next Image Contest will open later this year. We look forward to receiving your image submissions.

WABIP News

WABIP 2025 Webinar: Advancing Bronchoscopy and Interventional Pulmonology

On September 13–14, 2025, WABIP convened a global community for its webinar with 1349 total registrants, 32 chairs and speakers, 29 lectures, and the support of 6 sponsors. The program delivered a focused forum for high-impact knowledge exchange and candid, practice-shaping discussion.

The report that follows distills the most consequential insights and points of convergence—where evidence is strong, where key uncertainties persist, and where collaboration, training, and value-conscious adoption can most immediately improve patient care. It is intended as a practical compass for clinicians and programs navigating rapid progress while staying anchored to outcomes and access.

Day 1 of the WABIP webinar, "From Fiberoptic to Robotic Assisted Bronchoscopy," commenced with an introduction honoring Dr. Shigeto Ikeda, a pioneer in bronchoscopy. The initial sessions focused on advancements in peripheral bronchoscopy, highlighting techniques like airway mapping, radial EBUS, and fluoroscopic lung biopsy. Experts discussed the nuances of driving ultrathin bronchoscopes, the importance of anatomical knowledge, and strategies for navigating challenging peripheral lung nodules, often combining virtual bronchoscopy with real-time imaging and cryobiopsy for improved diagnostic yield. The discussion also covered the critical evaluation of various robotic bronchoscopy systems (ION, Monarch, Galaxy), comparing their navigation technologies, diagnostic performance, and the role of advanced imaging modalities such as augmented fluoroscopy and cone beam CT (CBCT). Strategies for patient selection, workflow integration, and mitigating issues like CT-to-body divergence and atelectasis during procedures were also presented.

Later sessions shifted to the evolution of mediastinal staging and biopsy adequacy. Presenters underscored EBUS-TBNA as the preferred first-line diagnostic tool for mediastinal evaluation over traditional mediastinoscopy, emphasizing its utility in restaging and for obtaining tissue for molecular diagnostics (NGS, PD-L1), which are crucial for personalized lung cancer treatment. The debate on optimizing tissue yield with needles versus cryobiopsy for various biomarkers was also explored. A pathologist's perspective on "adequate" biopsy samples stressed the importance of tissue quality and tumor cellularity over mere quantity, highlighting challenges in assessment and the critical role of multidisciplinary communication. The session concluded with a discussion on when to confidently trust benign biopsy results, outlining categories of diagnostic outcomes and the necessity of prompt re-biopsy for suspicious or atypical findings.

The day culminated in a roundtable discussion addressing the challenge of balancing rapid technological advancements with reasonability and pragmatism in interventional pulmonology. Key themes included the need for robust, randomized controlled studies to provide evidence of real clinical advantages for new technologies, rather than relying solely on enthusiasm or marketing. Panelists, representing diverse global healthcare settings, emphasized the significant economic barriers to adopting expensive new devices and the importance of patient-centered care. The discussion also touched upon the critical need for accessible training in low- and middle-income countries and the ongoing efforts to foster global collaboration and knowledge sharing to ensure equitable access to effective diagnostic and therapeutic bronchoscopic procedures.

Day 2 of the WABIP webinar, “From Rigid to Flexirigid Thoracoscopy”, focused on advancements in thoracoscopy, advanced bronchoscopic interventions, and benign lung disease management, concluding with a roundtable on global access and training. The opening session provided a historical overview of thoracoscopy since Jacobaeus, highlighting its evolution from diagnostic to operative uses, the development of flexi-rigid scopes, and the ongoing need for training and standardization. The "Watch that Space!" session on pleural disease emphasized that thoracic ultrasound should be routinely used for pleural effusions, often outperforming CT in diagnosing malignancy. It was noted that cytology for malignant pleural effusion frequently lacks sufficient material for molecular markers, making direct biopsy crucial for high-risk patients. Thoracoscopy offers the highest diagnostic yield (93%) and best molecular marker sufficiency (95%).

WABIP News

WABIP 2025 Webinar: Advancing Bronchoscopy and Interventional Pulmonology (continued)

For pleural infections, new BTS guidelines introduced a traffic light system for pH to guide treatment, and the TPA+DNase combination was shown to significantly improve drainage and reduce surgery. Indwelling pleural catheters (IPCs) were presented as a first-line option for malignant pleural effusions, offering better symptom control, shorter hospital stays, and lower re-intervention rates compared to talc pleurodesis.

The "Pushing the Envelope" session explored innovations in rigid bronchoscopy and airway stenting. New techniques for rigid bronchoscopy included the Fantoni translaryngeal tracheostomy tube for distal ventilation during complex procedures and the emerging field of robotic rigid bronchoscopy, aiming to improve maneuverability and safety with tactile feedback. For airway stents, the discussion highlighted the development of custom-made and 3D-printed stents for complex anatomies, biodegradable stents, and amniotic tissue-coated stents, all aimed at improving fit and reducing complications. The session also covered the management of malignant pulmonary nodules, comparing sublobar resection (segmentectomy/wedge) with bronchoscopic ablative therapies. Sublobar resection was deemed non-inferior to lobectomy for small, early-stage cancers, while bronchoscopic ablation, guided by intraoperative imaging like cone CT and navigational bronchoscopy, offers a less invasive option for high-risk patients. In the "Bronchoscopy for Benign Lung Disease" session, advancements in COPD treatment included polymer sealants to address incomplete fissures for endobronchial valve placement, thermal vapor/liquid ablation for segmental volume reduction, and novel airway scaffolds to prevent small airway collapse. For interstitial lung disease (ILD), cryobiopsy was presented as a robust alternative to surgical lung biopsy, offering larger, higher-quality samples with lower morbidity, especially when guided by real-time imaging and complemented by molecular tests like the Invisia Genomic Classifier for UIP. Lastly, bronchial thermoplasty (BT) for severe refractory asthma was discussed, with long-term studies demonstrating its sustained efficacy in reducing exacerbations and improving quality of life, proving non-inferior to biologics, despite its current unavailability due to reimbursement issues.

The webinar concluded with a roundtable panel discussion on overcoming costs and access to technology, training, and expertise in interventional pulmonology (IP). WABIP's Interventional Pulmonology Institute (IPI) was presented as a model program, offering free training and financial support to fellows from developing countries, with the aim of establishing IP programs globally. Panelists from Morocco, Russia, Serbia, and Portugal shared local challenges, such as limited access to advanced technology due to cost and sanctions, the need for structured training and mentorship, and the importance of advocating for IP as a public health priority. Key solutions proposed included a stepwise approach to technology adoption (prioritizing high-impact, cost-effective tools like EBUS and pleuroscopy over more expensive robotics), developing hybrid training models combining online education with simulation and supervised clinical practice, fostering international partnerships for scholarships and telemedicine, and ensuring sustained on-site support for new IP units to maintain competency. The need for standardized terminology and protocols in bronchoscopy to improve consistency and facilitate research was also emphasized.

In conclusion, this 2-day WABIP webinar underscored that the future of interventional pulmonology lies not just in adopting advanced technologies, but in judiciously integrating them based on robust evidence, cost-effectiveness, and patient-specific needs. From optimizing diagnostic yields in peripheral and mediastinal disease to refining therapeutic interventions for complex airway and pleural conditions, the discussions consistently highlighted the imperative of translating innovation into tangible improvements in patient outcomes.

Ultimately, the event served as a powerful reminder of the shared global mission: to expand access to high-quality interventional pulmonology care. Through initiatives like the IPI and continued international collaboration, the WABIP community is actively addressing the disparities in technology, training, and expertise, fostering a future where cutting-edge bronchoscopy is both effective and equitably accessible worldwide. Visit https://www.WABIP.com/webinar for agenda and Youtube on-demand playback!

Research

Robotic Assisted Bronchoscopy: The Gold Standard for Pulmonary Nodule Sampling

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Advanced diagnostic bronchoscopy technology, such as robotic-assisted bronchoscopy (RAB), has been transformational, in addition to navigational bronchoscopy, in diagnosing pulmonary nodules. However, there have only been small-scale trials which suggested the potential to evaluate the safety, success, and diagnostic yield of RAB technology. The TARGET trial, the largest of its kind, offers robust prospective multicenter data demonstrating that RAB is safe and effective (1).

Several editorials and expert reviews have reflected on the TARGET trial's findings. In 2024 a Journal of Respiration review acknowledged TARGET as a pivotal study confirming the safety and utility of RAB in broad clinical settings, while also emphasizing the need for further direct comparisons with CT-guided and traditional navigational approaches (2).

A European Respiratory Society (ERS) editorial praised the real-world robustness of TARGET, highlighting high lesion access rates and safety (3). Many other preceding reviews, including those in CHEST and Journal of Thoracic Disease, anticipated RAB's benefits, including superior distal access and improved lesion localization, especially in comparison with ENB and standard bronchoscopy methods.

Conducted across 21 sites, the TARGET study involved 679 patients with lung lesions ranging from 8 to 50 mm, with the primary aim to assess the safety of RAB (pneumothorax requiring intervention, bleeding requiring intervention, or respiratory failure). The secondary aim was to assess outcomes, including all pneumothoraces, radial probe endobronchial ultrasound confirmation, procedure duration, unrelated complications, diagnostic yield, and infections. The median lesion size was 21 mm, with most lesions being solid and located in the outer third of the lungs. Notably, 37% of lesions were abutting the pleural surface.

The primary safety endpoint occurred in 3.8% of patients. Pneumothorax requiring intervention occurred in 2.8%, bleeding requiring intervention in 1%, and no instances of respiratory failure. This reflects a low complication rate, especially compared to CT-guided biopsies, which have variable published pneumothorax rates from 15-49% (requiring interventions from 5-15%). RAB was able to reach the lesion in 98.7% of cases, and radial probe endobronchial ultrasound (R-EBUS) confirmed the lesion in 91.7%. The diagnostic yield varied depending on the criteria. Using the ATS/CHEST strict definition, 61.6% and the investigator reported yield 83.2%, with a 78.8% sensitivity for malignancy. 64.1% of diagnosed lesions were malignant. The majority being non-small cell lung cancer. There was a higher diagnostic yield for lesions > 20 mm (68.8%), visible bronchus sign (66.7%), solid vs. subsolid (63.0% vs. 51.6%), and patients who had COPD. Interestingly, the use of cone-beam CT did not significantly improve diagnostic yield.

The low complication rates, high localization success, and diagnostic yield provide strong evidence and support for the use of RAB as the first-line diagnostic tool for evaluating PPLs.

References

1. Murgu S et al. Chest. 2025 Apr 27.
2. Bhandari BS et al. Journal of Respiration. 2024 May 30;4(2):128-39.
3. Guiance IR et al. Breathe. 2025 Jul 15;21(3).

WABIP ACADEMY- WEBCASTS

The WABIP has started a new education project recently: *THE WABIP ACADEMY.* The WABIP Academy will provide free online webcasts with new and hot topics that will interest pulmonologists and interventionalists.

Current webcast topic: **Tissue acquisition for biomarker directed therapy of NSCLC**

You can reach these webcasts by using this link: http://www.wabipacademy.com/webcast/

Links

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