

The author reported no conflicts of interest.

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a better understanding of the optimal minimally invasive surgical approach will emerge in the future. A recent study published using more contemporary data, for instance, indicates that once a hospital performs 25 or more pulmonary resections, the cost of the RAS and VATS is equivalent.⁶ Until better understanding of the superiority of one technique over the other, the VATS and RAS should be viewed as complementary, and not competing, approaches and the decision for the operative approach should be guided by practice patterns, institutional resources, and individual surgeon experience.

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additional clarification, our fundamental assessment remains the same: RATS anatomic resections are safe but expensive and lack proven benefits.

Plainly, N1 node retrieval is surgeon-dependent, and increased node retrieval without a change in upstaging leaves the clinical relevance of this finding unclear. This adds to the uncertainty of justifying an expensive procedure.

While we agree that ground-glass opacity lesions can be difficult to palpate in video-assisted thoracic surgery, we contend that those with at least a partially solid component are more readily palpable by this approach than by RATS. In addition, surgery for pure ground-glass opacities can be avoided or delayed indefinitely with careful surveillance.² The authors’ selective use of preoperative hook-wire localization also introduces other potential complications such as inaccurate identification or displacement.

Drs Zhang and Li clarified that the operative times used in their study were calculated from skin to skin. While dedicated skilled assistants can minimize this time, this expertise and its requisite training/volume may not be feasible at many hospitals. At an upfront investment of up to \$2.5 million with additional annual and per-procedure expense,³ the cost might be prohibitive for an already-burdened health care system, especially for a platform without a clear clinical advantage.

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**REPLY FROM
 AUTHORS: ROBOTIC
 SEGMENTECTOMY:
 BENEFIT?**



Reply to the Editor:

We thank Drs Zhang and Li¹ for their response in this discussion about the role of robot-assisted thoracic surgery (RATS) for sublobar anatomic lung resections. Despite the

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