The author reported no conflicts of interest.

The *Journal* policy requires editors and reviewers to disclose conflicts of interest and to decline handling or reviewing manuscripts for which they may have a conflict of interest. The editors and reviewers of this article have no conflicts of interest.

The authors reported no conflicts of interest.

The *Journal* policy requires editors and reviewers to disclose conflicts of interest and to decline handling or reviewing manuscripts for which they may have a conflict of interest. The editors and reviewers of this article have no conflicts of interest.

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.

Samuel Kim, MD
Division of Thoracic Surgery
Department of Surgery
Feinberg School of Medicine
Northwestern University
Chicago, Ill

References

1. Louie BE, Wilson JL, Kim S, Cerfolio RJ, Park BJ, Farivar AS, et al. Comparison of video-assisted thoracoscopic surgery and robotic approaches for clinical stage I and stage II non-small cell lung cancer using the Society of Thoracic Surgeons database. *Ann Thorac Surg*. 2016;102:917-924.8.
2. Bao F, Zhang C, Yang Y, He Z, Wang L, Hu J. Comparison of robotic and video assisted thoracic surgery for lung cancer: a propensity-matched analysis. *J Thorac Dis*. 2016;8:1798-803.
3. Zhang Y, Zhang J, Li H. Robotic segmentectomy: we are still on the way. *J Thorac Cardiovasc Surg*. 2020;160:e87-8.
4. Lotan Y, Cadeddu JA, Gettman MA. The new economics of radical prostatectomy: cost comparison of open, laparoscopic and robot assisted techniques. *J Urol*. 2004; 172:1431-5.
5. Kockerling F. Robotic vs. standard laparoscopic technique—what is better? *Front Surg*. 2014;1:15.
6. Nguyen DM, Sarkaria IS, Song C, Reddy RM, Villamizar N, Herrera LJ, et al. Clinical and economic comparative effectiveness of robotic-assisted, video-assisted thoracoscopic and open lobectomy. *J Thorac Dis*. 2020;12:296-306.

<https://doi.org/10.1016/j.jtcvs.2020.04.080>

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.

Kimberly J. Song, MD
Raja M. Flores, MD
Department of Thoracic Surgery
Icahn School of Medicine at Mount Sinai
New York, NY

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

References

1. Zhang Y, Zhang J, Li H. Robotic segmentectomy: we are still on the way. *J Thorac Cardiovasc Surg*. 2020;160:e87-8.
2. Yankelevitz DF, Yip R, Smith JP, Liang M, Liu Y, Xu DM, et al. CT screening for lung cancer: nonsolid nodules in baseline and annual repeat rounds. *Radiology*. 2015;277:555-64.
3. Perez RE, Schwaitzberg SD. Robotic surgery: finding value in 2019 and beyond. *Ann Laparosc Endosc Surg*. 2019;4:51.

<https://doi.org/10.1016/j.jtcvs.2020.04.091>