The authors reported no conflicts of interest.

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FIGURE 1. The chairman's coat upon its hanger in the thoracic operating room.

of true conversion rates, lack of difference in nodal or tumor-node-metastasis upstaging, and missing information regarding patient comorbidities, cost, and operative time.⁴

Mediastinal lymph node dissection does not improve survival over lymph node sampling for early-stage non-small cell lung cancer.⁵ We maintain that nodal yields are not a function of the instruments, but of each oncologic surgeon's effort, and we continue to look for an effective application of this technology for lung resections at our institution (Figure 1).

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REPLY: THE CONTINUED DEBATE ON ROBOTIC SEGMENTECTOMY— AGREE TO DISAGREE

Reply to the Editor:

We deeply appreciate the letter from Servais¹ and the previous commentary from Song and Flores,² which provide us with contrasting perspectives on the comparison between robot-assisted thoracic surgery (RATS) and video-assisted thoracic surgery. Confirmation bias may be inevitable, yet the open-ended debate can lead us to an in-depth reflection of existing evidence.

When it comes to new technology, the cost of time and money has always been a primary consideration. The vague statement of operative time in our original article³ was questioned in the commentary from Song and Flores² and was later clarified in our reply.⁴ Indeed, the exclusion of positioning and docking time might cause bias in the analysis. Servais,¹ however, noticed that the updated robotic system had shortened the preparation time. In contrast, the hospital cost of RATS surgery varies from regions and time periods.^{3,5,6} Different conclusions can be drawn due to distinct settings, but the unified aim of iterated robotic system should be an improved accessibility regarding both time and monetary cost.

Another debate has zoomed in on the substantial clinical advantages of RATS. In agreement with Servais,¹ we regard Song and Flores' assertion of "does not improve clinical care"² as condemnation. As their commentary has mentioned, nodal upstaging serves as a more relevant factor to adjuvant treatment strategy, but the significance of improved lymphadenectomy facilitated by RATS should never be neglected, especially for an accurate nodal staging. The extent of lymph node resection has been widely

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discussed in the field of esophageal surgery.⁷⁻⁹ Its influence on long-term survival is also of great interest in lung cancer surgery.

It is our great honor to publish such a thought-provoking, propensity score-matched study comparing RATS with video-assisted thoracic surgery segmentectomy³ in the *Journal*, an active platform for academic conversations. Open-mindedness is called not only for confirmation bias, but more substantially for the new technology itself. Let's agree to disagree and base our arguments on further convincing studies.

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