Letter to the Editor

Robotic-assisted thoracoscopic surgery: cost and lymph node dissection

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We appreciate the thoughtful and constructive comments by Dr. Turner and Dr. Molena (1). All of your comments were valuable and helpful in improving our paper. We have studied your comments carefully and have made the suggested corrections, which we hope will meet with your approval. Our responses to your comments are below.

(I) The use of carbon dioxide insufflation allows for more working room, better visualization, and improved mediastinal stability, and this technique is routinely performed in our center;

(II) Currently in China, robotic-assisted thoracoscopic surgery (RATS) is significantly more costly than video-assisted thoracoscopic surgery (VATS), but as robot technology becomes more popular, the costs are likely to gradually decrease;

(III) Louie *et al.* described the dissection of many N1-level lymph nodes (LNs) using RATS, and this report gave surgeons greater confidence to dissect N1-LNs adjacent to the pulmonary artery (2). Cerfolio *et al.* and Veronesi *et al.* showed that dissections of LNs using RATS were comparable to thoracotomies (3,4). We found that RATS has the advantage to perform the LN dissection at any angle of the visual field on account of the flexible arms of the robotic system;

(IV) The approach described by Dr. Turner and Dr. Molena is also excellent and appropriate for most patients. Thank you for your suggestions.

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Footnote

Conflicts of Interest: The authors have no conflicts of interest to declare.

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