Reply to Baisi et al.

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We would like to thank Dr Baisi et al. [1] for their insightful comments on our paper, specifically regarding the discrepancy in cancer-specific survival between matched patients who underwent lung cancer resection via VATS lobectomy vs open lobectomy [2]. Although no statistical difference could be detected in cancer-specific survival, the survival curves seem to show a slight divergence in favour of open lobectomy. This apparent divergence can be explained by two potential theories. The first is that it is due to chance. One will always wonder whether a significant difference may have been detected if a larger population sample was available, and whether a study with enough power can be actually achieved. The second theory is that better cancer-specific survival can be attributed to better lymph node dissection in the open group. Although we did not find a difference in the number of lymph nodes harvested between the two groups, larger database studies have clearly demonstrated that the rates of N1 lymph node harvest in VATS lobectomy is inferior to open lobectomy [3]. Speculation remains around whether better lymph node harvesting translates into better survival. We agree with Dr Baisi et al. [1] in restricting our conclusions to early-stage lung cancer. Although other groups have demonstrated the feasibility of VATS resection for large or locally advanced tumours [4], our data include only Stage I and II patients, with a predominance of Stage I disease. We are grateful to Dr Baisi et al. [1] for their kind and insightful comments, and we thank them for taking the time to remark on our work.

REFERENCES