**Reflection on Transoral Robotic Surgery vs Transoral Laser Microsurgery in HPV-Positive Oropharyngeal Squamous Cell Carcinoma—Reply**

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**In Reply** We thank Ganesh et al for commending our recent study.[1](https://jamanetwork.com/journals/jamaotolaryngology/fullarticle/2829682#olr240021r1) The main driver to us performing the analysis now and using only the functional data on the immediate postoperative 4 weeks was that we are aware of the ever-shifting landscape from transoral laser microsurgery (TLM) to transoral robotic surgery (TORS) as more head and neck units develop their TORS programs. This PATHOS substudy included 38% of procedures performed with TLM. In the ECOG 3311 trial, only 8.3% of 495 transoral procedures used TLM.[2](https://jamanetwork.com/journals/jamaotolaryngology/fullarticle/2829682#olr240021r2) Soon there will be very few practicing TLM surgeons, and the questions posed by our study[1](https://jamanetwork.com/journals/jamaotolaryngology/fullarticle/2829682#olr240021r1) may then be less applicable to our audience.

TLM and the philosophy of transtumoral resections may offer a functional benefit vs en bloc TORS resections, as our findings implied, but there are many elements to consider in this discussion. Ganesh et al are correct: the longer-term functional outcomes will be very important. PATHOS has now completed recruitment and will report on the primary outcome oncological results after a 3-year follow-up period.[3](https://jamanetwork.com/journals/jamaotolaryngology/fullarticle/2829682#olr240021r3) Longer-term functional results will be presented, but the surgical discussions on the merits of TLM and TORS are likely to be directed by margin status and adjuvant therapy received for the 2 groups. The 4-week functional data compare the 2 techniques directly for the immediate postoperative period before adjuvant commences. The longer-term PATHOS detailed data may facilitate a full economic evaluation of the 2 techniques.

We have witnessed the evolution of the currently available robotic instruments and would argue that the economics of a growing market for robotic platforms have driven this evolution. There has been little consideration for the requirements for transoral head and neck surgery. We hope our work encourages transoral surgeons to develop relationships with manufacturers and design optimal transoral robotic platforms in the future.

Article Information

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