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centers provides very few long-term data to analyze. Continuing to optimize and reassign volume thresholds only distracts from the real issue at hand—identifying low-volume centers that would benefit from practice improvement.

Smaller community hospitals play a vital role in delivering operative care to some of the most marginalized subsets of the population. Similar to the NSQIP, outcomes metrics are intended to incentivize improvement. The way forward is for referral centers to identify key processes that result in better outcomes and share this knowledge with rural and community-based hospitals. Official partnerships between these institutions could expedite change and improve access to quality care for all patients. We hope these and similar studies reignite the conversation.

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## Delay and Differential Diagnosis and Screening for Symptoms of COVID-19



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The letter “Beware of Time Delay and Differential Diagnosis when Screening for Symptoms of COVID-19 in Surgical Cancer Patients” by Ghannam and Souadka<sup>1</sup> is very interesting. The authors conclude that “in low-risk COVID-19 urgent surgical procedures with an initial

negative symptom screen, we recommend carrying out a new symptom screening before each patient movement.” I agree with this suggestion. The patient might be asymptomatic and undergo an operation. The risk of disease transmission to medical personnel is possible. In Indochina, the case report of disease occurrence after operation is a good example.<sup>2</sup> Therefore, there is no doubt that preoperative screening is useful in the current COVID-2019 pandemic. However, the important consideration is what the good screening is. Symptomatic screening seems to be a poor screening tool because many patients can have no symptoms and transmit disease to medical personnel. The routine polymerase chain reaction test might be necessary. Finally, the cost-effectiveness analysis of the screening test implementation is an interesting issue for additional study. The high cost of the polymerase chain reaction test might limit the use in some poor, developing countries. The most important consideration is the universal precautions practice for any patient undergoing an operation regardless of screening result.

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## An Additional Description of Laparoscopic Anatomic Liver Resection of Segment 8 Using Intrahepatic Glissonean Approach In Reply to Turco and colleagues



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We appreciate the informative comments by Turco and colleagues<sup>1</sup> on our article, “Laparoscopic Anatomic Liver Resection of Segment 8 Using Intrahepatic Glissonean Approach.”<sup>2</sup> We have great interest in their comments and technique.

They discussed 2 points in our reported approach. First, they mentioned that the cranial approach, in which liver parenchymal dissection along the major hepatic