LETTER TO EDITOR

A specific scoring system able to predict the efficacy of the therapy for bladder cancer: why not?

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Dear Editor,

I would like to congratulate Soria et al. [1] on their recent review focused on the role of urine-, tissue- and blood-based markers in diagnosing bladder cancer (BC). The authors analyzed the standard and novel markers demonstrating that there is little and often poor evidence to justify the use of a single specific marker in clinical practice.

As underlined by the above authors and reported in some other studies, the use of a comprehensive pathway of different tests may be more useful in clinical care rather than a single marker: a combination of the analysis of different markers could improve the general sensitivity and specificity of BC diagnosis, through the evaluation of the different functional targets of each analyzed parameter [2].

This strategy may be extremely useful not only in finding BC at early stage, but also (and above all) in monitoring the response to local/systemic therapies.

The definition of a specific pathway of biochemical markers which are highly efficacious in the early identification of patients as 'non-responders' to the treatment may be crucial to make them candidate to a more radical therapy earlier, such as radical cystectomy, thereby reducing the risk of a localized progression and/or a distant metastasizing.

Moreover, the accuracy of a similar multiple test could be increased by adding other parameters well known to be predictors of response/non-response to the therapy: for example, in our experience in patients affected by non-muscle invasive BC, treated with bladder instillation of BCG, we demonstrated, in a large cohort, that there are some factors which do not influence the efficacy of the treatment such as age [3], while others, such as hypertension [4], are significantly correlated to a poor response to immunotherapy.

Multicenter studies focused on this topic could define the specific single "weight" of each parameter more successfully, thus allowing the creation of a specific scoring system able to predict the efficacy of the therapy better and consequently 'tailoring' the best radical intervention on the best patient.

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Compliance with ethical standards

Conflict of interest The author declares that he has no conflict of interest.

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