



Letter to the Editor

Re: Tom J.H. Arends, Ofer Nativ, Massimo Maffezzini, et al. Results of a Randomised Controlled Trial Comparing Intravesical Chemohyperthermia with Mitomycin C Versus Bacillus Calmette-Guérin for Adjuvant Treatment of Patients with Intermediate- and High-risk Non-Muscle-invasive Bladder Cancer. *Eur Urol* 2016;69:1046–52

We read with great interest the paper by Arends et al. [1] presenting the first randomized controlled trial comparing intravesical bacillus Calmette-Guérin (BCG) instillations with intravesical chemohyperthermia (CHT) among patients with intermediate- and high-risk non-muscle-invasive bladder cancer (NMIBC). The authors reported a higher 24-mo recurrence-free survival with CHT therapy compared with BCG therapy. This paper raises an important concern of ideal adjuvant intravesical treatment after endoscopic resection of bladder tumor. However, certain aspects of this research paper need further clarification.

Intermediate- and high-risk tumors form a separate category in the treatment algorithm of NMIBC and grouping them together to study the recurrence-free survival introduced a bias in the study. The rate of recurrence varies from 45% in intermediate-risk group to 54% in the high-risk group, with the relative risks of recurrence in the low-risk versus intermediate-risk and high-risk groups being 1.37 and 1.87, respectively [2]. Therefore, we would like to know if the authors had performed the subgroup analysis for intermediate- and high-risk category to compare the CHT therapy with BCG therapy separately.

As per the recent European Association of Urology guidelines, intravesical full-dose BCG instillation for 1–3 yr is the recommended treatment for high-risk NMIBC, while both intravesical BCG therapy and chemotherapy can be offered to the patients with intermediate risk [3]. We would like to raise an ethical concern regarding the inferior treatment (intravesical chemotherapy) being offered to the patients with high-risk disease included in this study.

Despite the shortcomings already mentioned in the study and a letter to the editor by Poletajew et al. [4], we would like to congratulate the authors for highlighting the role of upcoming CHT therapy in NMIBC intermediate- and high-risk tumors.

Conflicts of interest: The authors have nothing to disclose.

References

- [1] Arends TJ, Nativ O, Maffezzini M, et al. Results of a randomised controlled trial comparing intravesical chemohyperthermia with mitomycin C versus bacillus Calmette-Guérin for adjuvant treatment of patients with intermediate- and high-risk non-muscle-invasive bladder cancer. *Eur Urol* 2016;69:1046–52.
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- [3] Babjuk M, Böhle A, Burger M, et al. EAU guidelines on non-muscle-invasive urothelial carcinoma of the bladder: update 2016. *Eur Urol* 2017;71:447–61.
- [4] Poletajew S, Radziszewski P, Palou J. Re: Tom J.H. Arends, Ofer Nativ, Massimo Maffezzini, et al. Results of a randomised controlled trial comparing intravesical chemohyperthermia with mitomycin C versus bacillus Calmette-Guérin for adjuvant treatment of patients with intermediate- and high-risk non-muscle-invasive bladder cancer. *Eur Urol* 2016;69:1046–52, *Eur Urol* 2017;71: e29–30.

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August 31, 2018

