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European Association of Urology



## Letter to the Editor

**Reply to Harshit Garg, Brusabhanu Nayak and Prabhjot Singh's 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-Guerin for Adjuvant Treatment of Patients with Intermediate- and High-risk Non-Muscle-invasive Bladder Cancer. Eur Urol 2016;69:1046–52**

We would like to thank Harshit Gard et al. for their response to the above mentioned manuscript. The authors state correctly that intermediate- and high-risk tumors form a separate category in the treatment of NMIBC. We do agree on this statement, however, no subgroup analyses were performed in this study due to the fact that the numbers were too small to draw any further conclusions. Furthermore this was not the primary objective of the study.

Regarding the BCG treatment schedules in this trial, we do recognize that the recent European Association of Urology guidelines recommends intravesical full-dose BCG instillation for 1–3 yr for high-risk NMIBC, while both intravesical BCG therapy and chemotherapy can be offered to the patients with intermediate risk [1]. Nonetheless, during the conduct of this study, there was no consensus regarding the optimal BCG treatment schedule, nor clear advice in the European guidelines. Despite several series, the optimal BCG maintenance schedule, in our opinion, is

still unknown. High-risk NMIBC disease currently requires at least 1 yr of full-dose maintenance BCG; 3 yr maintenance, as well as adjustment of the dose, might be considered. When this trial started no such statement was available and therefore ethics committee approval was easily obtained at all participating hospitals. As one would expect, the study was conducted in accordance with good clinical practices, with the Declaration of Helsinki (version 1996), and with local laws and regulations [2,3].

## References

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