



AUTHOR REPLY

The authors are grateful for the review.

The insightful point raised about “seeing” tumors by any method not necessarily meaning they are verifiably removed, describes, simply yet succinctly, the conundrum faced by urologists in the use of narrowband imaging (NBI) for transurethral resection of bladder tumors.

This study was designed to assess NBI not only as a surgical tool but also as a technique of resection. The primary outcome of our study was to assess NBI as a surgical tool, where NBI yet again proved itself effective in detecting tumors which were missed by white light.

The secondary outcome, however, was derived due to the design of the study. It revealed that although NBI was better than white light in detecting tumors, it had its handicaps as a technique for surgical resection, especially in larger or multiple (high-risk) tumors. This finding echoes the finding of the largest NBI-related randomized controlled trial¹ where NBI showed a decrease in the recurrence of low-risk non-muscle-invasive bladder cancer only. It is likely that the surgeons in this trial also found it challenging to resect high-risk tumors completely under NBI, thus leading to higher rates of recurrences in these patients.

This study helps us to identify the right niche for NBI in the algorithm of bladder cancer therapy. We may, therefore, recommend that, in high-risk bladder tumors, NBI be used to detect residual tumors after initial resection under white light.

We agree that this study would be more comprehensive with additional information about the recurrence rates. We are in the process of collating it.

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Reference

1. Naito S, Algaba F, Babjuk M, et al. The Clinical Research Office of the Endourological Society (CROES) multicentre randomised trial of narrow band imaging-assisted transurethral resection of bladder tumour (TURBT) versus conventional white light imaging-assisted TURBT in primary non-muscle-invasive bladder cancer patients: trial protocol and 1-year results. *Eur Urol.* 2016;70:506–515.

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