



Re: Side Effects of Bacillus Calmette–Guerin (BCG) in the Treatment of Intermediate– and High–Risk Ta, T1 Papillary Carcinoma of the Bladder: Results of the EORTC Genito–Urinary Cancers Group Randomised Phase 3 Study Comparing One–Third Dose with Full Dose and 1 Year with 3 Years of Maintenance BCG

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EurUrol 2014;65: 69–76.

EDITORIAL COMMENT

Since the first report on the use of intravesical BCG in 1976 the optimal dose and duration of treatment is controversial. The main concern on defining the optimal BCG dose is to have fewer side effects while keeping anti-tumor efficacy. Efficacy of 1/3 dose (1/3D) vs. full dose (FD) BCG was previously reported to be equal in the EORTC trial 30962 (1). The present study is addressing intravesical BCG side effects in this EORTC trial 30962. Aim of the present randomized prospective study was to determine whether reducing the dose or treatment duration was associated with fewer side effects. Four arms of the study consisted of 1/3D-1 year (n=341), FD-1 year (n=339), 1/3D-3 year (n=337) and FD- 3 year (n=338). Regarding intravesical BCG toxicity, neither reducing the dose (1/3D vs. FD) nor the treatment duration (1 year vs. 3 years) was significantly different from each other. NMIBC management with 1/3D of BCG was one of the recommendations because of current BCG supplement limitations (2,3). It may be a reasonable option in this conjuncture but one should remember both 1/3D and FD have similar side effects and there is no advantage of using low dose BCG.

SUGGESTED READING

1. Oddens J, Brausi M, Sylvester R, Bono A, van de Beek C, van Andel G, Gontero P, Hoeltl W, Türkeri L, Marreaud S, Collette S, Oosterlinck W. Final results of an EORTC-GU cancers group randomized study of maintenance bacillus Calmette-Guérin in intermediate- and high-risk Ta, T1 papillary carcinoma of the urinary bladder: one-third dose versus full dose and 1 year versus 3 years of maintenance. *Eur Urol* 2013;63:462–472.
2. Kassouf W. Approach for Consideration to Address Shortage of Bacillus Calmette-Guérin (BCG). 2014. https://bladdercancerCanada.org/images/uploads/pdf/Approach_to_Address_BCG_Shortage__Sept_11,_2014_.pdf. Accessed 30.01.2015.
3. Mostafid AH, Palou Redorta J, Sylvester R, Witjes JA. Therapeutic Options in High-risk Non-muscle-invasive Bladder Cancer During the Current Worldwide Shortage of Bacille Calmette-Guerin. *Eur Urol* 2014;pii: S0302-2838:01214-7.

Tayyar Alp Özkan MD



Re: Dissecting the association between metabolic syndrome and prostate cancer risk: analysis of a large clinical cohort.

Bhindi B, Locke J, Alibhai SM, Kulkarni GS, Margel DS, Hamilton RJ, Finelli A, Trachtenberg J, Zlotta AR, Toi A, Hersey KM, Evans A, van der Kwast TH, Fleshner NE.

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EDITORIAL COMMENT

Metabolic syndrome (MetS) results from dietary caloric excess and a sedentary lifestyle and requires presence of any three of the five metabolic risk factors which are in short obesity, elevated serum triglycerides, reduced serum high-density lipoprotein-cholesterol, elevated blood pressure and elevated fasting glucose. The association between MetS and prostate cancer (PCa) has been an area of research in recent years. Possible mechanisms that are implicated for this association are perturbations in cellular signaling systems, and derangements in circulating levels of biologic mediators and hormones. Bhindi and coworkers from Canada