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Letter

Comments on article by C. Sternberg: *Eur J Cancer* 2002, **38**, 460–467

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The article '*Current perspectives in muscle invasive bladder cancer*' [1] gives an interesting overview of some of the chemotherapy literature. I was, however, a little disappointed to find that it was limited to the role of chemotherapy in this disease where in fact radical surgery and radical radiotherapy are the two main treatment modalities used in its management. To date, as evidenced by the article, chemotherapy has had little or no impact upon the outcome of muscle invasive bladder cancer.

The use of combined concomitant chemotherapy with radiotherapy was dismissed in a short table representing a selective group of studies with no mention of the one randomised phase III trial of combined chemoradiation in the literature which in fact showed an advantage for chemoradiation [2]. Furthermore, this topic was included under the title '*Neo-adjuvant chemotherapy*' which is fundamentally different in both concept and execution from concomitant chemoradiation.

The substantial developments in radical external beam radiotherapy in recent years were also not explored. These are now being translated into the management of muscle invasive bladder cancer, and include the use of conformal planning techniques which, together with improved imaging for localisation, enables dose escalation without an increased dose to normal tissues. This together with concomitant chemoradiation is being tested in the BC2001 phase III trial that is currently underway [3]. In addition, the use of radiosensitisers was not remarked upon. Whilst the historical data relating to hyperbaric oxygen and electron affinic radiosensitisers such as misonidazole is indeed disappointing, we have in recent years shown that incorporation of carbogen breathing and oral nicotinamide as a means of overcoming chronic diffusion related and acute perfusion related hypoxia, respectively, may result in a significant improvement in local control and survival from this disease [4]. An update of our completed phase II trial incorporating 107 consecutive patients confirms an overall local response rate of 81% and overall survival of 76% [5]. No excess acute or late morbidity has been demonstrated and this is currently being formally tested in the BCON randomised phase III multicentre trial in the United Kingdom supported by the Cancer Research UK.

There is, therefore, considerable reason to be optimistic about improvements in outcome for muscle invasive bladder cancer with developments in chemoradiation, technical advances in the delivery of high-dose radiation and continued evaluation of radiosensitisers, not forgetting the important role of cystectomy for selected patients where this is indicated.

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