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EDITORIAL COMMENT

In this study the 2 cytostatics, epirubicin and doxorubicin of the anthracycline family, were given intravesically after complete resection of stage Ta/T1 bladder carcinoma to prolong time to first recurrence and decrease the recurrence rate per 100 patient months (recurrence rate per year would have been more understandable) compared to transurethral resection alone. It is concluded that epirubicin has better efficacy than doxorubicin. This finding is surprising and I do not believe that the results justify the conclusion. In earlier studies in which cytostatics with proved therapeutic activity given intravesically were prospectively compared, none was superior (reference 25 in article).¹⁻⁴ For adjuvant chemotherapy doses of 50 and 80 mg. epirubicin, and 50 mg. doxorubicin were used. Although the pooled epirubicin results for time to first recurrence were superior to those of 50 mg. doxorubicin, 50 mg. epirubicin were not significantly better than 50 mg. doxorubicin ($p = 0.159$). Whereas for the end point of time to first recurrence no significant difference among the 3 chemotherapy arms was found, 80 mg. epirubicin significantly decreased the recurrence rate per 100 patient months compared to 50 mg. epirubicin. Thus, the superior results of the pooled epirubicin group are at least mainly due to the higher dose of epirubicin used in 1 arm. The 95% confidence interval for time to first recurrence is great in all treatment arms (15.0 to 37.4, 9.5 to 28.9, 24.6 to 50.1 and 52.3 to 77.3 in arms 1 to 4, respectively), although adjuvant treated patients undoubtedly do better than those treated with resection alone. The same observation holds true for recurrence rate per 100 patient months. No significant difference was found among the 4 treatment arms for progression to T2 disease or greater in this population of patients with an intermediate to high risk for progression. This finding confirms a recent combined analysis of patients treated by the European Organization for Research and Treatment of Cancer, Genitourinary Tract Cancer Cooperation Group and the Medical Research Council of the United Kingdom, showing no advantage of adjuvant chemotherapy over resection alone for preventing progression to T2 disease or greater.⁵ It seems that neither adjuvant chemotherapy nor immunotherapy, compared to chemotherapy, can prevent progression to muscle invasive disease.^{6,7} As even with the higher dose of epirubicin, significantly fewer cases and a significantly lower occurrence of local and systemic side effects were observed than after doxorubicin. Epirubicin may have advantages over doxorubicin. Although the finding of contracted bladder after adjuvant chemotherapy has been previously reported, 2.1% of patients (4 of 192) seems high and one wonders whether it can be explained by the high percent (38.5% or 74 of 192) of bladder tumors associated with bilharziasis.

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