



Chronic kidney disease stages, intravesical therapy regimens, and regular cystoscopic follow-up may also impact the survival of urinary tract urothelial carcinoma patients

Hung-Keng Li^{1,2}, Shiu-Dong Chung^{1,3,4}

¹Division of Urology, Department of Surgery, Far Eastern Memorial Hospital, New Taipei City; ²Department of Life Science, College of Science, National Taiwan Normal University, Taipei City; ³Department of Nursing, College of Healthcare & Management, Asia Eastern University of Science and Technology, New Taipei City; ⁴General Education Center, Asia Eastern University of Science and Technology, New Taipei City

Correspondence to: Shiu-Dong Chung. Division of Urology, Department of Surgery, Far Eastern Memorial Hospital, No. 21, Sec. 2, Nanya S. Rd., Banciao Dist., New Taipei City. Email: chungshuidong@gmail.com.

Comment on: Zeng S, Ying Y, Yu X, *et al.* Impact of previous, simultaneous or intravesical recurrence bladder cancer on prognosis of upper tract urothelial carcinoma after nephroureterectomy: a large population-based study. *Transl Androl Urol* 2021;10:4365-75.

Submitted Jan 10, 2022. Accepted for publication Feb 27, 2022.

doi: 10.21037/tau-22-20

View this article at: <https://dx.doi.org/10.21037/tau-22-20>

We read with interest the article by Zeng *et al.* (1) who evaluated the impact of subsequent bladder urothelial carcinoma developed by different stages on cancer-specific-survival (CSS) after radical nephroureterectomy (RNU) in patients of upper urinary tract urothelial carcinoma (UTUC) treated in United States during 2004–2018. Based on the large-scale cohort with more than 8,000 patients, they identified that the UTUC patients with previous or simultaneous bladder cancer, intravesical recurrence (IVR) with muscle-invasive bladder cancer (MIBC), and shorter interval between UTUC and IVR were significantly associated with worse CSS. Though the study is of retrospective nature, the findings provided meaningful information regarding the oncological outcomes among UTUC patients treated by RNU. However, we can find the disease characteristics of UTUC differs from Chinese population in terms of the distribution of the primary UTUC tumor site and gender dominance (2). Higher ureteral location of UTUC and which is female predominant has been reported by the study reported from South Taiwan (2). As we know, the speculated pathomechanisms of UTUC might be different, and results in distinct pathologic characteristics. Chinese herbs which contain aristolochic acid (AA) has been identified as carcinogen for UTUC (3) in China, while smoking is the major risk factor in the Western countries (4). We can expect the oncological outcomes might be different between China and other countries, so it is warranted to

conduct a study to examine the specific prognostic factors for Chinese UTUC patients. In addition, we have a few points of concern that we would like to raise apart from the limitations addressed the authors.

First, chronic kidney disease stage and dialysis history are not available in this study, which has been identified as one of the important risk factors for survival outcomes and IVR (5). Second, the regimens of intravesical chemotherapy are not clear. Third, among patients with subsequent MIBC, how many patients did not receive regular cystoscopy examination, which might early diagnose NMIBC and prevent the progression to MIBC. We believe that addressing the points we have highlighted would provide greater application for our readers.

Acknowledgments

Funding: None.

Footnote

Provenance and Peer Review: This article was a standard submission to the journal. The article did not undergo external peer review.

Conflicts of Interest: Both authors have completed the ICMJE uniform disclosure form (available at <https://tau.amegroups.com/article/view/10.21037/tau-22-20/coif>). The authors

have no conflicts of interest to declare.

Ethical Statement: The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

Open Access Statement: This is an Open Access article distributed in accordance with the Creative Commons Attribution-NonCommercial-NoDerivs 4.0 International License (CC BY-NC-ND 4.0), which permits the non-commercial replication and distribution of the article with the strict proviso that no changes or edits are made and the original work is properly cited (including links to both the formal publication through the relevant DOI and the license). See: <https://creativecommons.org/licenses/by-nc-nd/4.0/>.

References

1. Zeng S, Ying Y, Yu X, et al. Impact of previous,

simultaneous or intravesical recurrence bladder cancer on prognosis of upper tract urothelial carcinoma after nephroureterectomy: a large population-based study. *Transl Androl Urol* 2021;10:4365-75.

2. Li CC, Chang TH, Wu WJ, et al. Significant predictive factors for prognosis of primary upper urinary tract cancer after radical nephroureterectomy in Taiwanese patients. *Eur Urol* 2008;54:1127-34.
3. Chen CH, Dickman KG, Huang CY, et al. Aristolochic acid-induced upper tract urothelial carcinoma in Taiwan: clinical characteristics and outcomes. *Int J Cancer* 2013;133:14-20.
4. Crivelli JJ, Xylinas E, Kluth LA, et al. Effect of smoking on outcomes of urothelial carcinoma: a systematic review of the literature. *Eur Urol* 2014;65:742-54.
5. Chung SD, Huang KH, Lai MK, et al. CKD as a risk factor for bladder recurrence after nephroureterectomy for upper urinary tract urothelial carcinoma. *Am J Kidney Dis* 2007;50:743-53.

Cite this article as: Li HK, Chung SD. Chronic kidney disease stages, intravesical therapy regimens, and regular cystoscopic follow-up may also impact the survival of urinary tract urothelial carcinoma patients. *Transl Androl Urol* 2022;11(4):571-572. doi: 10.21037/tau-22-20