Author Reply Re: Nerli RB, Ghagane SC, Rangrez S, Chandra S, Thakur ML, Gomella L. Detection of bladder cancer using voided urine sample and by targeting genomic VPAC receptors. Indian J Urol 2021;37:345-9

We thank our esteemed readers for their interest in our recent article and appreciate the compliments expressed for our study. The follow-up group consisted of patients treated for nonmuscle invasive bladder cancer and were on routine follow-up. The follow-up consisted of ultrasonography, urine for cytology, and a white light cystoscopy. In patients with no obvious lesions, biopsies were randomly taken from previous scars, areas with hyperemia, and reddish areas. Use of postoperative mitomycin (within 6 h) is part of the departmental policy. Patients with high-grade lesions received bacillus Calmette–Guerin (BCG), and the first follow-up was done 3 months following completion of BCG instillation. None of the patients in the follow-up group had imaging-confirmed lesion, and routine cytology was negative.

VPAC receptor is nonspecific and that is why no patients with serum PSA >1.5 ng/mL were included to exclude patients with cancer of the prostate. Conventional cytology, fluorescence cytology, and histopathology were read by separate consultants. As suggested by Miyake,[1] false-positive results following 5-ALA cytology are probably due to pyuria or increased urinary white blood cells. Our preliminary study has small numbers and needs further confirmation following multicenter studies, with a larger study patient population. The study in our department is ongoing so as to create a large study group.

Rajendra B. Nerli[1,2]*,
Shridhar C. Ghagane[1,2],
Shadab Sadiq Rangrez[1], Shreya Chandra[2],
Madhukar L. Thakur[3,4,5], Leonard Gomella[3,5]

[1]Department of Urology, JN Medical College, [2]Division of Urologic-Oncology, Urinary Biomarkers Research Centre, KLES Dr. Prabhakar Kore Hospital and Medical Research Centre, Belagavi, Karnataka, India, Departments of [3]Urology and [4]Radiology, Thomas Jefferson University, [5]The Sidney Kimmel Cancer Centre, Thomas Jefferson University, Philadelphia, PA, USA.
*E-mail: rbnerli@gmail.com

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