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# LETTER TO THE EDITOR

## Re: Open clinical uro-oncology trials in Canada

M. MacKenzie, G. Rodrigues, E. Winquist

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### To the Editor:

The last issue of the CJU (Vol 14(4):3662,2007) under the title *Open clinical uro-oncology trials in Canada* there is a list of various studies sponsored either by industry or a variety of other peer and non-peer review agencies. Although the authors are silent as to the criteria used to select the trials to be included in the article and the Journal does not indicate the dates of submission or acceptance of the manuscript, I would like to correct an apparent omission since the title implies a comprehensive list of such studies in this country.

For over 10 years a group of Canadian investigators has been exploring the activity of mycobacterial DNA (MCC) as an alternative to BCG in the treatment of superficial bladder cancer.<sup>1-3</sup> These efforts have led to the development of a study aimed at establishing the efficacy and safety of MCC in patients with high risk non-invasive bladder cancer and who have failed adequate treatment with BCG. The study is being conducted in both Canada and the United States, has been vetted by the FDA and duly registered in both countries. The study has been opened for entry at participating sites (30) since January 2007.

Allow me to add this trial to the Journal's list for the sake of completeness:

Respectfully submitted,

A. Morales, D, FRCSC, FACS  
Director, Centre for Applied Urological Research  
Queen's University/General Hospital  
Kingston, Ontario, Canada

1. Morales A, Chin J, Ramsey EW. Mycobacterial cell wall extract in the treatment of bladder carcinoma in situ. *J Urol* 2001;166:1633.
2. Morales A, Steinhof GE, Hildebrand C, Riviere M. Mycobacterial cell wall complexes in the treatment of CIS of the bladder *J Urol* 2003;169:256.
3. Fillion MC, Phillips NC. Therapeutic potential of mycobacterial cell wall-DNA complexes. *Expert Opinion* 2001;10:2157.

### Reply by the authors:

The authors of *Open clinical uro-oncology trials in Canada* wish to thank Dr. Morales for his letter.

The main purpose of this CJU section is to provide urologists, medical oncologists, radiation oncologists and general practitioners with a practical and concise list of clinical trial options for patients with invasive malignancies.

With apologies to clinical investigators who may be excluded, this journal section cannot contain an exhaustive list of all available trials for practical reasons of readability and journal space. However, it is hoped that the list includes trials of importance and general interest to the CJU readership.

One emphasis will be on large, randomized, multicentre clinical trials that may be of interest to patients of the CJU readership and whose results may change practice significantly. Phase II trials of particular interest may also be included as appropriate. For example, we have chosen to include some single centre trials in the section on renal cell carcinoma as currently access to newer expensive medical treatments for metastatic renal cell carcinoma may be a pressing issue for patients without private prescription drug coverage.

We take this opportunity to invite all our uro-oncology colleagues to bring to our attention trials that have been omitted from this section and that they feel deserve listing in future issues.

Sincerely,

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