

# *All negatives are not a negative*

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Bladder cancer, specifically non-muscle invasive bladder cancer (NMIBC), is a very biologically diverse disease with varying clinical courses and outcomes for each individual patient. For patients with high-grade NMIBC, considerable care and vigilance is required to prevent disease progression. Although BCG is an effective intravesical agent and newer agents are under development, there is still a paucity of treatment and management options for patients when one compares the present to the past. Certainly, there is a need for newer treatment approaches for patients with NMIBC.

In this issue the article from Stone et al<sup>1</sup> reports on the effect of urinary pH on the risk of NMIBC recurrence in their patient population. Patients were stratified based on their average urinary pH: a pH less than or equal to 6 was considered low/acidic while a pH greater than 6 was considered high/basic. Of the 252 patients in the study, 155 (62%) patients had an average pH  $\leq 6$  and 97 (38%) patients had an average pH  $> 6$ . The two groups were well matched. The main findings of this retrospective, observational study were that there was no association between bladder cancer recurrence and average urinary pH in patients with either high-grade disease or low-grade disease. Furthermore, time to recurrence was not associated with a patient's average urinary pH. Finally, there was no association between urinary pH and smoking status and time to bladder cancer recurrence.

Although the findings of this paper were negative, the article is well-written and well-designed and asks a meaningful question. In this cohort of patients, it does not appear that urinary pH manipulation will meaningfully effect patients' outcomes with NMIBC. At the very least, clinicians can use these results to look for other modifiable variables to improve outcomes in patients with NMIBC and explore these other avenues to their fullest. A negative study can certainly have an important impact on clinical care and should not necessarily not be given its due just because it does not have a novel, positive finding. □

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### References

1. Stone BV, Ayangbesan A, Taylor BL et al. Urinary pH and the risk of recurrence in patients with non-muscle invasive bladder cancer. *Can J Urol* 2018;25(4):9407-9412.

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