Reviewer's report

Title: HIV-Associated Bladder Cancer: A Case Series Evaluating Difficulties in Diagnosis and Management

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Reviewer: Wade Sexton

Reviewer's report:

• The authors present a multi-institutional retrospective series of 11 patients with Human Immunodeficiency Virus (HIV) and bladder cancer. As the authors indicate in their manuscript, the presentation (i.e. symptoms experienced), risk factors, histological subtypes, sex/race, clinical/pathologic stages, management strategies and recurrence rates, do not differ from the epidemiological or the clinical characteristics that would be expected in the population at large. The only possible difference in comparing this case series of patients to much larger historical series of non-HIV infected patients was an earlier age at diagnosis compared to the standard population of patients diagnosed with bladder cancer. Likewise, the authors discussed several epidemiology studies that revealed no increased incidence of bladder cancer in the HIV population beyond the expected rate. An HIV patient with hematuria (gross/microscopic) or irritative lower urinary tract symptoms should be evaluated similar to any other patient with possible cystoscopy, cytology (+/- urinary biomarkers) and upper tract imaging – especially when risk factors are present. The article provides no new information other than the possibility that HIV patients who develop bladder cancer might have an earlier age of onset.

• Major Compulsory Revisions

I believe the statement that “Bladder cancer should be added to the growing list of Non-Aids defining cancers likely encountered in HIV-infected patients” is misleading in the sense that the statement implies a higher incidence rate in the HIV population compared to non-HIV infected patients. All else being equal (as determined by the authors), we should evaluate the HIV patient similar to any other patient with signs and symptoms suggestive of an urothelial neoplasm. The authors should elaborate and further discuss the utilization of BCG therapy in immunocompromised patients such as those with HIV. Most would consider HIV infection a contraindication to BCG therapy. What specific recommendations might the authors have for BCG use in this population?

• Minor Essential Revisions

Page 11 – second line. The authors need to clarify what is meant by the term urethral-ileal neostomy. Do they mean “orthotopic neobladder creation”?

• Discretionary Revisions

none
Level of interest: An article of limited interest

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:
I declare that I have no competing interests.