Correspondence

Toxicity of high-dose intrapleural BCG

SIR,—W Bakker and his colleagues (November 1981, p 870) have reported on the enhancement of tumour growth after the intrapleural administration of BCG to stage I lung cancer patients. In a related article this same group has described other toxic complications after intrapleural BCG.[1]

The likelihood that the complications associated with intrapleural BCG were due to the unconventionally high dose of BCG they used is not adequately stressed by the authors. Fifty-eight of the sixty-four patients treated with intrapleural BCG in this study received three to six times the dose used in other studies of intrapleural BCG for lung cancer.[2–4] BCG was not associated with serious complications or enhancement of tumour growth in any of these studies. Jansen *et al*[5] have also encountered complications in nine out of 14 patients given an intrapleural dose of BCG (35×10^6 viable units). This dose was similar to that used in the study by Dr Bakker and others (32×10^6 viable units). If the title of this publication had been "Postoperative high-dose intrapleural BCG in lung cancer: lack of efficacy and possible enhancement of tumour growth" it would have more accurately reflected the outstanding feature of this study.

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3 Lowe J, Shore DF, Iles PB, Langman MJS, Baldwin RW. *Lancet* 1980;i:11–4.
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SIR—Different BCG vaccine products show different biological characteristics depending on the method of preparation. This aspect of adjuvant therapy hinders proper comparison of studies with different BCG strains and preparations as we stressed in the article to which Drs Bennett and McKneally refer. As we used a modified Pasteur strain we could not rely on the dose recommended by those who used a Tice strain[1] or a Glaxo strain (reference 3 above). We had to perform preliminary experiments in animals to determine the dosage of our Pasteur strain, as Dr McKneally and his colleagues did with his Tice strain.[1] However, the Ludwig Lung Cancer Study Group modelled its BCG treatment as closely as possible on the therapy of McKneally, using the same strain and dose. This group found, in a randomised clinical trial,[2] complications similar to those we found. Its current data suggest that BCG is associated with a shorter disease-free interval than is placebo (paper presented to Third World Conference on Lung Cancer, 1981). Therefore the dose of BCG alone clearly cannot be held responsible for the discrepancy between our results and those of McKneally.

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Notice

International workshop and meeting on receptors and chronic obstructive lung disease

An international workshop on receptors and chronic obstructive lung disease is to be held by the Netherlands Asthma Foundation in Utrecht on 4 November 1982 for not more than 150 investigators. It will be followed on 5 November by an international meeting on the same subject in which the emphasis will be on the implications for clinical practice. This will welcome in particular chest physicians; paediatricians; immunologists; ear, nose, and throat surgeons; and pharmacologists. Applications for registering for both meetings and for giving short communications and poster sessions at the workshop should be made to the Secretariat, Nederlands Astma Fonds, Postbus 5, 3830AA Leusden, The Netherlands.

Correction

Chest wall "pneumoma": a hitherto unreported clinical entity

We greatly regret that in the report by Amit Banerjee and others (May 1982, p 388) Dr Banerjee's first name was omitted.