too restrictive a parameter. Indeed, severe SOS can be identified macroscopically (Figure 1) or histologically in preoperative frozen sections. By making the surgeon aware of this lesion, a large resection can be avoided or more extensive portal embolisation can be used before surgery to reduce the risk of post-operative liver failure.

Since the recent publication of our paper we have become aware of several cases of patients developing complications (with long hospitalisations in intensive care unit) because of the delay in liver regeneration and liver insufficiency after limited hepatectomy (unpublished data). A patient has developed acute fatal portal hypertension after oxaliplatin-based adjuvant chemotherapy for colorectal carcinoma [2]. The publication of such observations in the near future will support the concept that SOS is a real and relevant clinical entity in oxaliplatin-based chemotherapy.

In our experience, oxaliplatin is a very useful drug that yields excellent responses in hepatic colorectal metastases, and we believe that its use will continue to increase. Therefore, far from intending to question the efficacy of oxaliplatin in the treatment of colorectal metastasis, we suggest that the occurrence of clinically significant secondary effects on the liver need to be recognised to increase the safety of liver surgery. The scope of these observations may further expand as oxaliplatin is becoming used as adjuvant therapy in the treatment of several other malignancies.

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Obesity may decrease the amenorrhea associated with chemotherapy in premenopausal breast cancer patients

We read with great interest the article by Berclaz et al. [1], which stated that body mass index (BMI) is an independent prognostic factor for overall survival in patients with breast cancer, especially among pre-/perimenopausal patients treated with chemotherapy without endocrine therapy. These authors proposed different explanations for this association. We would like to mention another explanation.

Amenorrhea is also an important prognostic factor for predicting the efficacy of chemotherapy in premenopausal patients [2]. It is known that obese women have a longer reproductive life and that longer exposure to estrogen increases breast cancer risk. Although there were insufficient data to demonstrate that chemotherapy is associated with a decreased incidence of amenorrhea in obese patients compared with lean counterparts, Mehta et al. [3] showed that 71% of obese patients develop amenorrhea after receiving chemotherapy, compared with 80% of non-obese breast cancer patients. In light of the above information, we propose that obesity itself, by suppressing the amenorrhea associated with chemotherapy, may result in poorer prognosis in premenopausal breast cancer patients with a high BMI.

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Reply to the Letter to the Editor on “Obesity may decrease the amenorrhea associated with chemotherapy in premenopausal breast cancer patients”, by K. Altundag et al. (Ann Oncol 2005; 16: 333)

Altundag and colleagues suggest that obese women have an increased breast cancer risk due to a longer reproductive life. A meta-analysis of 23 studies providing information on body mass index incidence in premenopausal breast cancer