Reply to: Prediction of benefit from chemotherapy in ER-positive/HER2-negative breast cancer

The 2013 St Gallen Panel concluded, *inter alia*, that ‘the 21-gene RS is accepted as providing not only prognostic, but also predictive information regarding the utility of cytotoxic therapy in addition to endocrine therapy for patients with luminal disease’ [1]. In the present issue, Schmidt and Untch [2] object to this conclusion on the basis that the two prospective–retrospective trials on which is based included patients whose disease was HER2 positive. The implication is clear that HER2 positivity might explain the observed predictive effect of high recurrence score for chemotherapy benefit, and that the conclusions might not apply to patients with ER-positive, HER2-negative disease.

In fact, both of the studies cited explicitly examined and rejected this concern. In the node-negative B-20 study [3], HER2 as assessed by RT-PCR was found to have no impact on the chemotherapy benefit (HR 0.98, *P* = 0.9). Likewise, in the node-positive SWOG 8814 study [4], the authors state that the interaction between recurrence score and chemotherapy benefit remained significant when corrected for HER2 status.

The concern expressed by Schmidt and Untch therefore appears unfounded. Pending the results of ongoing prospective trials, the two prospective–retrospective studies provide the best available evidence for the predictive role of the recurrence score for chemotherapy benefit in the highest range, and even more importantly for a lack of such benefit in patients whose recurrence scores are intermediate or low.

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disclosure

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references


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