abilities of CRC cells, and metastasis development in vivo, further supporting its role in CRC metastatic development [1].

However, the precise status of miR-29c in metastatic CRC tissues is a major question to be fully investigated. Thus, we quantified miR-29c in primary and paired metastatic tissues from 17 CRC patients, 12 with liver metastasis and 5 with lung metastasis, using Taqman Low Density Arrays (TLDAs) panel A (Applied Biosystems). A pathologist reviewed the specimens to further confirm the diagnosis. All samples were taken anonymously and the ethical committee and institutional review board approved the project. Relative gene expression analysis was carried out using the 2−ΔΔCT method and U6B as internal control. We observed similar miR-29c expression between primary and metastatic tissues from those 12 CRC patients with liver metastasis. However, almost threefold increased miR-29c levels were found in the metastatic tissues of those cases with lung metastasis. We then investigated whether these differences were due to expression changes in the primary tissues or dependent on the metastatic site. Interestingly, miR-29c showed significantly lower expression in primary CRC tissues from patients with lung metastasis compared with those cases with liver metastasis (P = 0.046). No differences were observed when comparing miR-29c between liver and lung CRC metastatic tissues (P = 0.934). In summary, our results would indicate that deeper miR-29c downregulation would be required in the premetastatic CRC cell to develop lung metastasis than liver metastasis. In addition, the potential predictive value of miR-29c determining the CRC metastatic niche should be further confirmed in forthcoming studies.

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Journey to a faraway land

We have read the paper by Hartkopf et al. [1] with great interest. Returning home after a dormant phase in circulation is an interesting hypothesis which has been supported with data in literature. Returning to homeland after a period of time and resulting in locoregional recurrence was well proved with the study. However, there are some issues that can provide more additional valuable information about disseminated tumor cells (DTCs).

As mentioned in the text, 60% of the patients were treated with breast-conserving modalities. The locoregional failure data in total and subtotal mastectomized can give information about nature of DTCs and their clinical reflections. Do they cause more recurrences in a residual breast tissue? Another priceless data that can be obtained from the study is the adjuvant regimen efficacy in DTC-positive group. The group examined has been followed in a nearly 12-year period and probably with a numerous chemotherapeutic regimens with different cycles. Subgroup analysis of these regimens can provide information about efficacy of chemotherapeutics and maybe about exact length of cycles. Can more cycles of regimens provide more benefit in DTC-positive group?

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Reply to the letter to the editor ‘Journey to a faraway land’ by Alkan et al.

We thank Alkan and colleagues [1] for their interest in our article on the impact of disseminated tumor cell (DTC) detection on locoregional relapse (LR) [2]. We agree that further subgroup analyses could provide additional valuable information.

Indeed, it seems that DTCs cause more relapses in residual breast tissue. In the subgroup of patients that have been treated with breast-conserving therapy, the detection of DTCs was significantly associated with an increased risk of LR [hazard ratio (95% confidence interval) of DTC-positive versus DTC-negative