We read with great interest the article by Francis et al. (1) in which they showed that incorporating docetaxel into anthracycline-based therapy resulted in an improvement in disease-free survival (DFS) in adjuvant treatment of patients with lymph node–positive breast cancer. They also noted that sequential but not concurrent administration of docetaxel appeared to produce better DFS than anthracycline-based chemotherapy. However, patients in the concurrent docetaxel arm received more cycles (nine cycles vs seven cycles) and more anthracyclines (cumulative doses of 225 vs 200 mg/m²) than patients in the sequential docetaxel arm. In this study, information about the HER2 status of tumors was also not described. However, a meta-analysis of eight published clinical trials (2) showed that, among women with HER2-positive breast cancer in the adjuvant setting, anthracycline-based regimens were superior to non-anthracycline-based regimens in DFS and overall survival. Thus, the HER2 status as well as the administration schedule may contribute to higher DFS observed in the sequential docetaxel arm than in the concurrent docetaxel arm in the Breast International Group 02-98 trial.

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References

Notes
Dr Francis declined our invitation to respond.

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