Regarding the article "The p160 ER co-regulators predict outcome in ER negative breast cancer" by Spears, Oesterreich, Migliaccio et al. published in Breast Cancer Res Treat, March 2011.

Alkner, Sara

Published in:
Breast Cancer Research and Treatment

DOI:
10.1007/s10549-011-1573-4

2011

Link to publication

Citation for published version (APA):

General rights
Copyright and moral rights for the publications made accessible in the public portal are retained by the authors and/or other copyright owners and it is a condition of accessing publications that users recognise and abide by the legal requirements associated with these rights.

• Users may download and print one copy of any publication from the public portal for the purpose of private study or research.
• You may not further distribute the material or use it for any profit-making activity or commercial gain
• You may freely distribute the URL identifying the publication in the public portal

Take down policy
If you believe that this document breaches copyright please contact us providing details, and we will remove access to the work immediately and investigate your claim.
To the Editor-in-Chief Marc E. Lippman,


First we’d like to congratulate the authors to an interesting study. However, when reading the article we wonder if the authors have missed our study "AIB1 is a predictive factor for tamoxifen response in premenopausal women", by Alkner S, Bendahl P-O, Grabau D, Lövgren K, Stål O, Rydén L, Fernö M, published in Annals of Oncology 2009. We investigated AIB1 as a prognostic and treatment predictive factor using a controlled trial with premenopausal women randomized to receive tamoxifen for two years vs. control. Randomization was done regardless of ER-status. In line with the study by Spears et al. we found AIB1 to be a negative prognostic factor in patients not receiving tamoxifen. Subgroup analysis was done in relation to ER-status, and the prognostic effect of AIB1 was then only significant in patients with ER-positive tumours (RFS: HR=1.8, 95% CI 1.1-3.0, p=0.02) (OS: HR=1.9, 95% CI 1.1-3.3, p=0.01), but not in ER-negative (RFS: HR=1.5, 95% CI 0.6-4.1, p=0.4) (OS: HR=1.2, 95% CI 0.5-3.1, p=0.6). However, these differences in AIB1 effects between ER-positive and ER-negative patients were not significant when using a Cox model with a term for interaction. We also found ER-positive patients with a high AIB1 to respond very well to tamoxifen, increasing both RFS and OS to the same levels as in patients with low AIB1. This could explain why AIB1 was not associated to outcome in ER-positive tamoxifen treated patients in the study by Spears et al.

Since our study and the results presented in the published article in many ways are correlated to what was found by Spears et al., we would like to make the authors aware of this study. Also, the statement in their article that previous studies have not performed analyses separately for ER-positive and ER-negative disease is incorrect.

Best regards,

Sara Alkner, on behalf of all authors to our article “AIB1 is a predictive factor for tamoxifen response in premenopausal women”.