Trastuzumab May Aid in Some HER2-Negative Breast Cancers

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Senior Editor

Chicago — Provocative findings from the CALGB 9840 trial revealed that human epidermal growth factor 2 (HER2)-negative metastatic breast cancer patients with multiple copies of the chromosome carrying HER2 had significantly better response rates (63% vs. 26%) when they were treated with trastuzumab (Herceptin) in addition to paclitaxel.

In the adjuvant setting, another retrospective analysis showed that a small group of HER2-negative patients in the phase III National Surgical Adjuvant Breast and Bowel Project (NSABP) B-31 trial had significantly better disease-free survival with a relative risk of 0.40 when given trastuzumab after completing treatment for early breast cancer. Both studies drew considerable attention, with investigators and discussants encouraging attendees from using findings in the clinical setting before they can be verified.

Tension-free vaginal tape mesh is shown in the urethra.

Urethral opening is shown via cystoscopy, after injection of indigo carmine dye to document urethral integrity.

The original report from the CALGB 9840 trial indicated that weekly paclitaxel was superior to paclitaxel alone. The difference was not significant after 3 weeks in metastatic breast cancer. Although more HER2-negative women responded when trastuzumab was added to paclitaxel, the difference was not significant.

For the new report (CALGB 150002), a laboratory correlative science study associated with CALGB 9840, Dr. Kaufman and his associates found that 303 tissue blocks were available from the original 985 patients.

The included samples from 129 patients whom local pathologists and/or laboratories testing for HER2 positivity disagreed with the assigned status.

The new investigation determined that 25 patients (19%) had polysomy (defined as 2.2 copies or more per cell) of chromosome 17.

Because the HER2 gene is located on chromosome 17, polysomy is typically associated with increased copies of the HER2 gene as well, according to Dr. Kaufman. In this study, polysomy was associated with complete responses to trastuzumab.

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