Preoperative weekly cisplatin, epirubicin, and paclitaxel (PET) improves prognosis: how much is it true?

We congratulate Frasci et al. [1] for their article entitled ‘Preoperative weekly cisplatin, epirubicin, and paclitaxel (PET) improves prognosis in locally advanced breast cancer patients: an update of the Southern Italy Cooperative Oncology Group (SICOG) randomized trial 9908’. The authors compared the results of two different treatment regimens in patients with locally advanced breast cancer. This study indicated that the PET weekly regimen was superior to the triweekly epirubicin plus paclitaxel (ET) combination and improved the 5-year relapse-free survival, distant metastasis-free survival, and...
overall survival (absolute difference: 11%, 18%, and 13%, respectively). But we think that there are some limitations of the study.

First, the doses of the used chemotherapeutics between two treatment groups are unequal. The patients who were treated with PET received epirubicin 600 mg/m\(^2\) and paclitaxel 1440 mg/m\(^2\) totally, whereas those in the other group received only 360 mg/m\(^2\) epirubicin and 700 mg/m\(^2\) paclitaxel during the treatment. Furthermore, the patients in PET group were treated with cisplatin in addition to ET as well as higher doses of these chemotherapeutics. Is the therapeutic advantage related with higher doses of chemotherapy or effectivity of cisplatin including regimen?

Secondly, the authors defined overall survival as the interval between the date of randomization and death. But all patients in PET and ET treatment groups were treated according to the number of involved lymph nodes after the surgery. In other words, at the end of the study, there were four treatment groups [PET with CMF (combination chemotherapy with cyclophosphamide, methotrexate, and 5-fluorouracil) or CAF (combination chemotherapy with cyclophosphamide, doxorubicin, and 5-fluorouracil) and ET with CMF or CAF]. To sum, the overall survival does not completely reflect the results of PET and ET combination regimens.

Finally, treatment of patients with triple-negative breast cancer (TNBC) is currently unclear. However, cisplatin including chemotherapy regimens may be highly effective in this group of patients [2]. Platinum-based chemotherapy was reported to achieve higher response rates in early and improved survival in advanced TNBC than non-TNBC patients [3]. In the present study, the sample size of patients with TNBC is unknown and results of the study might be influenced by number of TNBC patients.

S. Kilickap¹ & C. Arslan²

¹Division of Medical Oncology, Department of Internal Medicine, Faculty of Medicine, Cumhuriyet University, Sivas, ²Department of Medical Oncology, Hacettepe University Institute of Oncology, Ankara, Turkey

(*E-mail: skilickap@yahoo.com)

**disclosure**

None of the authors declare conflicts of interest.

**references**


doi:10.1093/annonc/mdq011

Published online 5 February 2010