

Hormone receptor status of primary tumor as a prognostic factor in patients with liver metastases from breast cancer treated with transcatheter arterial chemoembolization

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TO THE EDITOR

We read with great interest the article by XP *et al*^[1] They reported the results of their experience with transcatheter arterial chemoembolization (TACE) and systemic chemotherapy for forty-five patients with liver metastases from breast cancer and evaluate the prognostic factors. In their study, the response and survival rates were significantly better in TACE group than in chemotherapy group. The lymph node status of the primary cancer, the clinical stage of liver metastases, the Child-Pugh grade, loss of weight were found to be significantly associated with survival in both univariate and multivariate analyses. However, they did not mention hormone receptor status of the patients that might have an effect on the survival rate. Elias *et al*^[2] in their study evaluated 54 breast cancer patients with liver metastases as the sole site of metastatic disease (except for bone metastases in 3 patients) that underwent hepatectomy. They showed that the only factor influencing survival in both the univariate and multivariate analyses was the hormone receptor status ($P = 0.03$), and the relative risk of death increased by 3.5-fold when hormone receptor was negative. Moreover, Mack *et al*^[3]

reported excellent local tumor control and survival rates achieved by laser induced interstitial thermotherapy (LITT) in breast cancer patients with liver metastases. Regarding the prognostic and predictive factors related to primary tumor, they found no statistically significant difference in terms of mean survival between the patients with N0-N1 lymph nodes and N2-N3 lymph nodes. However, they found that the hormone receptor status is a significant ($P < 0.05$) prognostic factor on both mean and median survival. The mean survival in patients with positive hormone receptor status was 5.5 years (95%CI: 4.8-6.3 years, median survival 4.7 years) starting the calculation at the date of diagnosis of the metastases treated with LITT. The mean survival in patients with negative hormone receptor status was 3.7 years (95%CI: 2.8-4.6 years, median survival 5.1 years)^[4].

In the light of the above information, hormone receptor status of primary tumor should also be evaluated as a prognostic factor in patients with breast cancer and liver metastases treated with TACE and systemic chemotherapy.

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