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Comment on 'Nomogram to predict pathologic complete response in HER2-positive breast cancer treated with neoadjuvant systemic therapy'

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Sir,

I want to congratulate Fujii *et al* (2017) for their article in which they established a nomogram to predict the probability of pathologic complete response (pCR) rates by using oestrogen receptor (ER) expression, progesterone receptor (PR) expression, and HER2/CEP17 ratio as continuous variables. They reported that low ER expression, high HER2/CEP12 ratio, and noninflammatory breast cancer subtype were significantly associated with increased pCR rates. However, histologic grade and Ki67 level were not evaluated to determine their relationship with pCR for the development of nomogram. As associated with this, Kurozumi *et al* (2015) determined whether pCR was related to histological grade and several biological factors including Ki67 in patients with HER2-positive breast cancer receiving neoadjuvant chemotherapy using taxanes followed by fluorouracil, epirubicin, and cyclophosphamide concomitant with trastuzumab. They found that high histological grade, low ER, low PR, and high Ki67 were identified as predictive factors of pCR in neoadjuvant chemotherapy with trastuzumab. Taken all together, histological grade and Ki67 would be additional variables to build up more robust nomogram to predict pCR in HER2-positive breast cancer treated with neoadjuvant systemic therapy.

CONFLICT OF INTEREST

The author declares no conflict of interest.

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