Reviewer's report

Title: Trastuzumab with either docetaxel or vinorelbine as first-line treatment for patients with HER2-positive advanced breast cancer: a retrospective comparison

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Reviewer: Hung Khong

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Title: Trastuzumab with either docetaxel or vinorelbine as first-line treatment for patients with Her-2-positive advanced breast cancer: a retrospective comparison

Stefania Redana, et al.

Summary: In this manuscript, the authors compared retrospectively the clinical outcomes associated with first line treatment of advanced or metastatic breast cancer with either trastuzumab in combination with either docetaxel or vinorelbine. The authors concluded that either drug in combination with trastuzumab provided excellent rate of tumor controls and that docetaxel may offer significantly better response rate and improved overall survival compared with vinorelbine, and that these findings deserves further investigation in prospective trials.

Major Compulsory Revisions:

1) In Discussion, the authors emphasized that advantage in overall survival was seen despite the fact that the docetaxel group had more stage IV at diagnosis and therefore had a more aggressive disease, compared with the navelbine group (22% versus 8%, Respectively, a 14% difference); and therefore, the authors believed that this difference in overall survival was worth further investigation.

However, we can look at the same data and have a complete opposite interpretation. More stage IV at diagnosis means that the docetaxel group had more patients who were chemo-naive. Less stage 4 at diagnosis means that the navelbine group had had more patients with high-risk early stage or locally advanced breast cancer (i.e., more stages II and III; this was actually confirmed by the data in Table 1. The two groups had similar percentages of patients with stage I, but the vinorelbine group had 13% more patients with stage II and III at diagnosis), who received previous adjuvant or neoadjuvant treatments, and now had cancer recurrence. That is, less patients in the navelbine group who were chemo-naive. This was confirmed by data from Table 1. There are higher percentages of prior chemotherapy exposure across the board in the vinorelbine group.

We all know that chemo-naive patients with stage 4 disease tend to do better in term of response rate and survival compared with chemo-experienced pateints.
Therefore, our interpretation of the same data is just the opposite of the authors’; i.e., it might have been more advantageous rather than disadvantageous for the docetaxel group to have had more patients with stage 4 disease at diagnosis.

2) In addition, the fact that significantly more patients in the vinorelbine group received prior taxane treatment (43% versus 15%) makes the conclusion that docetaxel was superior in the first line treatment less convincing.

Discretionary Revisions:

1) In the U.S., the combination of Herceptin and a taxane is usually used in the first line setting, and the combination of Herceptin and vinorelbine is often used second or third line therapy. I doubt that prospective phase III study compared the two regimens in the first line metastatic setting is an important question to answer or that it would move the field forward.

Minor Essential Revisions:

1) The authors should ask someone to proof read the manuscript and check for English grammar and vocabulary.

2) Page 3 and throughout text, “…different associations” should be “…different combinations.” Also, “…taxanes in associations with trastuzumab” should be “…taxanes in combination with trastuzumab.”

3) Page 3, paragraph 2, line 2, “cytostatic agents” should be “cytotoxic agents.”

4) Page 5, paragraph 1, line 2, the last sentence needs to be rephrased. It has many grammatical errors and also is not clear. Also, what is “A.S.”?

Level of interest: An article of limited interest

Quality of written English: Needs some language corrections before being published

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

I declare that I have no competing interests