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European Journal of Cancer 40 (2004) 2859

European Journal of Cancer

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Letter

Letter to the editor

I am grateful that my two British colleagues Drs. Tobias and Howell have given me the opportunity to clarify that the responsiveness of a tumour to any kind of therapy is reflected by the objective response rate (ORR) [1]. In the study comparing letrozole with anastrozole as second-line therapy for advanced breast cancer [2], the ORR was 19% for letrozole and 12% for anastrozole. However, a 20-fold difference in potency in favour of letrozole over anastrozole (M. Dowsett, data not shown) was not translated into any significant differences in time events. The better response to letrozole for patients with hormone receptor-unknown tumours found in this study was also demonstrated in a study of first-line treatment for advanced breast cancer comparing letrozole with tamoxifen [3]. This contrasts to the results in a combined dataset comparing anastrozole with tamoxifen in a comparable group of patients [4]. The results of these combined data actually suggested that anastrozole confers no real benefit over tamoxifen in patients with metastatic disease.

Since our study [2] was an open label study, I hope that my two colleagues agree that differences in ORR need to be substantiated by extramural review in order to diminish the degree of bias we all know is inherent in any study utilising ORR as an endpoint.

If the clinical comparison between letrozole and anastrozole was to be repeated, I would of course prefer a double-blind controlled trial. However, I would not include patients known to be negative for oestrogen receptors.

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Available online 1 October 2004

0959-8049/$ - see front matter
doi:10.1016/j.ejca.2004.08.018