Rebuttal comments on “Glucocorticoids in breast cancer treatment: Real benefit or selection bias?”

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In principle, we agree with Dr. Guner and Dr. Dizdar that glucocorticoid (GC) use ordered by the physicians on an as-needed basis is the potential reason for the survival benefit from concomitant GC use in our anthracycline cohort. There is a lack of toxicity information in Taiwan Cancer Database and the Taiwan National Health Insurance Claims Database, so we cannot exclude this possibility, and agree that potential benefit of GCs on survival should be prospectively confirmed. If this possibility is true, our study infers that clinicians should apply GCs to reduce the side effects from chemotherapy and maintain adequate dose intensity of chemotherapy.

However, Dr. Abola showed that greater relative chemotherapy toxicity was strongly associated with greater progression-free survival but not overall survival in various

types of cancer [1]. In contrast, our study showed that concomitant use of GC with adjuvant anthracycline-based chemotherapy improved both breast cancer-specific survival and overall survival. Therefore, as we proposed in the discussion of our manuscript, other possibilities such as the GC effects on tumor cells and immune cells could not be excluded.

Reference

1. Abola MV, Prasad V, Jena AB (2014) Association between treatment toxicity and outcomes in oncology clinical trials. *Ann Oncol* 25:2284–2289

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