A positive conversion in hormone receptor and HER2 status might have an impact on survival after liver resection for breast cancer metastases

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To the Editor,

I wish to congratulate Tasleem and their colleagues for their article [1] in which they reviewed the evidence for resection of breast cancer-related liver metastases. Hepatic resection can be considered in the management of breast cancer patients with isolated liver metastases as well as those with oligometastatic disease. However, authors did not much give detailed information about variation in hormone receptor and HER-2 status between primary and metastatic breast cancer. A change of estrogen receptor (ER), progesterone receptor (PR), and HER2 status in distant metastases has frequently been reported. The actual incidence of this phenomenon has been debated. Recent meta-analysis including 39 studies assessing receptor conversion from primary breast tumors to paired distant breast cancer metastases showed that negative to positive conversion percentages were 21.5, 15.9, and 9.5% for ER, PR, and HER2. Furthermore, PR discordance was higher in bone

and liver metastases compared with central nervous system metastases [2]. However, the impact of receptor conversion on treatment efficacy and survival is not known yet in metastatic breast cancer and needs to be determined in prospective studies. Assessing hormone receptor status and HER2 status in metastatic sites is strongly recommended.

References

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