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Triple-Negative Receptor Conversion at Metastatic Sites Might Show Better Efficacy in Patients Who Received Sacituzumab Govitecan

TO THE EDITOR:

In an article by Rugo et al,[1] the authors concluded that sacituzumab govitecan (SG) demonstrated statistically significant progression-free survival (median, 5.5 months *v* 4.0 months; hazard ratio, 0.66; $P = .0003$) benefit over chemotherapy, with a manageable safety profile in patients with heavily pretreated, endocrine-resistant hormone receptor–positive/human epidermal growth factor receptor 2–negative advanced breast cancer and limited treatment options. SG received full authorization from the US Food and Drug Administration and European Medicines Agency for patients with metastatic triple-negative breast cancer who had received at least two prior chemotherapies (at least one for metastatic disease).[2,3] In this randomized study, hormone receptor and human epidermal growth factor receptor 2 status were not described at metastatic sites. It would be expected that biopsy was taken from metastatic sites in the most of these patients with advanced breast cancer. Their results might affect the outcome in terms of response rate and final progression-free survival. SG might show better response and survival for those metastatic cases with triple-negative receptor conversion. This issue merits further investigation.

Kadri Altundag, MD

MKA Breast Cancer Clinic, Tepe Prime, Ankara, Turkey

AUTHOR'S DISCLOSURES OF POTENTIAL CONFLICTS OF INTEREST

Disclosures provided by the author are available with this article at DOI https://doi.org/10.1200/JCO.22.01961.

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Corresponding author: Kadri Altundag, MD, MKA Breast Cancer Clinic, Tepe Prime, Cankaya, 06800 Ankara, Turkey; e-mail: altundag66@yahoo.com.

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