



Younger breast cancer patients under the age of 35 might have a better disease-free survival if they received ovarian function suppression more than 3 years

Kadri Altundag¹

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To the Editor,

I want to congratulate Ozaki and colleagues [1] in which the authors evaluated the duration of ovarian function suppression (OFS) and the impact of the duration of OFS on the DFS in premenopausal women with hormone receptor-positive breast cancer. Their retrospective data showed that among premenopausal women with hormone receptor-positive breast cancer who received tamoxifen (TAM) + OFS as adjuvant endocrine therapy, there was no significant difference in the DFS between the OFS \leq 3-year group and OFS > 3-year group. NCCN guidelines commonly recommend 5 years of aromatase inhibitors with ovarian suppression, especially for younger patients under the age of 35. NCCN guidelines also commonly recommend tamoxifen and ovarian suppression [2]. However, duration of OFS was not optimally described. International expert consensus favored a period of 5 years of OFS, especially in patients at higher risk of relapse such as younger age (\leq 35) and/or with HER2-positive disease [3]. The authors evaluated DFS of the patients referencing age 40. As described above, DFS might shift better in breast cancer patients younger

than age 35 who received OFS > 3-year group. Since study by Ozaki et al. [1] compared the patients according to age above 40 and age \leq 40, significant benefit of OFS > 3-year group might not have been detected. Therefore, evaluation of DFS referencing age 35 might show potential benefit of OFS > 3-year group in patients age \leq 35 in the current study.

Compliance with ethical standards

Conflict of interest I have no conflict of interest to declare.

References

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✉ Kadri Altundag
altundag66@yahoo.com

¹ MKA Breast Cancer Clinic, Tepe Prime, Ankara 06800, Turkey