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Reply to Ivica Ratosá et al. Comment on: “Multidisciplinary team meeting and EUSOMA quality indicators in breast cancer care: A French regional multicenter study”



We thank Ivica Ratosá for her insightful commentary about the discrepancy in the cut-off of hormone-positive breast cancer. Indeed, according to the 2020 American Society of Clinical Oncology/College of American Pathologists (ASCO/CAP), breast cancers with <1% of ER or PR expression should be considered hormone receptor-negative tumors [1]. However, the Expert Panel acknowledges that there are limited data on endocrine therapy benefit for cancers with 1%–10% of cells staining ER positive [1]. Previous studies suggest that breast cancers with 1%–10% of ER expression had similar molecular features and clinical prognoses to those of breast cancers with <1% of ER expression [2]. The St. Gallen International Expert Consensus 2019 reported that there is no ideal cutoff value between 1 or 10%, that is why this situation should be discussed in the tumor board and with the patient, taking into account other factors such as the patient's age and additional prognostic factors [3]. In our study, only 1.3% and 4.8% had respectively 1–9% of ER and PR expression on surgical samples, probably not impacting global results.

Regarding her second remark, the proportion of patients with ER-negative invasive carcinoma (T > 1 cm or N+) who received adjuvant chemotherapy was calculating after exclusion of patients who received neoadjuvant chemotherapy.

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