## Trastuzumab — Mechanism of Action and Use in Clinical Practice

*To the Editor:* Uncertainty over the optimal duration of adjuvant trastuzumab therapy (5 July 2007 [1]) extends to optimal sequencing and long-term outcomes.

Rather than too few patients and events[1], low efficacy is the likelier cause of lacking significant improvements in disease-free survival (DFS) in the sequential arm of trial NCCTG-N9831[2] (relative risk reduction 13%[2]). This unpublished result, and the significant waning of efficacy in the HERA trial[3,4], casts doubt on the relative efficacy and durability of 12-month trastuzumab given sequentially to other chemotherapy.[4]

New Zealand funds the concurrent 9-week FinHer regimen[5] described by Dr. Hudis for HER-2 positive early breast cancer. A 12-month regimen is not currently funded – since doubt around sequencing, durability of efficacy, high cost and impact on hospital services, means unfavorable relative cost effectiveness.[4] Conversely, the comparable DFS improvements seen in FinHer[5] were sufficient for NZ's pharmaceutical funding agency, PHARMAC, to justify funding the concurrent 9-week regimen.[4]

To help resolve some of the unanswered questions[1], PHARMAC is part-funding the Synergy or Long Duration (SOLD) trial run by the FinHer investigators.[4,5]

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## References

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