Approaches to interpret the outcomes of a network meta-analysis on comparative efficacy of different targeted therapies plus fulvestrant for advanced breast cancer following progression on prior endocrine therapy

This article was published in the following Dove Press journal:
Cancer Management and Research

Rama Jayaraj¹
Chellan Kumarasamy²
Shanthi Sabarimurugan³
Suja Samiappan⁴

¹College of Health and Human Sciences, Charles Darwin University, Casuarina, Northern Territory 0909, Australia;

²University of Adelaide, Adelaide, South Australia 5005, Australia; ³School of Biosciences and Technology, Vellore Institute of Technology (VIT), Vellore, Tamil Nadu, India; ⁴Department of Biochemistry, Bharathiar University, Coimbatore, Tamil Nadu, India

Dear editor

Zhang and colleagues have conducted a network meta-analysis regarding fulvestrant combined targeted therapies for breast cancer, which has been published in the *Cancer Management and Research* journal.¹ The study itself is interesting in its approach.

Targeted therapies with fulvestrant

A previous network meta-analysis exists, which explores [fulvestrant + palbociclib] and [fulvestrant + everolimus] as targeted therapies in HR+/HER2 breast cancer.¹ Zhang et al acknowledge the existence of the paper above, and it appears that they seek to build upon it by exploring more targeted therapies such as abemaciclib, aovitinib, buparlisib etc. and comparing between them to identify the best combination.² The study is noteworthy, as it aims to highlight the best treatment strategy in breast cancer for the clinical scenario.

Is fulvestrant combination with palbociclib ideal therapy for ABC postmenopausal women?

However, despite the study being conducted with practical application in mind, it is hard to consider the study success in terms of clinical utility and improvement in ABC patients clinical outcomes. Although Zhang et al's study's results are concordant with the previously conducted study, the basis for the comparisons leading to the result presents some issues. The number of studies that have been included in the meta-analysis (n=11) is far too low.³ When we consider that 10 targeted therapies are being assessed in this network analysis by Zhang and colleagues, having only 11 studies across there ten cohorts greatly reduces the power of this study. Many of the treatment strategies have only a single study contributing to the meta-analysis. Therefore, it is too soon to conclude that fulvestrant + pablociclib is the best treatment method available.

Correspondence: Rama Jayaraj
College of Health and Human Sciences,
Charles Darwin University, Ellengowan
Drive, Casuarina, Northern Territory
0909, Australia
Email Rama.Jayaraj@cdu.edu.au

The small size of the included studies

Furthermore, this limitation (the small sample size of studies) has not been discussed by the authors in the manuscript. The lack of a segment discussing the limitations of this study as part of the study report is itself a major issue and is detrimental to the future clinical utility of the study.

Too early to confirm the best treatment strategies

We hope that these issues are given serious consideration, as studies that seek to inform clinical practices and treatment strategies, must ensure that their study's conclusions are well supported by a large set of reliable literature, and if not, clearly indicate that the results require further research to be verified.

Disclosure

The authors report no conflicts of interest in this communication.

References

1. Zhang T, Feng F, Zhao W, et al. Comparative efficacy of different targeted therapies plus fulvestrant for advanced breast cancer following progression on prior endocrine therapy: a network meta-analysis. *Cancer Manag Res*. 2018;10:5869–5880. doi:10.2147/CMAR.S176172
2. Ayyagari R, Tang D, Patterson-Lomba O, et al. Progression-free survival with endocrine-based therapies following progression on non-steroidal aromatase inhibitor among postmenopausal women with hormone receptor positive, human epidermal growth factor receptor-2 negative metastatic breast cancer: a network meta-analysis. *Curr Med Res Opin*. 2018;34(9):1645–1652. doi:10.1080/03007995.2018.1479246
3. Valentine JC, Pigott TD, Rothstein HR. How many studies do you need?: a primer on statistical power for meta-analysis. *J Educ Behav Stat*. 2010;35(2):215–247. doi:10.3102/1076998609346961

Dove Medical Press encourages responsible, free and frank academic debate. The content of the Cancer Management and Research 'letters to the editor' section does not necessarily represent the views of Dove Medical Press, its officers, agents, employees, related entities or the Cancer Management and Research editors. While all reasonable steps have been taken to confirm the content of each letter, Dove Medical Press accepts no liability in respect of the content of any letter, nor is it responsible for the content and accuracy of any letter to the editor.

Cancer Management and Research

Dovepress

Publish your work in this journal

Cancer Management and Research is an international, peer-reviewed open access journal focusing on cancer research and the optimal use of preventative and integrated treatment interventions to achieve improved outcomes, enhanced survival and quality of life for the cancer patient.

The manuscript management system is completely online and includes a very quick and fair peer-review system, which is all easy to use. Visit <http://www.dovepress.com/testimonials.php> to read real quotes from published authors.

Submit your manuscript here: <https://www.dovepress.com/cancer-management-and-research-journal>