To the Editor: Yang and colleagues (1) describe an elegant study investigating molecular markers that are hypothesized to predict clinical benefit from the use of bevacizumab in breast cancer. This research is both timely and pertinent, given the ongoing questions surrounding the benefit conferred by the addition of bevacizumab to taxane-based chemotherapy in breast cancer (2).

The data suggest that certain markers of angiogenesis may be associated with a greater partial response rate from the use of bevacizumab plus chemotherapy. Although objective response rate is a useful indicator of benefit from cytotoxic chemotherapy, it is not proven to predict benefit from antiangiogenic biological agents (3). Indeed, research in colorectal cancer suggests a similar overall survival benefit associated with the addition of bevacizumab to cytotoxic chemotherapy, irrespective of whether patients achieve an objective response. Therefore, without corroborating survival data, the published research does not permit the conclusion that vascular endothelial growth factor-A, CD31, or platelet-derived growth factor receptor-β expression may be used to select breast cancer patients who are more likely to benefit from the addition of bevacizumab to standard chemotherapy.

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Disclosure of Potential Conflicts of Interest
No potential conflicts of interest have been disclosed.

References
Clinical Cancer Research

Biomarkers and Response to Therapy in Breast Cancer

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