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Autor(en) des Beitrags: Roggel, F; Hocke, S; Lindemann, K; Sinz, S; Welk, A; Bosl, M; Pabst, M; Nusser, N; Braun, S; Schmitt, M; Harbeck, N

Titel des Beitrags: Minimal residual disease in breast cancer and gynecological malignancies: phenotype and clinical relevance.

Abstract: In breast cancer, about 35% of patients without any clinical signs of overt distant metastases already have disseminated tumor cells in bone marrow aspirates at the time of primary therapy. A significant prognostic impact of these disseminated tumor cells has been shown by many international studies: patients with tumor cells in their bone marrow have a significantly worse prognosis than those without them. Even in malignancies where the skeletal system is not a preferred location for distant metastasis, such as ovarian cancer, early presence of minimal residual disease (MRD) is correlated with poor patient outcome. Thus, besides analysis of the primary tumor, detection of MRD can be used for assessment of patient prognosis and for prediction or monitoring of response to systemic therapy. Disseminated tumor cells are also the targets for novel tumor biological therapy approaches such as specific antibody-based therapies against target cell-surface antigens such as HER2, Ep-CAM (17-1A), and uPA-R. In breast cancer, a first antibody-based tumor therapy against HER2 (Herceptin) has already been approved for clinical use in recurrent disease. However, patient selection for such tumor biological therapies becomes rather difficult due to phenotype changes, which may manifest themselves as differences
between primary lesion and disseminated tumor cells. Therefore, not only identification of dissemi-
nated tumor cells but even more so their characterization at the protein and gene levels have be-
come increasingly important. In conclusion, characterization of tumor biological properties of dissemi-
nated tumor cells allows identification of patients with breast cancer or gynecological malignancies at risk for relapse who are likely to benefit from systemic treatment and/or novel tumor biological therapy approaches.

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