

to prevent or delay the action of trastuzumab and was associated with the development of resistance to trastuzumab⁵³. It also has been suggested that the heterodimerization between IGF-1R and HER-2 contributes to trastuzumab resistance to breast cancer cells⁵⁴. Furthermore, an anti-IGF-1R monoclonal antibody can partially restore the sensitivity of the cells to trastuzumab⁵¹. These studies suggest that, to predict responsiveness to trastuzumab, assays for HER-2 and other molecules such as IGF-1R might be necessary.

Other challenges are hormone receptor-negative and HER-2-negative high-grade breast cancers. Because estrogen receptor, progesterone receptor, and HER-2 are all negative in these cases, they are called "triple negatives." Although it is assumed that only chemotherapy is applicable in such cases, a relatively high ratio of patients with these cancers are resistant to chemotherapy, which often have a rapid clinical course. The diagnostic, epidemiological, histopathological, and molecular characterization of this tumor group is now under investigation.

Although trastuzumab therapy is now of profound clinical utility, the prognosis of patients with HER-2-overexpressing breast cancers is still poor, especially those with lymph node metastasis and/or in metastatic or recurrent disease. Better and more effective regimens are anticipated.

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