In Reply

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We thank the authors for their insightful comments [1]. We agree that the fundamental challenge in this and similar cases is risk-benefit stratification. This is highlighted by the data the authors present. Among women with tumors ≥ 1.0 cm, although the disease-free survival was slightly better for those who received trastuzumab-based therapies, both groups did exceedingly well (recurrence-free survival rate of 97% vs 100%).

Such a scenario makes decision-making even more challenging for an individual patient and highlights the clinical dilemma of balancing the relatively small but definitive benefit

against the costs and potential risks associated with trastuzumab-based therapy. Indeed, the field urgently needs predictive biomarkers to help guide adjuvant decision-making for patients with small, HER2-positive, node-negative breast cancers. Until such tools are available, this debate will continue.

AUTHOR CONTRIBUTIONS

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REFERENCE

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