

HER2-positive breast cancer

- Breast Cancer Brain Metastases: A Neurosurgical Point of View From a Single-Center Experience
- Factors associated with local failure after stereotactic radiation to the surgical bed of patients with a single breast cancer metastasis
- Treatment Outcome of Brain Metastases from Breast Cancer Following Gamma Knife Radiosurgery: A Retrospective Study in Vietnam
- Breast Cancer and Meningioma Risk: A Mendelian Randomization Study
- Neurological symptom management in breast cancer meningeal carcinomatosis
- HER2 expression and pathway status in male breast cancer patients: results of an integrated analysis among 6,150 patients
- Expert consensus on the prevention of brain metastases in patients with HER2-positive breast cancer
- Intracranial outcomes following neurosurgical resection in patients with brain metastases secondary to HER2-positive breast cancer versus other subtypes

HER2-positive brain metastases

HER2-positive [breast cancer](#) patients have an elevated risk of developing [brain metastases](#) (BM), despite adjuvant HER2-targeted therapy. The mechanisms underpinning this reduced intracranial efficacy are unclear. Lim et al. optimized the *in situ* proximity ligation assay (PLA) for the detection of the high-affinity neuregulin-1 receptor, HER2-HER3 (a key target of [pertuzumab](#)), in archival tissue samples and developed a pipeline for high throughput extraction of PLA data from fluorescent microscope image files. Applying this to a large BM sample cohort ($n = 159$) showed that BM from breast, ovarian, lung, and kidney cancers have higher HER2-HER3 levels than other primary tumor types (melanoma, colorectal and prostate cancers). HER2 status, and tumor cell membrane expression of pHER2(Y1221/1222) and pHER3(Y1222) were positively, but not exclusively, associated with HER2-HER3 frequency. In an independent cohort ($n = 78$), BM had significantly higher HER2-HER3 levels than matching primary tumors ($p = 0.0002$). For patients who had two craniotomy procedures, HER2-HER3 dimer levels were lower in the consecutive lesion ($n = 7$; $p = 0.006$). We also investigated the effects of trastuzumab and pertuzumab on five different heterodimers *in vitro*: HER2-EGFR, HER2-HER4, HER2-HER3, HER3-HER4, and HER3-EGFR. Treatment significantly altered the absolute frequencies of individual complexes in SKBr3 and/or MDA-MB-361 cells, but in the presence of neuregulin-1, the overall distribution was not markedly altered, with HER2-HER3 and HER2-HER4 remaining predominant. Together, these findings suggest that markers of HER2 and HER3 expression are not always indicative of dimerization and that pertuzumab may be less effective at reducing HER2-HER3 dimerization in the context of excess neuregulin ¹⁾

1)

Lim M, Nguyen TH, Niland C, Reid LE, Jat PS, Saunus JM, Lakhani SR. Landscape of Epidermal Growth Factor Receptor Heterodimers in Brain Metastases. *Cancers (Basel)*. 2022 Jan 21;14(3):533. doi: 10.3390/cancers14030533. PMID: 35158800; PMCID: PMC8833370.

From:
<https://neurosurgerywiki.com/wiki/> - **Neurosurgery Wiki**



Permanent link:
https://neurosurgerywiki.com/wiki/doku.php?id=her2-positive_breast_cancer

Last update: **2025/03/11 17:55**