Table 6

HER2 status and median overall survival

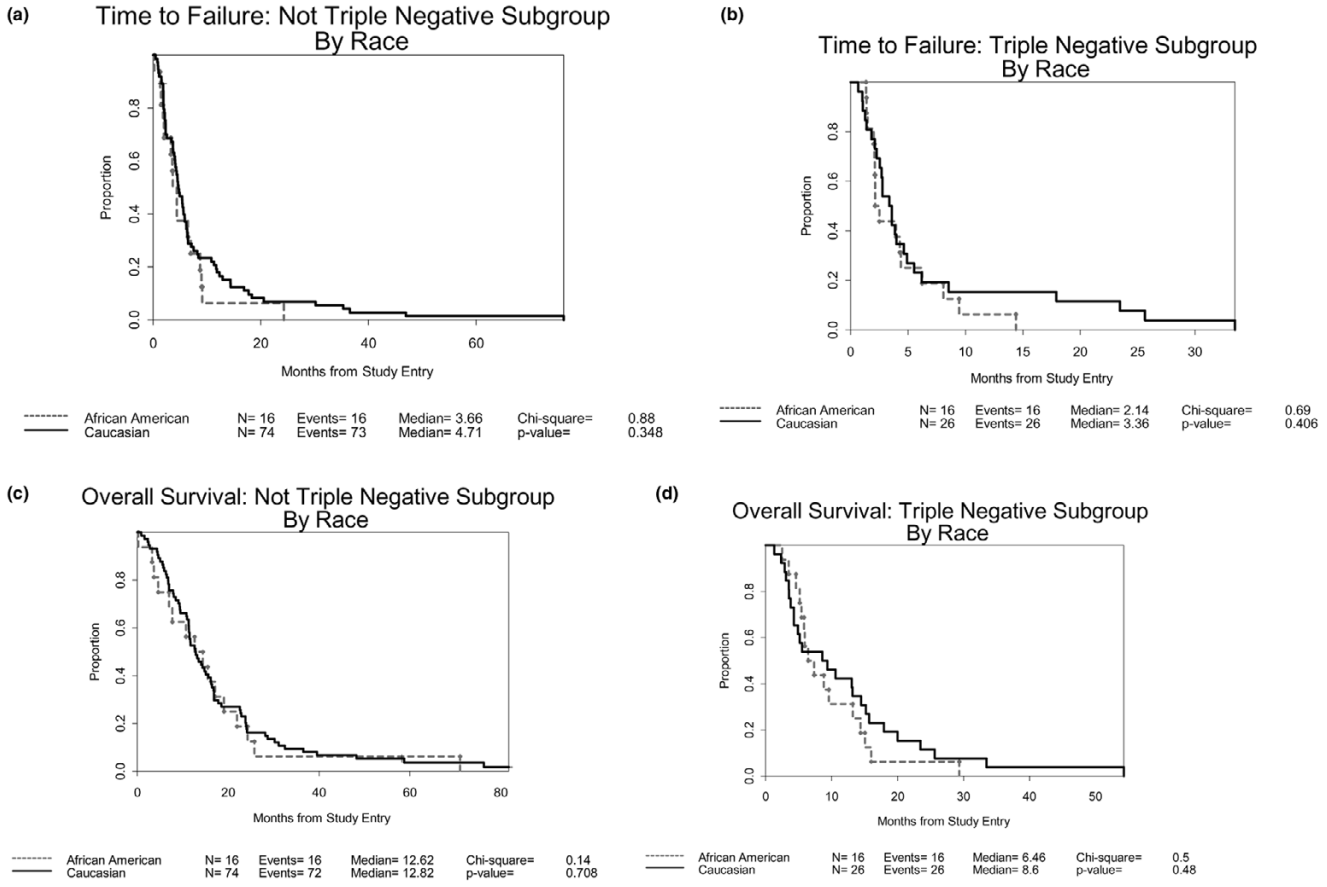
Method for ascertaining HER2	HER2 positive	HER2 negative	Log-rank *P* value
CB11	11.3 months	13.1 months	0.14
FISH	10.9 months	13.1 months	0.26
HercepTest: 2–3 versus 0–1	11.5 months	13.2 months	0.84

FISH, fluorescence *in situ* hybridization.

small, although the identical response rates in women with HER2-positive tumors and those with HER2-negative tumors suggests that a substantial difference in response rates would be unlikely in a larger sample.

Our data showed that hormone receptor status is important as a prognostic factor in this study but was not predictive of clinical response or TTF after paclitaxel therapy. Conflicting data have been reported regarding the role of ER in predicting benefit from taxane therapy. In CALGB 9344, a subgroup analysis demonstrated that the addition of paclitaxel in the adjuvant setting was more beneficial in women with ER/PR-negative tumors than in those with ER/PR-positive tumors [1]. This observation is supported by a combined analysis conducted by Henderson and coworkers [41], which demonstrated a strong relationship between ER/PR negativity and a benefit from chemotherapy. However, the results of the NSABP B-28 trial [2] and the Breast Cancer International Research Group (BCIRG) 001 trial [42] do not support this finding. Our study suggests that differences in survival as a

Figure 2



Time to treatment failure and overall survival for triple-negative subgroup, by race. Time to treatment failure: **(a)** not triple negative and **(b)** triple negative. Overall survival: **(c)** not triple negative and **(d)** triple negative. Patients were classified by race (African-American [dashed line] or Caucasian [solid line]) and divided into subsets based on triple-negative status. Exploratory analysis to investigate the interaction of triple negative status and race.