disease, single-drug therapy seems to be a valuable option. The logical consequence becomes that many women are treated with several lines of single-agent chemotherapy.

The chemotherapeutic agents mentioned in this article are anthracyclines, taxanes, capecitabine, vinorelbine, gemcitabine, epothilones, platinum, metronomic therapy as well as the various biological agents. Therefore, the number of potential lines is vast. Most of these agents have demonstrated their clinical activity in first- or second-line setting. Little evidence is available about the efficacy and the contribution to quality of life of these agents in third-, fourth-, fifth- or x-line therapy.

Dufresne et al. [2] found in a retrospective study of ~900 patients a median time of disease control was 9.3, 5.9, 4.63, 4.1 and 0.23 months in first, second, third, fourth and fifth lines, respectively. I wonder if these women were just unlucky to survive long enough (usually between 2 and 3 years) to be treated with most of these agents without any evidence of real clinical benefit beyond second- or third-line therapy? Decreased quality of life and increased health care costs might be the consequences.

I indicate, therefore, that breast cancer researcher should turn their attention to this important topic. I propose that the international panel for the treatment of metastatic breast cancer should address this issue in their next publication.

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# Third consensus on medical treatment of metastatic breast cancer

With great interest, I read the article by Beslija et al. [1] published recently in this journal. The range of topics touched is very broad and I believe that this article gives an excellent overview on the management of advanced breast cancer.

However, I wish to point out a subject that was not treated by this article, which I believe is important: because breast cancer is a chemosensitive disease, many chemotherapeutic agents are now available. As mentioned by the authors, multidrug chemotherapy is not necessarily better than single-drug treatments, archiving marginally better response rates at higher cost of toxicity. Particularly for slowly progressive