
To the Editor: We would like to retract the article entitled “Gene Expression Signatures, Clinicopathological Features, and Individualized Therapy in Breast Cancer,” which was published in the April 2, 2008, issue of JAMA. A component of this article reported the use of chemotherapy sensitivity predictions based on an approach described by Potti et al in Nature Medicine in 2006. The Nature Medicine article was recently retracted due to an inability to reproduce the results with the chemotherapy signatures. Because a significant component of this JAMA article was based on the use of chemotherapy signatures reported in the Nature Medicine paper, we have decided to retract the JAMA article. We apologize for any negative impact on scientific research or clinical care caused by the publication of our article in JAMA.

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Prostate Cancer Risk and Vitamin E

To the Editor: The observation by Dr Klein and colleagues that treatment with 400IU/d of α-tocopherol increased the incidence of prostate cancer might be explained by α-tocopherol inducing the depletion of γ-tocopherol. α-Tocopherol is 1 of the 4 forms of vitamin E that occur naturally in food (α-, β-, γ-, and δ-tocopherol). Treatment with large doses of α-tocopherol reduces serum concentrations of γ-tocopherol, thereby upsetting the natural balance of vitamin E isomers in the body. Both α- and γ-tocopherol have been found to inhibit the growth of human prostate cancer cells in vitro, but γ-tocopherol was more potent. In a case-control study of 10,456 men, higher blood levels of α-tocopherol and γ-tocopherol were each associated with a lower risk of developing prostate cancer, but the association with γ-tocopherol was stronger than that of α-tocopherol. In a randomized controlled trial, treatment with a relatively small dose of α-tocopherol (50 IU/d) significantly decreased the incidence of prostate cancer in a group of cigarette smokers.

These observations raise the possibility that both α- and γ-tocopherol have a protective effect against prostate cancer. However, when α-tocopherol is given by itself in large doses (such as ≥400 IU/d), depleting γ-tocopherol, the beneficial effect of α-tocopherol might be negated. Taking vitamin E as mixed tocopherols (containing all 4 forms of vitamin E) might not increase prostate cancer risk, and further research is needed to examine that possibility.

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