# Article information:

利用不同的细胞死亡模式预测三阴性乳腺癌患者术后的预后和药物敏感性 - ScienceDirect
<https://www.sciencedirect.com/science/article/pii/S1743919122007130?via%3Dihub>

# Article summary:

1. This article explores the use of different cell death models to predict post-surgery prognosis and drug sensitivity in triple-negative breast cancer (TNBC) patients.

2. A Cell Death Index (CDI) was calculated to evaluate the survival rate of TNBC, which showed accurate predictions for five independent datasets.

3. High CDI TNBC patients were found to be resistant to standard adjuvant chemotherapy but may be sensitive to palbociclib, a FDA approved drug for ductal breast cancer.

# Article rating:

May be slightly imbalanced: The article presents the information in a generally reliable way, but there are minor points of consideration that could be explored further or claims that are not fully backed by appropriate evidence. Some perspectives may also be omitted, and you are encouraged to use the research topics section to explore the topic further.

# Article analysis:

The article is generally reliable and trustworthy, as it provides detailed information on the research conducted and its results. The authors have used a variety of data sources from TCGA-BRCA, METABRIC, GSE21653, GSE176078, GSE75688, GSE<> and KM Plotter databases to validate their model. Furthermore, they have created a user-friendly website to promote the application of their CDI prediction model in post-surgery TNBC.

However, there are some potential biases that should be noted when assessing the trustworthiness and reliability of this article. Firstly, the authors have only explored one side of the argument – that PCD can be used as an indicator for predicting post-surgery prognosis and drug sensitivity in TNBC patients – without considering any counterarguments or alternative approaches that could be taken. Additionally, while the authors provide evidence for their claims by citing relevant studies and data sources, they do not provide any evidence for their claim that high CDI TNBC patients are resistant to standard adjuvant chemotherapy but may be sensitive to palbociclib. Furthermore, there is no discussion on possible risks associated with using PCD as an indicator for predicting post-surgery prognosis and drug sensitivity in TNBC patients.

In conclusion, while this article is generally reliable and trustworthy due to its detailed information on research conducted and results obtained from various data sources, there are some potential biases that should be noted when assessing its trustworthiness and reliability such as lack of consideration for counterarguments or alternative approaches; lack of evidence for certain claims; lack of discussion on possible risks associated with using PCD as an indicator; etc.

# Topics for further research:

* Alternative approaches to predicting post-surgery prognosis in TNBC patients
* Risks associated with using PCD as an indicator for TNBC patients
* Evidence for claim that high CDI TNBC patients are resistant to standard adjuvant chemotherapy
* Evidence for claim that high CDI TNBC patients may be sensitive to palbociclib
* Counterarguments to using PCD as an indicator for predicting post-surgery prognosis and drug sensitivity in TNBC patients
* Clinical trials for evaluating the efficacy of PCD as an indicator for predicting post-surgery prognosis and drug sensitivity in TNBC patients

# Report location:

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