Reviewer’s report

Title: A Randomized Two arm Phase III Study in Patients Post Radical Resection of Liver Metastases of Colorectal Cancer to Investigate Bevacizumab in Combination With Capecitabine Plus Oxaliplatin (CAPOX) vs CAPOX alone as Adjuvant Treatment

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Reviewer: Markus Buchler

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The manuscript “A randomized two arm phase III study in patients post radical resection of liver metastases of colorectal cancer to investigate Bevacizumab in combination with Capecitabine plus Oxaliplatin (CAPOX) vs CAPOX alone as adjuvant treatment” by Snoeren N et al. presents a study protocol of adjuvant treatment after liver resection or liver resection combined with radiofrequency ablation of metastasis of colorectal carcinoma. The adjuvant therapy consists of CAPOX alone or in combination with Bevacizumab. Bevacizumab is the first anti-angiogenic drug to be used in metastatic colorectal cancer and has predictable and generally manageable toxicity. It is an expensive medication, the relative cost-effectiveness has yet to be justified, therefore information for patient selection is extremely valuable. A benefit from the use of bevacizumab plus chemotherapy beyond progression remains unproven but data from non-randomised trials are encouraging.

Bevacizumab is recognised to cause hypertension, arterial and venous thrombosis, intestinal perforation and impairment of wound healing but can be safely used in patients undergoing surgery, particularly when the timing of surgery is controlled or -as suggested in the manuscript- start of chemotherapy 5 weeks after surgery.

The protocol appears to be thoroughly drafted with all necessary safety aspects taken into account.

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

I declare that I have no competing interests.