Reviewer’s report

Title: Retrospective exploratory analysis of VEGF polymorphisms in the prediction of benefit from first-line FOLFIRI plus bevacizumab in metastatic colorectal cancer

Version: 3 Date: 14 February 2011

Reviewer: Chris R Garrett

Reviewer’s report:

This is a relatively straightforward retrospective tissue evaluation of prognostic putative markers of bevacizumab sensitivity in patients with metastatic colorectal cancer. The authors clearly acknowledge the limitations of such a study and furthermore state that plans are ongoing to validate their preliminary findings in a prospective fashion. The conclusions adequately address the limitations of this particular data set. This data is of interest particularly since the field of biomarker development is becoming increasingly important in directing the clinical care of cancer patients.

The manuscript is well written but could do with editorial rewrite to make the English in the more common vernacular and therefore easier to read.

Minor Essential Revisions:


2. “While it has been proven that cetuximab is active only in patients bearing KRAS wild-type tumors, up today there are no predictive biomarkers of cetuximab efficacy.” I would revise this to incorporate new evidence that some patients with KRAS mutations may possibly benefit from anti-EGFR therapy, and that it is not entirely clear that benefit is limited to KRAS wild-type patients [De Roock W et al. Association of KRAS p.G13D mutation with outcome in patients with chemotherapy-refractory metastatic colorectal cancer treated with cetuximab. JAMA. 2010 Oct 27;304(16):1812-20].

3. Conclusions: remove the word “utmost”

4. Background: “anti-VEGF MoAb therapy” instead of anti-VEGF’s

5. “These events do not compromise the overall efficacy of VEGF inhibition, but especially when life-threatening, have a deep impact on the outcome of a single patient.” I would omit this sentence; although I understand what the authors are trying to imply, any life-threatening intervention would be expected to have an impact on a patient.

6. I think it would be easier to read if the mutations were listed as “VEGF-2578 C/A” instead of “-2578 C/A” throughout the manuscript.
7. Page 6: not sure why the abbreviation VEGF is variably italicized throughout the manuscript.

8. Page 6: tumoral should read tumor

9. Page 6: ECOG 2100 and throughout the manuscript.

10. Page 6: treated with the anti-VEGF should read anti-VEGF MoAb.


12. Page 8: which version of RECIST was used?


15. Page 9: omit apostrophe “patients”


17. Page 11: I would not include the doses of FOLFIRI but just state given in the standard fashion with a reference. The manuscript should state that the bevacizumab was given biweekly with the FOFIRI (the way it is written now suggests that it was only given day 1).

18. Results, page 11: all of the patient information data collected is present in Tables 2 and 3 do not have to be repeated in the narrative (redundant).

19. Page 12: mPFS should read median PFS

20. Discussion: instead of “blockade efficacy” I would say “clinical efficacy”.

Level of interest: An article of importance in its field

Quality of written English: Needs some language corrections before being published

Statistical review: Yes, but I do not feel adequately qualified to assess the statistics.
Declaration of competing interests:

I declare that I have no competing interests.