Reviewer's report

Title: Copy Number Amplification of the PIK3CA Gene Is Associated with Poor Prognosis in Non-lymph node metastatic Head and Neck Squamous Cell Carcinoma

Version: 2 Date: 15 May 2012

Reviewer: Chiara de Waure

Reviewer's report:

The paper “Copy Number Amplification of the PIK3CA Gene Is Associated with Poor Prognosis in non-lymph node metastatic Head and Neck Squamous Cell Carcinoma” has been improved by the Authors but some concerns do still exist.

Major Compulsory Revisions

Methods
1. It is still not clear if the recruitment was done occasionally or with respect to all patients who consecutively were submitted to surgical intervention. Furthermore, were there patients denying to be enrolled? Which are their characteristics?
2. The description of time at risk is still weak: when did the Authors start to count it? Which kind of assessment was done to establish the relapse? Who did perform them?
3. Why did not the Authors take into consideration further variables in multivariable approach (i.e. gender, length of the disease, etc).

Results
4. The Authors did add relative frequencies in Table 6 but they seem nonsense (i.e. primary site: percentages are neither row nor column percentages). Furthermore, some percentages are still missing. I do not contest the application of Mann Whitney test, but it should be referenced in methods section. I still believe that in same cases the Fisher exact should have been necessary.
5. The percentage of disease free survivors at 2 years should be discussed carefully; I did ask the Authors to deal with informative censoring but no detail was provided. How many censored were recorded in the two groups? Were they informative?
6. Did the Authors perform the multivariable approach also for overall survival?

Discussion
7. The limits of the study are not discussed at all.

Minor Compulsory Revisions

Methods
8. There is a duplicate sentence at the end of the part on statistics.

Tables
9. The Authors should check rounding in tables (i.e. table 5).

Discussion
10. Discussion does still present problems with rounding of percentage (KRAS is not 3% but 2.6%; with respect to reference 11 the percentage of patient with mutations should be 10.5% instead of 11%; PIK3CA is present in 32.2% of patients and not in 31.1% and this is less than one third - no more -).

**Level of interest:** An article of importance in its field

**Quality of written English:** Acceptable

**Statistical review:** Yes, and I have assessed the statistics in my report.

**Declaration of competing interests:**
I declare that I have no competing interests