Reviewer's report

**Title:** Identification of colorectal cancer patients with tumors carrying the TP53 mutation on the codon 72 proline allele benefited most from 5-fluorouracil (5-FU) based post-operative chemotherapy.

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**Reviewer:** J T Plukker

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The study of Ten-i Godai et al showed that TP53 status is of importance in predicting outcome of Stage III colon cancer patients treated adjuvantly with 5-FU based chemotherapy.

This was also demonstrated by Westra et al. in the JCO 2006;23:5635.

One of the limitations in the present retrospective study is that the group is too heterogeneously as it consisted of both colon and rectal cancer, left and right colon, which is not clearly defined and the absence of hereditary tumors.

Furthermore different chemotherapy regimens had been used and the number of nodal involvement as well as L/N ratio is not taken into consideration.

The number of stage III/Dukes C tumors is very small to draw general conclusions.

Another problem is the reasons not to treat all patients with Dukes C colon cancer suggesting a selection bias. What were the indications not to treat all patients (inclusion criteria)?

TP53 codon 72 seems to be associated with age of onset in colorectal cancer with MSH2/MLH1 silence mutation and also with tumorsize. It would be of interest to get this information from this series.