Reviewer's report

Title: Detection of human papillomavirus DNA and p53 codon 72 polymorphism in prostate carcinomas of patients from Argentina

Version: 1 Date: 17 May 2005

Reviewer: Luisa Lina L Villa

Reviewer's report:

General
As indicated by the authors, this manuscript addresses two controversial issues concerning the association between HPV and a common p53 polymorphism in benign and malignant prostate tumors. The study was generally well designed and conducted, but it is not clear why the numbers of cases tested for HPV are different than those used for p53 polymorphism assessment. Furthermore, there are several methodological issues that must be clarified before this manuscript can be considered for publication, as specified below.

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Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)
Authors must provide an explanation why numbers of cases do not match in the different tables. Since results were obtained based on PCR-assays, it is very important that the success rates for the globin gene amplification are clearly indicated, particularly when testing formalin-fixed samples. Was DNA isolated from blood as efficiently amplified as from fixed tissues? Moreover, how did the authors exclude false negative results in the HPV consensus primer PCR that generates a fragment often too large for specimens containing damaged DNA? Even more surprising is the mention of lack of HPV typing due to insufficient DNA (page 8): I would expect that the parafin blocks would be available for further collection of tissues, even after repeated sampling as indicated on page 5. In this concern, information about the microdissection procedure is lacking. Another methodological issue refers to the second assay to define p53 codon 72 polymorphism: a full description is included on page 7, but the results are not shown! Moreover, it is mentioned that both methods gave identical results that are summarized on table 4, which is not clear that this is the case. Finally, results presented on figure 1 need further explanation because neither the low molecular weight band (A) or the signals obtained after hybridization (B) are consistent with the expected DNA fragment generated by MY09/11 primers.

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Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)
I would prefer to avoid the term "HPV infected" carcinomas. Instead, use HPV-positive (or negative) tissues. I do not consider that Fig 2 is relevant, but in case it is kept, then the legend must contain the definitions for (H) and (C) which I assume refer to hyperplasia and carcinoma.

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Discretionary Revisions (which the author can choose to ignore)

What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions
Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Acceptable

Statistical review: No

Declaration of competing interests:

I declare that I have no competing interests related to this publication