Dear Editor,

Recently, we read an article “The effect of mutation status, pathological features and tumor location on prognosis in patients with colorectal cancer” that analyzes the prognostic factors of colorectal cancer. According to the clinical follow-up data, the genetic and epigenetic risk factors, such as perineural invasion, stage and grade, gender, age, RAS status, and tumor side, on the prognosis of patients with colorectal cancer were analyzed. This retrospective clinical study is of great significance for guiding clinical treatment, especially as part of a future meta-analysis.

However, we have some opinions which we want to discuss with the author: First, the treatment of patients with colorectal cancer during follow-up needs to be clearly described. Patients with colorectal cancer with different stages, pathologies, and molecular types will receive different treatment methods. If the impact of treatment on patient survival had not been excluded, the conclusion of this study would have been obviously controversial. For example, most of the studies listed in this article describe the treatment of the observation group.

Second, in retrospective clinical studies, the criteria for admission or exclusion should be clear, and it should be based on widely accepted and latest version of literature or guidelines as much as possible. Some references in this study were obsolescence. One can refer to the recent literature to make the research background, design, and implementation more scientific so as to get the conclusion more convincing.

**AUTHORS’ CONTRIBUTIONS**

ZC: Writing – original draft, Writing – review & editing.

ZG: Writing – original draft, Writing – review & editing.

**REFERENCES**


1Taizhou Municipal Hospital, Department of Gastroenterology – Taizhou, China.

*Corresponding author: guzhashuotzc@163.com

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