

Letter to the Editor



Comment on GSK3 β Polymorphisms and Colorectal Cancer

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We read the publication on “GSK3 β Polymorphisms Are Associated with Tumor Site and TNM Stage in Colorectal Cancer (CRC)” with great interest.¹ Rosales-Reynoso et al. concluded that “GSK3 β gene polymorphisms play a significant role in promoting or preventing CRC”.¹ This report is a report that can add to the data on the relationship between GSK3 β Polymorphisms and CRC. Considering T>C GSK3 β Polymorphism as a single genetic factor, the possible molecular mechanism that might be related to the clinical association with CRC is due to the genetic variant induce molecular weight change. Based on the molecular calculation according to standard technique presented in the previous referencing studies,² the molecular weight change due to T>C GSK3 β Polymorphism is equal to -15 g/mol (from 126.1 to 111.1 g/mol). Nevertheless, not only GSK3 β Polymorphisms but also other genetic polymorphisms can have clinical impacts on CRC.³ Some good examples of those genetic polymorphisms are MMP-7 Gene Promoter

Region and UCP2 polymorphisms.^{4,5} In the present report, Rosales-Reynoso et al. studied only GSK3 β Polymorphisms and cannot rule out the possible effects of other polymorphisms.

Authors' Contribution

Both authors had equal contribution in generating the ideas, analyzing the data, drafting and approving the final version of the manuscript.

Conflict of Interest Disclosures

None.

Ethical Statement

Not applicable.

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