Reviewer #1:

Scientific Quality: Grade C (Good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Minor revision

Specific Comments to Authors: The authors reported a case of sigmoid colon adenocarcinoma with hepatic metastases that had a T790M mutation and achieved good results after treatment with osimertinib. They illustrated a successful example of using large panel multi-gene sequencing assays to identify potential targets and find proper medicine on such diseases. A relatively rare precise treatment was successfully implemented for this case. However, I prefer to know the possible reason why an other case in the same type achieved only 95-day response form literature published (Line 3-4, the fourth paragraph of the part of Discussion).

Thank you for your insightful comments. In the cited case report, the cancer was positive for a RAS mutant G13D at diagnosis, which is downstream of EGFR. Mutations of this pathway are established as strong negative predictive markers, and may preclude efficacy of these therapies. The patient also had an uncommon EGFR L861Q mutation compounded with the EGFR T790M at the time of osimertinib initiation. It is speculated by the authors the patient originally only had the EGFR L861Q mutation and the T790M was acquired during the clinical course prior to starting osimertinib. With one mutation acquired during the clinical course, it is possible another resistance mechanism was acquired after starting osimertinib. This hypothesis along with the RAS mutation are potential explanations for the short response time noted compared to our patient. This explanation was added to the fourth paragraph of the Discussion section.

Reviewer #2:

Scientific Quality: Grade A (Excellent)

Language Quality: Grade A (Priority publishing)

Conclusion: Accept (High priority)

Specific Comments to Authors: This is a very interesting manuscript about EGFR T790M mutated in a colorectal cancer patient; and also the tumor of the patient response to osimertinib. This is rare case, not reported before in literature. Gene panel in advanced colorectal is critical important expecially in the late line therapy. The limitations of the study are patients harburing EGFR T790M mutation or other activating mutations are not common.

Thank you for your positive comments. We agree that these are rare mutations (Discussion section, paragraph 3), and that broad gene panel assessments are critical in the later lines of therapy for these patients.