Reviewer’s report

Title: Multicenter Comparison of PEG-IFN 2a or 2b Plus Ribavirin for Treatment-naive HCV Patient in Favorable IL-28B Polymorphism Dominant Area

Version: 1 Date: 27 December 2012

Reviewer: Eckart Schott

Reviewer’s report:

Jin et al. provide a retrospective analysis of Korean patients with chronic hepatitis C treated with either pegIFNa2a oder a2b. They find no difference regarding the efficacy or tolerability of both treatment regimens.

This is a well performed study in a large patient cohort, which sheds more light on a much disputed issue, namely the question whether one of the both available interferons is superior. The main difference between this and prior studies ist hat this is an exclusively Asian population.

Apart from the fact that, while important and adequately addressed, the issue is somewhat outdated in the era of protease inhibitors, I have several comments:

• The title should be changed. It should state that this is a retrospective analysis in Asia. While the authors are right to point out that this is an area of favorable IL28B genotypes, the title implicates that IL28B was actually analyzed. IL28B should not be part of the title.
• Since ribavirin dosing has always been an issue in the European studies, the authors should provide actual ribavirin doses in both groups.
• While it is correct to use an ITT analysis for the primary outcome, PP data should also be presented for SVR, since more patients discontinued treatment in the a2a group.
• In Table 1, the line entitled SVR does not state the numbers/% of SVR but the numbers/% of patients treated with a2a vs. a2b
• No statistics should be calculated for n=5-6 (patients with stage 3-4 fibrosis) since groups are just too small.
• 80-80-80 rule should be used consistently throughout the ms (tables).
• More details regarding the propensity score matching need to be provided. How exactly were the patients matched? If they were matched for age and gender, age and gender cannot be an outcome in table 3.
• The numbers for SVR don’t add up in table 2 (HCV-RNA, upper part)
• The numbers for male gender don’t add up in table 3. This makes me a bit uneasy about all the other numbers which I can’t easily recapitulate.
• I don’t understand the statistics in table 4. What does the p value stand for? Comparison of patients with any AE or just grades 1-2? Or just stage 3? Why is
there no p-value for flu-like symptoms? Please clarify and provide p-values for the comparison of patients with any event and with grade 3-4 events.

**Level of interest:** An article of importance in its field

**Quality of written English:** Needs some language corrections before being published

**Statistical review:** Yes, but I do not feel adequately qualified to assess the statistics.

**Declaration of competing interests:**

I have received lecture and consulting fees from Roche and MSD.