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

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Reviewer: Steffen Zopf

Reviewer's report:

Jin and colleagues compared the two different PEG-interferons, alpha-2a and alpha-2b, in combination with ribavirin in a Korean cohort with chronic hepatitis C genotype 1 and 2/3. The data were collected in a multicenter trial and analyzed retrospectively. The authors analyzed data of 661 treatment-naïve patients from 14 sites. This big cohort in a multicenter trial is a major plus factor of the study.

The authors themselves named some of the limitations of the study: The study has only a retrospective design, the data of dose modifications and AE monitoring were not strictly controlled and RVR rates were not evaluates for the whole cohort. The third point is due to the collection date of data from 2000-2008, where RVR was no standard at the early time points. Nevertheless the question posed by the authors is well defined and the methods are well described. The data are sound with the above named limitations.

The main findings of the manuscript are the equivalence SVR rates of both PEG-IFNs in an Asian cohort.

Major Compulsory Revisions:

1. A point of critique is missing data of IL-28B genotype data from the cohort. The authors discuss the favorable IL-28B genotype in Korea and conclude from this the well virologic response rates. If possible, maybe with frozen serum samples, I would recommend to analyze IL28B genotype in a fraction of the treated population. These data would strengthen the evidence of the manuscript. If it is not possible because of missing probes this fact should be discussed in the manuscript.

2. If there are no own IL-28B genotype data, the title of the manuscript is misleading. I would recommend describing the Korean/Asian population in the title.

3. Meanwhile the combination therapy with protease inhibitors, PEG-IFN and Ribavirin is standard in genotype 1 patients. Nevertheless, the backbone of the therapy is still PEG-IFN, why the conclusion of the manuscript is important. The protease inhibitors and the role of pegylated interferons (backbone) in the triple therapy should be discussed in the manuscript.

4. In Table 2 the SVR-rates of genotype 1 have to be corrected (62.2% vs. 64.2%).
5. The small numbers of histology samples, especially in the PEG-IFN alpha-2b group, should be discussed. Are there any elastometry-data available?

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Acceptable

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