Reviewer's report

Title: The French national prospective cohort of patients co-infected with HIV and HCV (ANRS CO13 HEPAVIH): Early findings, 2006-2010

Version: 3 Date: 12 August 2010

Reviewer: Massimo Puoti

Reviewer's report:

This paper describes the characteristics of the patients included in a large national ongoing cohort of HIV-HCV infected patients recruited in 17 French hospital wards from 2006 to 2008 and reports its main follow-up achievement to date.

The description of the cohorts is complete and clear. The methodology of this cohort study is appropriate and well described. The data sounds interesting and promising for future studies.

The manuscript adheres to the relevant standards for reporting and data deposition.

The discussion and conclusions are well balanced and adequately supported by the data and by the comparison with current literature. The limitations of the work are clearly stated.

Even if the authors clearly acknowledge most of the work upon which they are building, some longitudinal studies on HIV-HCV coinfected should be cited. The title and abstract accurately conveys what has been found and the writing is acceptable.

There are some points that need revision:

Introduction

Page 4 There are some good longitudinal studies on factors associated to clinical progression of HIV-HCV coinfected patients that should be cited.

Methods

It should be specified if enrolled patients were those consecutively seen in each centre during the enrolment period that gave their informed consent to the inclusion in the cohort.

The number of included patients with SVR was established a priori or it was casual.

The quality criteria of Liver Biopsy (6 portal tracts) is insufficient to accurately diagnose cirrhosis. According to this criteria an underestimation of the stage of liver disease in biopsied patients is highly probable given the hierarchical algorithm that has been described. However biopsied patients are a minority and this cannot heavily influence patients’ classification.

Results

The rate of SVR is very low (40/238: 17%); SVR data should be stratified.
according to treatment received (IFN monotherapy, PEGIFN monotherapy, IFN + R, PEGIFN + R) and when it was known by HCV genotype.

Follow up data are very interesting even if the duration of median follow up is short (< 18 months). Given the usage of several methods to identify “cirrhotics” the predictive value of the algorithm and of each single test on the occurrence of HCV related severe events could be identified. This is very important information for clinical practice.

Discussion

As a general comment the discussion on the characteristics of the cohort could be shortened and a discussion on follow up data could be included.

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

declare that I have no competing interests