Author's response to reviews

Title: Rate and determinants of treatment response to different antiretroviral combination strategies in subjects presenting at HIV-1 diagnosis with advanced disease.

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Version: 2 Date: 23 November 2011

Author's response to reviews: see over
According to your request we have addressed all the reviewers’ comments in a revised manuscript providing a point-by-point response to the concerns.

Best regards,
Ivano Mezzaroma, MD

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**Answer to reviewers’ comment on revised manuscript**

**Reviewer's report**

**Title:** Rate and determinants of treatment response to different antiretroviral combination strategies in subjects presenting at HIV-1 diagnosis with advanced disease.

**Version:** 1  
**Date:** 2 November 2011  
**Reviewer:** Raphaël Porcher  
**Reviewer's report:**

The authors have satisfactorily answered several of my comments, and the manuscript has been improved. Some points should however be considered.

**Minor essential revisions**

1. In table 1, estimating a proportion with a 95%CI is correct for immunovirological success (binary endpoint), but not for switch which is a censored endpoint. The estimated probability at a predefined timepoint estimated by Kaplan Meier should be given instead, with its 95% CI.  

**We have restructured Table 1, adding switch probabilities at 48 months and unadjusted hazard ratios (previously odds ratios were shown). Based on the request to use a predefined time-point for analysis, we have now censored all follow up at 48 months, reporting 48 month-data for switch, with substantially unchanged results. Appropriate changes have been introduced in the Methods section.**
2. Presenting 95% confidence intervals for the proportions is not a way to summarize categorical variables (the count and percentage are sufficient for that). The 95% confidence intervals are not descriptive but inferential statistics. This could be made clearer in the methods.

The presentation of 95% confidence intervals for the proportions was specifically requested by the other reviewer in the comments (comment 3 of minor revisions) on the original manuscript. We had originally presented data as counts and percentages but were requested to report 95%CI. 95%CIs for proportions have been now requested also for figure 2 (see Reviewer's 1 report below). We have now removed confidence intervals for proportions from baseline characteristics and tables. Appropriate changes are now introduced in the Methods section.

3. Table 1, the association measure presented for switch is not odds ratio but hazard ratio, if the methods are exact.

Table 1 has been restructured with unadjusted hazard ratios (see also comment 1 above).

4. It would be preferable to present hazard ratios and odds ratios in tables 1 and 3 with the same reference category (e.g. age < 50 or age > 50, but not age < 50 in table 1 and age > 50 in table 3).

We agree. Tables are now presenting the same reference categories.

Discretionary Revisions
1. I still believe percentages should be rounded to the nearest integer. Given the sample size, 0.5% does even not correspond to one single patient.

We have rounded the percentages throughout the manuscript.

Reviewer's report
Version: 1 Date: 19 October 2011
Reviewer: Mattia, Carlo Felice Prosperi

Reviewer's report:
The authors have adequately responded to the raised issues. I think that the manuscript is suitable for publication. As a final comment, the study design was interesting but I think that the overall conclusions are severely limited by the limited sample size. This highlights the need of a nation-wide DB for the benefit of scientific research and patients.

Discretionary Revisions
Please report also incidence rates for the second analysis and plot confidence intervals in the last figure.

We have now reported probability of switch at 48 months in Table 1. For Figure 2 and in general for reporting of confidence intervals see answer to comment 2 from the other reviewer.