Reviewer’s report

Title: Correlation of anti-fungal susceptibility with clinical outcomes in patients with cryptococcal meningitis

Version: 1 Date: 3 September 2012

Reviewer: J Lewis

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Major Compulsory Revisions:

1) It appears from reviewing table 2 that there is a consistent trend toward the patients who failed being more likely to have comorbidities and severity of illness that would predispose them to a poor clinical outcome. More needs to be done to address this issue. i.e. the cured patients are younger, have less HIV, have less steroids, have less cirrhosis, have less prior antifungal therapy, etc. If this is not addressed there is a high likelihood that the elevated MICs may strictly be a marker for severity of disease and underlying comorbidities rather than an independent predictor of outcome.

2) Is it reasonable to mix HIV and non-HIV patients in this disease state?

3) Why did patients receive amphotericin B? My guess would be that they were deemed to be sicker by the clinicians involved in their care?

4) Line 170-1: The finding that fluconazole was equivalent to amphotericin B in clinical outcomes is markedly different than several studies. Again could this be because of underlying differences between the 2 groups?

5) Lines 175-181 sound as though they confirm my concerns regarding selection bias in the treatment arms and underlying differences between the failure and cured patients.

Minor essential revisions:

1) Lines 253-4 - Were the testing methods identical?

2) What doses of fluconazole were used in these patients for initial treatment?

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:
Consultant with honoraria for Astellas, Merck, and Pfizer