Reviewer's report

Title: Efficacy and safety of thrice weekly DOTS in tuberculosis patients with and without HIV co-infection: an observational study

Version: 2 Date: 28 May 2013

Reviewer: Ronan Breen

Reviewer's report:

A nice paper and well-written. This is an important area to study.

Major essential revisions:

1. The abstract is strangely lacking in data. This makes it vague and will not attract readers. This should be changed.

2. In the methods, I am unclear as to how adverse events were graded. This then makes interpretation of the very high rates of nausea and vomiting and abdominal pain, alongside very low rates of hepatotoxicity and neuropathy, difficult to interpret. Please amend.

3. I am unclear in the methods as to the standard tests used. Did all have culture? Was PCR routine? This needs to be clarified. I think also at present the list of possible tests performed is distracting and could be removed.

4. I am not clear about some exclusions. In particular, diabetes and alcoholism. Is this per local guidelines?

In figure 1 I think it should say why people were excluded.

Minor essential revisions:

1. Table 2: I am not sure I recognise miliary TB only in the lungs. Surely it is always disseminated?

Discretionary revisions:

1. Table 2: I think the numbers in the sub-groups should also be expressed as percentages.

2. The proportion with smear positive disease is very high. Is this usual for your population?

3. Conversely, the culture positive proportion seems low with those smear figures. This may relate back to the questions in the methods but can you explain this please?

4. Table 8: Is there a reason why so many HIV+ were lost to follow up?

5. I am very surprised at how infrequent neuropathy was if you were using stavudine. How commonly was stavudine used?
6 Page 11: What is a category II regimen?

7 Page 11: Could you give the numbers in the results for smear and culture conversion at month 2 please?

8 the frequency of IRIS is rather low and the timing is quite late. Do you have any explanations for this? This is important as may relate to adherence to both ATT and ART

9 Page 16: I am unclear from your data why extending the length of treatment would be beneficial. When ATT was extended was that the intensive or continuation phases?

10 Page 16: Perhaps you could reference some of the more recent papers on starting ART such as Camelia and Sapit studies

Level of interest: An article of importance in its field

Quality of written English: Acceptable

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

Declaration of competing interests:

'I declare that I have no competing interests'