Author's response to reviews

Title: Nevirapine versus Efavirenz-based highly active antiretroviral therapy regimens in antiretroviral-naive patients with HIV and Tuberculosis infection in India: A pilot study.

Authors:

Sanjeev Sinha (drsanjeevsinha2002@yahoo.com)
P Raghunandan (raghunandan88@gmail.com)
Rahul Chandrashekhar (rahulcshekhar@gmail.com)
Surendra K Sharma (sksharma.aiims@gmail.com)
Sanjiv Kumar (sanjeevchaudhary.aiims@gmail.com)
Sahajal Dhooria (sahajal@gmail.com)
Meera Ekka (drmeera_2004@yahoo.co.in)
Velpandian T (tvelpandian@yahoo.com)
Sanjay Ranjan (drs.r@rediffmail.com)
Hafiz Ahmad (hafeezaiims@gmail.com)
J C Samantaray (jsamantaray@yahoo.com)
S Venkatesh (drsvenkatesh1@gmail.com)
B B Rewari (drbbrewari@gmail.com)
N H Khan (nawaid.micro@gmail.com)
R M Pandey (rmpandey@gmail.com)

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Author's response to reviews: see over
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Reply of the comments:

Title: Nevirapine versus Efavirenz-based highly active antiretroviral therapy regimens in antiretroviral-naive patients with HIV and Tuberculosis infection in India: A pilot study.

Dear Editors,

Thanks for your comments. This is to inform that we have revised the MS as per your comments. The MS was submitted for professional editing service to improve English and style. The revised MS have track changes and highlighted in yellow.

We are pleased to inform you that the editors have now decided to accept your manuscript. However, before we can proceed we will need you to make some changes to your manuscript. We strongly urge you to make these changes promptly, as we cannot proceed to the next process until we have received a version containing the changes.

Editor’s comments:

I've spotted several typo's in the MS, so please convey the following message to the authors:

"This MS is acceptable in principle, however I've spotted several typo's that need to be corrected.

For instance:

1) abstract: please use the same format for decimal numbers; write 9/68 instead of 09/68; eliminate the space before 0.94 (p=...) and pay attention to conjunctions (e.g., "though" is not appropriate before "it was not significant");
   Answer: Large parts of the abstract have been rewritten for clarity. The requested changes have also been made.

2) page 4: please cite a reference for the WHO HIV treatment guidelines and do not capitalize Fixed-drug combinations. Moreover, pay attention to verbs (e.g., "are" safe in pregnancy);
   Answer: The reference has been added. (Ref no. 5) The other changes have also been made.

3) page 5: do not use comma between "and" and "hepatotoxicity"
   Answer: The correction has been made.

4) page 8: should be through instead of trough concentrations?
   Answer: “trough concentrations” is the correct spelling. Trough concentrations represent the lowest concentration of drug between two doses.

5) page 10: please correct: "military" TB?
   Answer: this has been corrected to miliary.

6) pay attention to use explanations for acronyms only the first time that you use them and not hereafter (e.g., antitubercular regimen, ATT).
Answer: All the acronym errors have been corrected.

I also suggest to make less strong conclusions (nevirapine could be ...) and clearly state the limitations of this work.
Answer: The conclusion has been made less strong. (Pg 15)

Along this line, please note that although the NRTI backbone may be homogeneous, I did not find it clearly stated (I may have missed it). There are papers showing that some NRTI backbones (such as TDF/DDI in association with EFV as demonstrated, among others, by my group and published in Antiviral Therapy) are associated with risk of virological failures. This merits to be recognized and discussed in the paper.

Answer: "After two to eight weeks of ATT, they were started on ART, which consisted of zidovudine and lamivudine combined with either twice daily nevirapine or once a day efavirenz as per their randomization. Those who had haemoglobin less than 8 g/dl were administered stavudine in place of zidovudine." The above mentioned line has been stated on pg 7 of the MS. Therefore the only two NRTI backbones that were used were 3TC + AZT or 3TC + d4T. Also the proportion of individuals with Hb<8 were similar in the two trial arms. Both these NRTI backbones have been known to be safe and effective.

Lastly, I suggest to submit the paper to a professional editing service to improve English and style.

Answer: We have submitted the MS for professional editing service to improve English and style. The revised MS have track changes.

Request for Copyediting:

Copyediting:
After reading through your manuscript, we feel that the quality of written English needs to be improved before the manuscript can be considered further.

We advise you to seek the assistance of a fluent English speaking colleague, or to have a professional editing service correct your language. Please ensure that particular attention is paid to the abstract.

For authors who wish to have the language in their manuscript edited by a native-English speaker with scientific expertise, BioMed Central recommends Edanz (www.edanzediting.com/bmc). BioMed Central has negotiated a 10% discount to the fee charged to BioMed Central authors by Edanz. Use of an editing service is neither a requirement nor a guarantee of acceptance for publication. For more information, see our FAQ on language editing services at http://www.biomedcentral.com/info/authors/authorfaqs#12.

Answer: We have submitted the MS for professional editing service to improve English and style. The revised MS have track changes.