Reviewer's report

Title: Single tablet regimens are associated with reduced Efavirenz withdrawal in antiretroviral therapy naive or switching for simplification HIV-infected patients.

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Reviewer: Nicola Gianotti

Reviewer's report:

Re: 'Single tablet regimens are associated with reduced Efavirenz withdrawal in antiretroviral therapy naive or switching for simplification HIV-infected patients.' by Massimiliano Fabiani, and coll.

The authors studied retrospectively 553 patients who started any cART regimen including EFV+2NRTIs or switching to EFV+2NRTIs for simplification after virological suppression and they conclude that EFV co-formulated in STR was associated with lower virological failure and higher adherence, despite a similar proportion of CNS toxicity, thus reducing the risk of treatment interruption.

The paper is well written and the sample studied is adequate. Conclusions are largely expected based on previous similar works; however, this manuscript presents some original analyses and information not previously published.

Some minor modification may improve the quality of the manuscript.

Conclusions (both at page 2 - abstract - and at page 9): the sentence "EFV co-formulated in STR was associated with lower ..." maybe misleading and hence should be rephrased as follows: "starting EFV co-formulated in STR was associated with lower ...."; in fact, the authors did not study a switch from STR to a regimen with the same drugs not co-formulated; thus their results could not necessarily apply (for instance) at switches from a branded STR to generic drugs.

In other words, the fact that starting EFV co-formulated in STR is associated with a lower hazard of virological failure and with higher adherence does not necessarily mean that patients tolerating well a STR will be certainly less adherent or will interrupt more likely treatment after switching to a regimen with the same drugs, not co-formulated.

This issue should be addressed in the discussion.

In the discussion, authors should also try to discuss the protective effect of a low nadir CD4 count on EFV interruption, which I think was quite unexpected.

Level of interest: An article of limited interest

Quality of written English: Acceptable
Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests: 
I declare that I have no competing interests