Reviewer’s report

Title: Fast relapse and high drop out rate of 48 weeks daily interferon monotherapy in HIV-infected patients with chronic hepatitis C.

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Reviewer: Dr Scott Cotler

Level of interest: A paper whose findings are important to those with closely related research interests

Advice on publication: Unable to decide on acceptance or rejection until the authors have responded to the compulsory revisions

Dr. Bruno and colleagues report a relatively large single center experience with the use of daily interferon for the treatment of hepatitis C virus (HCV) infection in patients with HIV co-infection. The study is particularly important because it shows that daily interferon therapy was poorly tolerated and ineffective in this patient population. I feel that readers would benefit if the authors could expand on a number of issues.

Compulsory revisions

. Abstract
  o The manuscript does not include an abstract
. Methods
  o Please include a definition of "as treated" analysis
  o Please mention the time points at which CD4 count and HIV RNA were measured during the study
  o What was the protocol for interferon dose reduction?
. Results
  o What were the HCV genotypes of the end-treatment virological responders? Were any of the responders cirrhotic?
  o Please compare the baseline CD4 counts of end treatment responders and non-responders
  o Were there any HCV virological breakthroughs during interferon therapy?
  o How many of the patients who completed treatment had interferon dose reductions? Were interferon
dose reductions more common in nonresponders?
- Please include any available data regarding adherence to interferon therapy
- There was a high rate of drop out due to depression. Was treatment provided for depression? If so, how many patients were on antidepressants at the initiation of interferon therapy. How many patients were treated with antidepressants during interferon therapy?
- Were any infectious complications noted during interferon therapy, particularly in patients who developed neutropenia?
- Did you observe a reduction in absolute CD4 count or percent CD4 cells with interferon therapy?
- Did any patients develop detectable HIV RNA levels during interferon therapy?
- You mention that patients showed a "reduced acceptance" of antiretroviral therapy during treatment with interferon. Table 3 is referenced, but does not directly address this issue. Do you have data regarding adherence to antiretroviral therapy during the study period?

Discussion
- Data from previous interferon treatment trials are combined without taking differences in methodology such as dosing regimen and duration of therapy into account. I would suggest providing a range of response rates as opposed to a summary result of disparate studies.
- The authors should clarify the last sentence of the discussion. That is, the phrase "according to immunological status" is vague.

Discretionary Revisions
- Table 2 adds little to the text. The authors may want to consider replacing it with a bar graph of the virological response per the intent to treat analysis.
- The authors could correct spelling and grammatical errors. Spaces should be inserted between paragraphs.

Competing interests:

None declared.