Reviewer's report

Title: Treatment of isoniazid-resistant pulmonary tuberculosis

Version: 1 Date: 27 June 2007

Reviewer: Prasanta Mohapatra

Reviewer's report:

1. Is the question posed by the authors new?-No, and well defined?-yes
2. Are the methods appropriate and well described, and are sufficient details provided to replicate the work?-No
3. Are the data sound and well controlled?-Randomization not done.
4. Does the manuscript adhere to the relevant standards for reporting and data deposition?-needs modification
5. Are the discussion and conclusions well balanced and adequately supported by the data?-yes
6. Do the title and abstract accurately convey what has been found?-yes
7. Is the writing acceptable?-needs modification

Comments:

-Major Compulsory Revisions (which the author must respond to before a decision on publication can be reached)

Comments in detail

1. In this retrospective study a 6-month regimen that consists of 2 months of therapy with INH, RIF, EMB, and PZA, followed by 4 months of therapy with INH, RIF, and EMB administered as daily therapy (2HREZ/4HRE) as a part of National tuberculosis program. The INH resistance was detected after 2 months in 64% patients just INH was withdrawn or PZA added in place of INH. So author should mention 2HREZ (actually administered) in place of 2REZ.

2. When the subjects are sputum positive pulmonary TB with drug resistance, treatment completion rate should not be should not be the criteria of success. Definition of cure (conversion of sputum positive to negative at least at the end of the study) should be considered. Patient can remain sputum negative during the treatment period and can be sputum positive during end of the short course treatment. This is known as ‘fall and rise’ phenomenon, very common in drug resistant patients. Author should not consider ‘treatment completed’ patients from success rate.

3. Two similar regimen (2REZ/7RE) and (2REZ/10RE). The intensive phase remained same in both the regimens only continuation phase were 7 months and 10 months respectively. The longer duration treatment has inferior result (71% vs. 100%). This result is surprising. This may be clarified.

5. Inclusion criteria (new case/ previously treated/default/relapse etc) should be clearly defined. Treatment history is very important for treatment drug resistant tuberculosis and should be mentioned broadly. Authors have mentioned same only 3 treatment failure cases. The

6. Authors may mention the incidence and/or prevalence of drug resistance (particularly to INH) in that geographical area.

7. The terms like ‘cavitary consolidation’ is inappropriate, may be changed

**What next?:** Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

**Level of interest:** An article whose findings are important to those with closely related research interests

**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