Reviewer's report

Title: Cysticlean(R) a highly PAC standardized content in the prevention of recurrent symptomatic postcoital urinary tract infections: an observational, prospective cohort study.

Version: 1 Date: 9 March 2013

Reviewer: Antonio Cicione

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In the present pilot study the authors evaluated the efficacy of American cranberry extract (Cys) to prevent post coital urinary tract infection (UTI) in 20 sexually active women (mean age 35.2 years). Second end point was the assessment of improvement in QoL after therapy measured by a VAS scale (range 0-100). Bearing in mind the high prevalence of urinary tract infection and the elevated risk of recurrence in women, new clinical trial about it are desired. So far, patients received the medication with Cys for 6 months by a scheme related to number of patients sexual intercourse: one or less sexual intercourse per week- 1 Cys daily for three days, more than two weekly sexual intercourse- 1 Cys post coital. Follow up contemplated three visits: baseline, after 3 and 6 months of treatment. Mainly during follow up QoL score and presence of symptomatic urinary infection (documented by urine culture, only if patient referred urinary symptoms) were recorded.

At the end of the study a significative improvement in QoL and reduction of number of urinary infections episodes were documented.

Some considerations needs to be done about this study:

Major Compulsory Revision

1. Sexual intercourse is well recognized to be a risk factor for urinary infection. Moreover it is also common having LUTS in women after sexual intercourse. However, it is hard to clearly define a “post coital urinary infection” because the UTI definition needs presents of urinary symptoms and positive urine culture but there is not in specific literature a detailed definition of “post coital urinary infection” (reporting the time relationship between sexual intercourse and IVU diagnosis). Whereby the number of urinary infection episodes (and not “post coital infection”) is recorded as study outcome in this and other studies. For those reasons, the word “symptomatic post coital” should be removed from title study, in order to better focalize the use of Cys after sexual intercourse to prevent recurrent UTI.

2. In discussion section some study limits should be reported. As first the short sample number and follow up period. However they may be acceptable for a pilot study needs to estimate the sample for follow study. Then using a VAS score is not a standardized method or test to assess QoL. However, this simple way may be accepted after a simple consideration about it in discussion.
Discretionary Revision

1. Did authors consider the use of contraception in patients such as intrauterine device condoms or diaphragms? An increased risk for UTI is documented in this circumstance.

2. Finally, although the study is not a randomized clinical trial, according to CONSORT statement, a study flow diagram could facilitate reader to understand study design.

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

**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.