Author's response to reviews

Title: Durability of Antiretroviral Therapy and Predictors of Virologic Failure Among Perinatally HIV-Infected Children in Tanzania: A Four-Year Follow-Up

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Author's response to reviews: see over
Minor Essential Revisions

The data as it currently is presented remains difficult to follow as the results section covers data from a variety of subgroups between 2 studies. There are a couple of instances where the numbers between the studies did not match up. For example, in going back to the first study it was reported that 65 patients (on both 1st and 2nd line) had VF. However in this manuscript it appears as though a total of 72 (18+54) patients had VL in the original study (lines 214-216).

- We thank the reviewer for this thorough review and for pointing out this inconsistency. For the current study, viral load data from of the first viral load result of the original study (time period 2008-2009) was included in the data analysis. As several participants received more than one viral load on study during this time frame (seven who met the definition for virologic failure), we included the first result/regimen in the current study based on chart review and comparison with the original database. The revised statement still accurately notes that those not enrolled in the follow up study were not statistically different than those who did enroll (lines 211-214).

There also appears to be a mistake on line 235 when the number originally suppressed on 1st line is reported as 96 but in table 2 is reported as 97 (this may due to the problem of considering the 1 patient on a PI-based regimen- for the purpose of this analysis it may be easiest to exclude this patient).

- This was simply a typo and is now corrected (74/97=76%) (line 231). The table was correct.

Table 2 is helpful but it may actually be more easily digestible if it were put together as a flowchart as opposed to a table. In reviewing I found myself turning the table into a flowchart of sorts in order to understand the data across the different patient groups as in the text it was often difficult to figure out how the denominators were derived.

- We appreciate this suggestion and have substituted Table 2 for Figure 2, a flowchart.

Discretionary Revisions

Though line 234 mentions that the majority of patients were on 1st line in the original study it does not follow up to comment on the significant numbers that were identified as having VL and switched to 2nd line with very few switching in the interim- there is no mention of this in the discussion.

- Thank you for this suggestion. This has now been mentioned in the text (line 303-308)