Discretionary revision

Andersohn et al present an historical comparison of Simeprevir plus Peg-IFN/RBV (study C212) with 12 studies in which Peg-IFN was the strategy regimen in HIV/HCV genotype 1 co-infected patients. I would like to highlight two points:

1) Firstly, authors stated the lack of comparative clinical trials performed and designed in the development of the second wave of DAA, mainly in HIV/HCV co-infected patients. The absence of these studies justifies the realization of meta-analysis and historical comparison. Nevertheless, the rate of SVR attained with the new DAA (Sofosbuvir, Simeprevir, Daclatasvir, Paritaprevir...) do not differed between HCV monoinfected and HIV/HCV co-infected patients. In fact, the future trend will be to include both subsets of patients as a single population in the clinical trials. By this reason, if the non-inferiority or superiority is confirmed by a treatment regimen in HCV-monoinfected patients, is plausible to think that will have more or less the same results when this strategy is applied in HIV/HCV co-infected patients. This is the scenario of Simeprevir: two phase II comparative clinical trials (PILLAR and ASPIRE) and three phase III (QUEST-I, QUEST-II and CONCERN-I). By this reason, the main objective of the C212 was to evaluate the safety of the regimen of Simeprevir+Peg-IFN/RBV, and concluded that this regimen had similar safety and efficacy to that observed in HCV monoinfected patients. By this reason, I considered the present study lack of clinical impact in the field of HCV-treatment.

2) Secondly, instead all stated in the previous paragraph, the study is well performed and role-out. The eligibility criteria and literature search are well defined. Article selected to perform the compassion have a high quality and have been performed for well know study groups. By these reason I considered that if a comparative clinical trial was performed in HIV/HCV co-infected patients the results derived could be really similar to those reported in the present paper.

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 have received consulting fees from Bristol-Myers Squibb, Abbott, Gilead, Roche, Boehringer Ingelheim, GlaxoSmithKline, Merck Sharp & Dohme, Janssen-Cilag, and I have received lecture fees from GlaxoSmithKline, Roche, Abbott, Bristol-Myers Squibb, Boehringer Ingelheim and Schering-Plough.