Reviewer’s report

Title: SEVERE Rhabdomyolysis-Induced Acute Kidney Injury Following Concomitant Use of Genvoya® (EVG/Cobi/FTC/TAF) and Simvastatin; A Case Report

Version: 0 Date: 25 Oct 2018

Reviewer: Michel Jadoul

Reviewer's report:

Godinho et al report a case of severe rhabdomyolysis with acute kidney injury requiring hemodialysis for several weeks in an HIV infected man

This severe complication was largely triggered by a drug-drug interaction, with recent introduction in the new HIV regimen of a potent Cyp3A4 inhibitor, reducing the metabolism of the concomitant simvastatin

The message of the case is not novel but deserves repeating, in a modern world in which polypharmacy is more and more frequent

I have some suggestions for revision for the authors

1. The authors might consider broadening the message as the listing of drugs interacting with CYP3A4 is long and does not only include HIV drugs but even more commonly used drugs such as amiodarone (see Acta Clin Belg. 2011 Mar-Apr;66(2):134-6. Concomitant use of simvastatin and amiodarone resulting in severe rhabdomyolysis: a case report and review of the literature. Marot A et al. ). The main drugs at risk should be listed in the article
2. The authors do not mention the University of Liverpool website. This is extremely helpful, user-friendly and accurate, regularly updated. The URL is https://www.hiv-druginteractions.org/checker. Using this website, this reviewer could confirm in 20 seconds that indeed the causal combination of drugs should not be prescribed. There is also a similar website (http://www.hep-druginteractions.org/) for the interactions with hep C drugs, extremely useful too, and recommended by the just published KDIGO guidelines (see the executive summary by Jadoul et al in Kidney International september 2018 issue) on HCV in CKD as the best way to avoid drug-drug interactions when prescribing a hep C drug. Both websites should be referenced in the paper.

3. The conclusion of the abstract should start with the sentence about simvastatin, to capture the attention of the clinicians, and should probably include the mention of the Liverpool website.

4. Some "french" residues should be translated to english (see table 1 chloride rather than chlore, and table 3: substrates rather than substrats).

5. Was thyroid function checked in the described patient?
Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.

Yes

Does the work include the necessary controls?
If not, please specify which controls are required in your comments to the authors.

Unable to assess

Are the conclusions drawn adequately supported by the data shown?
If not, please explain in your comments to the authors.

Yes

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