

Comment by: James Mello (London) Fri., Oct. 31, 2008 at 2:06 pm EDT

HIV infection is characterized by a huge individual variation in the course of disease progression. Results of population studies cannot uncritically be applied to individuals, and most certainly not in a condition as variable as HIV disease. Despite Dr Kitahata's confidence, such retrospective observational studies remain extremely limited, and cannot replace prospective randomized studies in resolving clinical uncertainty. They provide a poor and often confusing basis for changing practice. Interpretations of the data can be virtually impossible. For example, maybe the improved survival of those starting treatment early, partially derived from the fact that they were in care, under observation, and had the benefit of an early response to anything that might threaten survival. Also one must wonder what the distribution of starting CD4 counts was in those who deferred treatment. Starting at a CD4 count of 1 rather than 349 will surely be reflected in a poorer outcome. The results of large prospective randomized studies could have been available years ago, and we would now know if, on average, immediate or deferred treatment was or was not superior. Unfortunately the kind of retrospective study presented by Dr Kitahata will make the conduct of prospective studies even more difficult to enroll. Since the introduction of potent antiretroviral drugs, two important questions were immediately evident, and still remain unanswered to this day. When is it best to start treatment and how can we best individualize therapy?