

Review of: "Predictors of unfavorable responses to therapy in rifampicin-sensitive pulmonary tuberculosis using an integrated approach of radiological presentation and sputum mycobacterial burden"

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Potential competing interests: The author(s) declared that no potential competing interests exist.

First, I thank you for giving me a chance to be a reviewer of this manuscript.

I divided this manuscript into 2 episodes. If the author finish editing my first episode recommendations and I accept them, I will go on the second episode recommendations on result, discussion and conclusion.

My first episode recommendations:

1. Name of this study:

- "unfavorable response" it is better and more clarify if the author changes to sputum culture conversion after 2 months treatment but recurrence MTB the study have to follow participants for 5 years not only 24 months. Moreover, in recurrent MTB cases should be identified the difference between recurrent and re-infection such as DNA finger print. The author did not give any details. Including, the author should add references too.

- "rifampicin-sensitive" it is better and more clarify if the author changes to MTB monoresistance because in the methodology part sputum culture was done so that there were data of MTB isoniazid monoresistance.

- "mycobacterial burden" it is better if the author changes to sputum AFB grading because this study did not count MTB cell.

2. In introduction part: the author did not mention the correlation between MTB standard treatment protocol, 2HRZE4HR, and 4 ATT regimens in this study in term of efficacy, cure rate, including give references of the correlation

Additional, the author did not mention dose of ATT in 4 study regimens. Please give the details including refereces

3. This study exclude pulmonary TB patients with comorbidity so that the result may not be generalized. Recruitment patients PTB with comorbidity in this study make your manuscript more valuable

4. There are no mention from author why 4 different protocols were used treated pulmonary TB.