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AIDS

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JA Levy

AIDS Editorial Office
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Tel: 215 574 2266
Fax: 215 574 2270

Ref: AIDS1

15th March 1990

Dr C B Wofsy
Co-Director, AIDS Activities Division
Assistant Chief, Infectious Diseases
San Francisco General Hospital
Building 80, Ward 84
1001 Potrero Avenue
San Francisco, CA 94110
USA

Dear Dr Wofsy

We are writing to ask you to remain on the **AIDS** Editorial Board for a further term of 3 years. The Board is undergoing a general change because of our new policy of rotation; however, we feel that your contribution to the journal is very valuable and would be honored if you would continue to give us your support. We are all very grateful for your efforts for the journal, whether in preparing editorials, acting as a referee, or by encouraging the submission of high-quality manuscripts. With your help, **AIDS** has become one of the most important publications in the field.

We would be grateful if you could let us know as soon as possible if you would like to remain on the Board.

Yours sincerely

Michael Adler Jonathan W. M. Gold

Michael W Adler MD Jonathan W M Gold MD Jay A Levy M.D. Jonathan N Weber MD

Rapid Publication Procedure

Help us ensure a rapid response by giving us your fax/telex/telephone numbers

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PLEASE ADDRESS REPLY TO UNDERSIGNED AT:
AIDS ACTIVITIES PROGRAM
Ward 95, Bldg 90
San Francisco General Hospital
995 Potrero Avenue
San Francisco, CA. 94110
(415) 550-6890 (tel)
(415) 476-0341 (fax)

March 27, 1990

Jay A. Levy M.D.
Jonathan W.M. Gold, M.D.
United States Editors
AIDS
Editorial Office
20 North 3rd Street
Philadelphia, PA 19106

Dear Drs. Levy and Gold:

Thank you for inviting me to remain on the AIDS Editorial Board for a further term of three years. I will be happy to serve in that capacity. I am sure the next three years will be productive and hopefully will bring forth many contributions to the medical literature.

I look forward to our ongoing association.

Sincerely,

Constance B. Wofsy, M.D.
Professor of Clinical Medicine
University of California, San Francisco
Co-Director / AIDS Activities Program
Assistant Chief / Infectious Diseases
San Francisco General Hospital

CW:sb

cc: Michael W. Adler, M.D.
Jonathan N. Weber, M.D.

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March 27, 1990

Michael W. Adler, M.D.
Jonathan N. Weber, M.D.
European Editors
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Editorial Office
34-42 Cleveland Street
London W1P 5FB
United Kingdom

Dear Drs. Adler and Weber:

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University of California, San Francisco
Co-Director / AIDS Activities Program
Assistant Chief / Infectious Diseases
San Francisco General Hospital

CW:sb

cc: Jay A. Levy M.D.
Jonathan W.M. Gold, M.D.

AIDS

JUL 13 1990

June 25, 1990

DR CONSTANCE WOFSY
SAN FRANCISCO GENERAL HOSPITAL
1001 POTRERO AVENUE
SAN FRANCISCO, CA 94110
U.S.A.

Dear DR WOFSY:

We are now entering our fourth year of publication of **AIDS** and we would like to thank you for your time and effort in reviewing papers for the journal. The considerable contribution of our referees is greatly appreciated.

AIDS has become firmly established as one of the leading peer-review journals in the field and is now regarded as a major forum for high-quality original papers and review articles in the basic sciences, clinical research and epidemiology.

Authors continue to be attracted by our rapid publication both in acceptance and in publication time-spans, and the volume of high-quality original submissions continues to grow. In order to publish the growing number of papers as quickly as possible, the publishers, Current Science, have agreed with the Editors that the journal will increase in size by 15% in 1990.

The volume of submissions has obvious consequences for the workload of our reviewers; therefore, we would very much appreciate any suggestions you might have for people whom we might approach for refereeing. We would also be grateful if you could complete and return the enclosed questionnaire to update our records.

Once again, thank you for all your efforts on behalf of our journal.

Yours sincerely,

Elise Donnelly

Elise Donnelly
Editorial Assistant, **AIDS**

All correspondence should be sent in care of the publisher:
Current Science, 20 North Third Street, Philadelphia, PA 19106
Telephone (215) 574-2266 Fax (215) 574-2270

Received 3/31

AIDS

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REF: AIDSREF

March 27, 1989

Dr. Constance Wofsy
Ward 95
San Francisco General Hospital
995 Potrero Avenue
San Francisco, CA 94110

Re: SCO5/89 Can the course of high dose cotrimoxazole for Pneumocystis carinii pneumonia in AIDS be shorter?

Dear Dr. Wofsy:

Thank you for agreeing to act as a referee for this paper to assess its suitability for publication in *AIDS*.

As I mentioned on the phone, it is vital in this rapidly developing field that we keep our publication time to a minimum, so we ask all referees to return their reports within 10 days, by fax if possible. Please let me know immediately if you are going to have difficulty returning your comments in the allotted period of time.

Thank you again for agreeing to review the paper.

Sincerely,

Karen J. Neff
Editorial Assistant
(for Dr. Jonathan W.M. Gold, Editor)

P.S. Please return your comments and the original manuscript in the envelope enclosed.

AIDS

Referee's Form

Author Eeftinck Schattenkerk JKM, et al

Address

Reference Number SC05/89

Referee Constance B. Wofsy, M.D.

Address Ward 95, SFGH, 995 Potrero Avenue, San Francisco, CA. 94110

Scientific Content

- ☐ 1. Excellent; outstanding
- ☐ 2. Good, worthy of publication with revision if necessary
- ☐ 3. Acceptable with revision if necessary
- ☐ 4. Fair with revision if necessary
- ☒ 5. Unacceptable

Presentation

- ☐ 1. Little or no revision needed
- ☐ 2. Requires some revision
- ☐ 3. Requires major revision

Priority for Publication (based on originality and scientific content)

- ☐ 1. Must be published - top priority
- ☐ 2. Should be published
- ☐ 3. Could be rejected if other material in the area has been accepted
- ☐ 4. Should be rejected without invitation to revise

Signed: Constance Wofsy (Referee)

Date: 4/7/89

Notes of a confidential nature to be seen only by the Editor and *not* by the author should be typed in this space. If more space is required please use an additional sheet.

The authors present a retrospective review of their treatment experience with trimethoprim sulfamethoxazole for Pneumocystis carinii and attempt to make the point that 14 days of therapy is sufficient. The authors have much good will but lack satisfactory data to establish the point they wish to make. It is a descriptive study, there is no prospective evaluation, methods and results are inadequately described even for this descriptive study, and the conclusions drawn exceed the data available.

Comments for authors should be typed on the sheet headed Referee's Report

AIDS

Referee's Report (This will be seen by the author)

Author Eeftinck Schattenkerk JKM, et al

Title Can the course of high dose cotrimoxazole for Pneumocystis carinii pneumonia in AIDS be shortened?

Reference Number SC05/89

The authors present a retrospective review of their experience with 50 patients treated for two weeks with twelve tablets of cotrimoxazole daily for 14 days with varying therapies and challenges at the end of that time.

The nature of a retrospective review rarely allows definitive conclusions and the summary is too emphatic for the empiric observation. Without randomized and controlled trials a definitive statement that "extending high dose cotrimoxazole beyond two weeks is mostly unnecessary and cannot be viewed conclusively" is unsupported. The authors identify, similar to previously published studies, a nearly 50% incidence of side effects. However, the toxicity criteria described are at variance with the toxicity criteria that have been used in a number of the other published studies they cite making it difficult to compare the experiences.

The authors are correct that the three weeks of therapy used historically are semi-arbitrary and a two vs three week study is needed. Because all patients were put on a prophylactic regimen at the end of two weeks, a statement cannot be made comparing two to three weeks of therapy. Also, some patients received less than two weeks of full dose. How many? At what time interval ? (mean of nine days stated)

Twenty-eight percent are indicated to have a po2 < 60. Initial po2 versus outcome is not indicated. Page 4 - the treatment regimen and methods. "Several studies have indicated that patients can routinely be pushed through toxicity including fever and generalized rash." The authors should indicate which patients were able to tolerate rechallenge, and which toxicity, e.g., fever, rash, or neutropenia, etc., those tolerating rechallenge experienced. One cannot conclude that it was the dose reduction that allowed continuation of therapy since a substantial percent maintained on an unaltered drug dose will tolerate it.

Restarting drug after only 24 hours of therapy could be construed as dose reduction and not rechallenge.

All patients received 12 tablets. What were the range of patient weights? This will alter the mg/kg dose.