

RESIST-TB

Research Excellence to Stop TB Resistance

RESIST-TB ANNUAL REPORT FOR 2017

RESIST-TB is an organization of concerned patients, physicians, research scientists and stakeholders. Its mission is to promote and conduct clinical research to cure and prevent drug-resistant tuberculosis. RESIST-TB is committed to addressing the substantial existing gaps in knowledge and to helping provide access to effective curative and preventive treatment for drug-resistant tuberculosis (DR-TB). Efforts in 2017 were sponsored by the World Health Organization, the Stop TB Partnership, the International Union Against Tuberculosis and Lung Disease, Treatment Action Group, Partners in Health, the U. S. Centers for Disease Control & Prevention, Vital Strategies, Médecins Sans Frontières, the KNCV Tuberculosis Foundation, and the Firland Foundation.

Our 2017 activities centered on:

(1) DR-TB scientific advocacy through dissemination of information through our website, including promoting and arranging a series of webinars and an eNewsletter, publicizing weekly news articles, developing consensus guidelines on molecular TB diagnostics;

and

(2) Increasing public policy and awareness by gathering data on DR-TB treatments globally through the creation, deployment, and analysis of an online survey;

Details about these activities are provided below.

SCIENTIFIC ADVOCACY

RESIST-TB WEBSITE AND eNEWSLETTER

The RESIST-TB website (www.resisttb.org) remains active and updated often in order to accurately reflect advances in DR-TB clinical trials and disseminate news, developments and publications. Our website is updated weekly and our newsletter is received by 250 subscribers. In our the monthly eNewsletter, we highlight information about new DR-TB related publications, news updates, and events. Topics covered in our news articles included DR-TB trial status updates, announcements of publications, symposia, and webinars of interest in addition to global headlines related to DR-TB.

RESIST-TB

Research Excellence to Stop TB Resistance

CLINICAL TRIALS PROGRESS REPORT

RESIST-TB continues to be a critical source for up-to-date information on clinical trials for MDR-TB. The Clinical Trials Progress Report gathers information on clinical trials underway and in development, including study names, description, status, study enrollment size, and links to more information on all MDR-TB trials planned or in progress. There are currently 21 clinical trials regularly updated on our website. Of the 21 listed on the Clinical Trials Progress Report, approximately 5% are in Phase 1, 43% are in Phase 2, and 52% are in Phase 3. Roughly 71% of trials listed are currently enrolling participants, 19% are not yet open or enrolling, and approximately 10% have completed enrollment and follow up or data analysis is ongoing. This resource is updated monthly with downloadable versions available in PDF, PowerPoint, and Word Document formats.

WEBINAR AND CONFERENCE CALL SERIES

In 2015 we initiated a webinar series in collaboration with the CDC TBTC MDR/XDR-TB Working Group. This webinar series serves as a forum for updates on pressing issues in the field of MDR-TB and presentations on recent publications. This webinar series helps fill a critical and otherwise unmet role in disseminating newly identified but unpublished advances in MDR-TB care and treatment, as well as providing a forum for authors to discuss newly published findings. The Webinars that took place during 2017 are listed below:

- January 19, 2017 **Dr. Gavin Churchyard:** *Protecting MDR-TB and XDR-TB Affected Households: The PHOENIX MDR-TB Trial*
- April 20, 2017 **Dr. Anneke Hessling:** *TB-CHAMP Trial*
- May 4, 2017 **Dr. Bern-Thomas Nyang'wa:** *The Pragmatic Clinical Trial for More Effective Concise and Less Toxic MDR-TB Treatment Regimen (TB-PRACTECAL)*
- June 22, 2017 **Dr. Yongee Liu:** *LAM (Lipoarabinomannan) as a Pharmacodynamic Biomarker and Drug Development Tool for TB*
- December 14, 2017: **Dr. I.D. Rusen:** *STREAM MDR-TB Clinical Trial: Results of comparison of 9-Month Treatment Regimen to 20-24 month regimen*

RESIST-TB

Research Excellence to Stop TB Resistance

PUBLIC POLICY AND AWARENESS

UNION WORLD CONFERENCE ON LUNG HEALTH

RESIST-TB continues to strive to ensure that drug resistant tuberculosis remains a focus at scientific meetings and conferences. RESIST TB sponsored a symposium at the Union Meeting in Gualdalajara (October, 2017) entitled “Prospects for Elimination of MDR-TB”, with the following speakers/topics:

- MDR-TB treatment in the high-resource setting: cure is possible (Christoph Lange)
- The role of policy adoption and implementation for elimination of MDR-TB (Isaac Chikwanha)
- Assessing MDR-TB exposed households: the Phoenix MDR-TB feasibility study (Gavin Churchyard)
- Manufacturing XDR-TB through MDR-TB treatment (Elizabeth Schnabel)
- Elimination of MDR-TB: what will it cost? (Emily Kendall)

In addition, RESIST-TB proposed the creation of a Drug-Resistant Tuberculosis Working Group (DR-TB WG) within the IUATLD; the proposal was accepted and the WG is currently chaired by Bob Horsburgh, Arnaud Trebucq and C-Y Chiang. The group met for their second meeting at the 48th Union World Conference on Lung Health held in Gualajara, Mexico.

The WG was created with four objectives: to review annual progress in diagnosis, treatment and prevention of MDR-TB; to collaborate with other groups to enhance visibility of MDR-TB treatment options; to share best practices in scaling up MDR-TB prevention, diagnosis and treatment; and to identify practice and research gaps in MDR-TB prevention, diagnosis and treatment. In order to assess MDR-TB treatment options available in working group countries in 2017, an internet-based survey was designed and implemented.

SURVEY of Roll-out of the 9-month regimen, Bedaquiline and Delamanid

The WG, in collaboration with RESIST-TB, created a seven-question survey using the online survey software and questionnaire, SurveyMonkey. All members of the IUATLD registered in the Tuberculosis Section were invited to participate. A total of 150 DR-TB working group members responded to all or part of the survey. These respondents represented 45 countries across 6 continents and included health professionals from a variety of roles. Responses were received from 52 respondents from the African Region;

RESIST-TB

Research Excellence to Stop TB Resistance

6 from the Eastern Mediterranean Region; 30 from the European Region; 22 from the Region of the Americas; 25 from the South-East Asian Region; and 15 from the Western Pacific Region.

RESIST-TB is in the process of submitting a manuscript based on the survey results to Public Health Action. In partnership with The IUATLD DR-TB WG, we plan to perform a repeat survey in 2018 to determine if progress in the roll-out of these treatments can be detected. If it has not, advocacy will need focus on countries in which the burden of MDR-TB remains high.

LEADERSHIP

The leadership of RESIST-TB remains stable. Dr. Grania Brigden stepped down from her position on the RESIST-TB Steering Committee this year. We would like to extend our sincere thanks to Dr. Brigden for her invaluable contributions to RESIST-TB and the organization's cause.

RESIST-TB would also like to welcome its newest member to the Steering Committee, Dr. Isaac Chikwanha. Dr. Chikwanha has worked in a variety of capacities in Kenya, Nigeria, Pakistan, and South Sudan, and as the Deputy Program Manager for Médecins Sans Frontières (MSF) projects in the Asia Pacific Region from 2013-2016. He joined the MSF Access to Medicines Campaign as Medical Advisor for TB, HIV and Hepatitis C at the beginning of 2017.

RESIST-TB GOALS FOR 2018 AND BEYOND

RESIST-TB updated its strategic plan in 2017, focusing on accelerating the identification and update of effective, scalable regimens for MDR-TB; advocating for clinical trials of preventive therapy for MDR-TB; and optimizing communication between stakeholders in the MDR-TB community. These strategic goals are posted on the RESIST-TB website [here](#).

In the coming year, RESIST-TB will continue to provide leadership in scientific advocacy, MDR-TB clinical trials design and preparation, and public policy development. Activities for the upcoming year include:

- Publication of a supplement in the IJTLD of papers presented at the the Pediatric MDR-TB Clinical Trials Landscape Meeting
- Implementing and analyzing results from a second survey on the global roll-out of the 9-month regimen, bedaquiline and delamanid for MDR-TB treatment.

RESIST-TB

Research Excellence to Stop TB Resistance

- Continuation of the bi-monthly webinar series. Webinar topics scheduled for the beginning of 2018 include an update on the NixTB and ZeNix clinical trials and KNVC's Patient Triage Approach, an update from MSF on the concomitant use of bedaquiline and delamanid, and a report from the FDA on new regulatory approaches to facilitate MDR-TB drug development.
- Continuing to provide up-to date information about MDR-TB clinical trials through the RESIST-TB eNewsletter and Clinical Trials Progress Report
- Starting in 2018, RESIST-TB will be sponsoring a State-of-the-Art Series on MDR-TB in the IJTL. Topics to be covered include: Healthcare inequalities and the global burden of drug-resistant TB; Rapid and equitable integration of innovations in DR-TB diagnosis and treatment; Reducing MDR-TB Transmission; Management of DR-TB in low-resource, high burden settings; Optimizing DR-TB treatment in high-resource settings; Palliative care for patients with incurable DR-TB; What will it really take to eliminate MDR-TB?

RESIST-TB continues to fill an important unmet need for innovation, information dissemination and advocacy. By addressing research and implementation gaps in the treatment and prevention of MDR-TB, we draw attention to needed research. We also undertake important research projects that are not currently being addressed by the global TB community. Moreover, focusing on development and demonstration of efficacy of scalable regimens will facilitate rapid translation of these advances into practice. The successful continuation of these activities is recognized as critical to continued improvement in treatment and prevention of MDR-TB and XDR-TB.