

# TREAT TB

## MDR-TB Clinical Trials Capacity Building Webinar Series

Challenges with MDR-TB Clinical Trial Implementation – Site Perspectives

Patient Recruitment, Enrolment and Retention

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# Outline

- Overview of site
- Strategies, Challenges, and Learned Lessons
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# Overview of Site

- **The Institute of Phthisiopneumology "Chiril Draganiuc"** is the main research institution and republican clinical structure in the field of tuberculosis control from Moldova and non-specifically lung diseases. The institute coordinate the achievement of the National Programme of Control of tuberculosis in the country. The institute is also involved in the educational process offering training and research courses for doctors and nurses, master and doctoral students with specialization in tuberculosis control, non-specifically lung diseases and laboratory diagnostic.
- As part of the Institute of Phthisiopneumology "Chiril Draganiuc" work 8 scientific laboratories; 7 clinical departments with 410 beds, the Anaesthesiology and Reanimathology section and 8 paraclinic sections and laboratories endowed with modern medical equipment, Department M & E.
- Diagnostic and treatment Of Sensitive TB, MDR-TB, XDR-TB and non-specifically lung diseases
- Patients with MDR-TB are observed in 2 departments of the institute: MDR 1 department with 50 beds, located in Chisinau, and department MDR 2 with 110 beds for TB MDR, located in v. Vorniceni. Over 425 patients are hospitalized for TB MDR treatment in both departments each year.
- In the country we have = 57 microscopy centers (I level), 3 Regional Reference TB Laboratory (II level) and 1 National Reference TB Laboratory (III level)
- Our institute has National Reference TB Laboratory and Reference TB Laboratory who has the capacity of performing culture analyses, MTB identification and phenotypic DST for 1st and 2nd line drugs using solid/liquid cultures, and molecular tests: Xpert MTB/Rif tests, HAIN, MTBDRplus and MTBDRsl, MTBDRplus ver. 2.

## Number of MDR-TB patients seen annually

In our country the level of TB incidence is still very high and the level of MDR TB is increasing;  
The global incidence in 2017 was 83,3 / 100000 people. The rate of new cases of MDR TB 26,7% and 64,3% among the cases with retreatment.

# Experience with clinical trials

„A Phase 3, Multicenter, Randomized, Double-blind, Placebo-controlled, Parallel Group Trial to Evaluate the Safety and Efficacy of Delamanid (OPC-67683) Administered Orally as 200 mg Total Daily Dose for Six Months in Patients With Pulmonary Sputum Culture-positive, Multidrug-resistant Tuberculosis”. Protocol: 242-09-213.

The evaluation of a standard treatment regimen of anti-tuberculosis drugs for patients with MDR-TB (STREAM).  
ISRCTN: 78372190

# Patient Recruitment

- **Strategies for patient recruitment**

- Patient recruitment is based on inclusion / exclusion criteria, ranging from one clinical study to another
- Surveillance of the patient in the study and parallel supervision within NTP, interests the patient to be recruited, having the possibility to be examined more frequently.
- Effective collaboration with the phthisiopneumologists from the territories, with the MDR TB Case Management Committee, with NTP
- Phthisiopneumologists, including patients, are awaiting the new diagnosis and treatment methods of MDR TB, taking into account the multitude of drugs they are administrating, the adverse events that develop and the long duration of treatment.
- Enhanced Study Team
- Community engagement

# Patient Recruitment

## Challenges

- The high level of migration of population, including the patients with tuberculosis; patients without a place of living.
- Alcohol abuse
- A challenge for recruitment of the patients with MDR TB is the development of the XDR TB. The share of XDR TB cases from the total number of MDR TB is over 6-8% in the last two years.

## Approach

- We discuss with patients about the importance of complete treatment, about the negative consequences of alcohol. About the importance of examining during the follow up period to highlight the relapse of the disease. The patients are being informed and about the clinical trials.
- An advantage is that Moldova is a small country and is not a geographical distance barrier with study site to recruit and retention patients in the study in the continuation phase of the treatment and follow up.

# Patient Retention

## Challenges

- The rate of lost in surveillance in the phase of continuation is high among the MDR TB patients, due to of the long treatment duration.
- Adverse events that develop.

## Approach

- In the continuation phase the patient is supervised by the investigators, in the study, and by the specialists in the territory, according to NTP.
- The patient administers supervised treatment under the direct supervision of DOT assistance in the territories, who is instructed by the DOT supervisor in the study.
- The patient's travel expenses are covered when visiting, and a voucher for food is issued for the day of the visit.
- Drug coverage of adverse events.

# Conclusions

- The MDR TB Incidence rate is high in R Moldova
- Challenges: High Migration, Alcohol Abuse, Lack of Living, High lost in surveillance among MDR TB
- Effective collaboration with the phthisiopneumology service and family medicine, the MDR TB Case Management Committee, NTP
- Enhanced Study Team

# Questions



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