

# TB SCIENTIFIC COMMITTEE UPDATE: 2017



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# Aims



To evaluate novel approaches for TB prevention, treatment and diagnosis in HIV-infected infants, children, adolescents, and pregnant women: DS and DR-TB

<b>Estimated total TB cases in children</b>	<b>1 000 000 (10% global burden)</b>
Childhood cases notified	360 000
TB deaths	136 000  (81 000 HIV-) 13.6% case fatality rate
TB infections	6.6 million
<b>MDR-TB estimates</b>	<b>30-50 0000</b>
<b>MDR-TB infection</b>	<b>500 000</b>

PK STUDIES	ONGOING PAEDIATRIC STUDIES
<p><b>PK/safety studies</b>  <i>Standard first- and second-line drugs-Establishing doses that achieve adult-equivalent exposures</i></p>	<ul style="list-style-type: none"> <li>• <b>DATiC:</b> PK/safety first-line TB drugs (enrolment completed 2016): NICHD R01</li> <li>• <b>STEP-TB:</b> New pediatric dispersible formulations of first-line drugs (TBA, Unitaid)</li> <li>• <b>Infant PK study:</b> low Rif exposures (TBA/Unitaid)</li> <li>• <b>MDR PK 1:</b> PK, safety second-line drugs in children with/without HIV: levo, moxi, oflox, amik, HD INH, ethio, PAS, cycloserine) completed (NICHD R01)</li> <li>• <b>MDR PK 2:</b> Optimizing Levofloxacin, moxifloxacin, linezolid (NICHD R01)</li> <li>• <b>Rifabutin</b> in children, NIRT (terminated; NICHD)</li> <li>• <b>OptiRIF Kids:</b> high-dose rifampicin PK safety: opened 2017 (TB Alliance/Unitaid)</li> </ul>
<p><b>PK/safety studies</b>  <i>New drugs</i>  <i>Establishing doses that achieve adult-equivalent exposures</i></p>	<ul style="list-style-type: none"> <li>• <b>Study 35-</b> Rifapentine/isoniazid in HIV+/-children &lt; 12 years of age</li> <li>• <b>P1108,</b> Jansen: Bedaquiline in children–BDQ in HIV-uninfected children; IMPAACT P1108 in children with and without HIV infection: 2016</li> <li>• <b>232/233-</b> Delamanid in children- Otsuka</li> <li>• <b>P2005</b> -injectable-sparing DLM-based regimen in children with and without HIV infection</li> <li>• <b>P2001:</b> safety and PK of rifapentine in HIV-infected pregnant women</li> <li>• <b>BDQ/DLM co-treatment (future)</b></li> </ul>
<p><b>HIV/TB DDI studies</b></p>	<ul style="list-style-type: none"> <li>• <b>DNDi:</b> Ritonavir boosting of LPV/r in TB/HIV: completed</li> <li>• <b>NICHD PK:</b> first-line TB drugs with ART: completed</li> <li>• <b>P1101:</b> RAL-based ART with standard TB drugs: ongoing</li> </ul>

EFFICACY STUDIES	ONGOING TRIALS
<p><b>TB prevention</b>  <i>Prevention of TB in children (high risk of TB progression)</i></p>	<ul style="list-style-type: none"> <li>• <b>A5300 PHOENIX: delamanid vs. SD INH for MDR-TB prevention: 2018</b></li> <li>• TB-CHAMP: Levo vs placebo for MDR-TB prevention: 2016</li> <li>• VQUIN: levo vs. placebo for MDR-TB prevention: open</li> <li>• ACTG5279: one month of rifapentine+isoniazid daily for DS-TB prevention: enrolment completed</li> <li>• P4v9 Trial: 4 months RIF vs 9 months INH for DS-TB prevention: ongoing</li> <li>• TBTC 37: RPT 6 weeks vs. local SOC (RIF 4 mo or RPT/INH q week x 3 mo): planned</li> <li>• <b>P1078: IPT in HIV-infected pregnant women</b></li> </ul>
<p><b>Severe DS-TB disease</b>  <i>Reduce mortality, improve neurocognitive dysfunction</i></p>	<ul style="list-style-type: none"> <li>• TBM-KIDS: High-dose RIF +/- Levo for children with TBM (NICHD R01)</li> </ul>
<p><b>Non-severe DS- TB</b> <i>Reduce treatment duration for children with non-severe disease</i></p>	<ul style="list-style-type: none"> <li>• SHINE: 4 vs. 6 months standard TB Rx (new FDCs, nested PK): open label</li> </ul>
<p><b>MDR-TB</b></p>	<ul style="list-style-type: none"> <li>• <b>SMART-KIDS</b> <ul style="list-style-type: none"> <li>• Treatment shortening trial MDR-TB</li> <li>• All oral 6 month regimen</li> <li>• Full Spectrum of TB disease</li> <li>• Full spectrum of DR</li> <li>• Key PK gaps still need to be addressed: INZ/DLM/Clofaz</li> </ul> </li> </ul>

DS-TB	Gaps for children	Priority studies
	<ul style="list-style-type: none"> <li>• PK/safety first-line drugs at new WHO higher doses, esp. infants, HIV+<sup>6</sup></li> <li>• Optimal treatment for TB meningitis (levofloxacin, high dose rifampin)</li> <li>• Rifampicin dose optimization (severe disease not addressed in SHINE, treatment shortening): OptiRif Kids</li> <li>• <b>Treatment shortening: non-severe and severe disease</b></li> </ul>	<ul style="list-style-type: none"> <li>• PK studies first-line drugs at higher doses (DaTic: NICHD): enrollment complete 2016</li> <li>• PK and outcome (TBM Kids; NICHD) : opened Q2 2017</li> <li>• Priority: building on SHINE, rifampin dose optimization</li> <li>• <b>SHINE+: Priority – complementing SHINE and TBM Kids, Optirif Kids</b></li> </ul>

# MDR-TB: 2 year plan



## **Children**

- Implement Phoenix (A5300/I2003) and build paediatric capacity
- Implement P1108 (Bedaquiline phase I, II) HIV+/-
- Implement P2005 (Delamanid Phase I, II) HIV+/-
- Develop MDR-TB treatment shortening trial: SMART Kids
- Develop BDQ/DLM DDI PK (HIV+/-)
- Developed white paper: MDR-TB priorities, gaps (RESIST TB IMPAACT Landscape meeting June 17<sup>th</sup>) – submitted, IJTLD, 5 papers submitted, 1 published

# MDR-TB: 2 year plan



## **Pregnant women**

- Implement P1026 S (also MDR-TB arm)
- Implement P2001



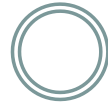
# MDR-TB: 5 year plan



## **Children**

- Implement Phoenix MDR prevention trial
- Implement phase 3 MDR-TB shortened treatment trial: SMART-Kids

# DS-TB: 5 year plan



## **Children**

- Develop phase 3 treatment shortening treatment trial (full spectrum of TB disease)

# Diagnosics and biomarkers: DS-TB and DR-TB



- Support nested diagnostics, biomarker studies
- Support expansion of site and TB lab capacity: MDR-TB
- Use IMPAACT and other lab platforms
- Work with ITBSL
- Work with other investigators: serum, urine biomarkers
- Evaluate novel commercial molecular tests (Xpert Ultra), DST methods
- Ideal cohorts through planned protocols: SMART-Kids, P1108, PHOENIX, diagnostic studies: prognostic markers, treatment response and diagnostic markers

# Xpert MTB/RIF on stool is useful for rapid diagnosis of TB in children with severe TB



Characteristic	All children	Confirmed TB	Unconfirmed TB	Unlikely TB
	N=379 (100%)	N=73	N=185	N=121
<b>Age, months: median (IQR)</b>	15.7 (9.2-29.4)	19.1 (10.9-44.0)	16.0 (9.6-28.3)	13.3 (6.2-25.7)
<b>Male (%)</b>	195 (51.5)	27 (37.0)	105 (56.8)	63 (52.1)
<b>HIV-infected (%)</b>	51 (13.5)	8 (11.0)	30 (16.2)	13 (10.7)
<b>Treated for TB</b>	170 (44.9)	73 (100)	69 (37.3)	28 (23.1)

- Stool Xpert SENS vs. overall bacteriological confirmation =31.9% (95% CI 21.4-44.0%)
- Stool Xpert was positive in 1 in 2 children with bacteriologically confirmed severe TB
- Stool Xpert was positive in 1 in 4 children with radiologically severe disease

# TBSC core members



- Anneke Hesseling (chair)
- Amita Gupta (vice-chair)
- Kelly Dooley
- Bob Husson
- Anne-Marie Demers
- Vanessa Rouzier
- Carol Onyango
- (Lyndsay McKenna; Advocacy)

# Significant impact of mentored investigators



- Elin Svensson: PhD awarded P1108, 2005, Phoenix
- Adrie Bekker: P1106, PhD awarded, CIPHER fellowship
- Vidya Mave: Hair PK P1078, Phoenix, PROMISE TB DACS
- Ethel Weld: P2005, 2 MS
- Vanessa Rouzier: Phoenix, 1108, clofazamine
- Sylvia La Course: 4 MS maternal TB, MS (IGRA)
- Jyothi Mathad: P2001, K23 and Ro1
- Tony Garcia-Prats: 2005, SMART-Kids, 8 MS
- Liz Walters: 2 MS, Xpert stool, Ro1 (serum biomarkers)
- Yael Hirsch-Moverman: K ongoing, 2 MS (IPT)
- Lisa Cranmer: submitted 1041 IGRA MS, Union symposium, maternal TB immunity