

EDCTP Stakeholder Meeting Tuberculosis

Paris - October 28, 2013

TUBERCULOSIS: REMAINING CHALLENGES

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The French Alliance for Life and Health Sciences: Aviesan

- Created in April 2009
- To coordinate the strategic analysis, the scientific programming and the operational implementation of research
 - **Research operating agencies :**
 - Inserm (ANRS & INCA)
 - CNRS life sciences department
 - CEA (atomic energy commission)
 - Inra (national institute for agricultural research)
 - Inria (computer science and automatic control)
 - IRD (research for development)
 - Pasteur Institute
 - **CIRAD, Fondation Mérieux, IRBA**
 - **Universities**
 - **Hospitals**

aviesan

alliance nationale
pour les sciences de la vie et de la santé

Aviesan - Alliance nationale pour les Sciences de la Vie et de la Santé

Ten Thematic Institutes



Genetics, Genomics Bioinformatics	Cell Biology Development	Neurosciences Cognitive Sciences Neurology, Psychiatry <i>Alzheimer</i>	Immunology Hematology Respiratory diseases	Microbiology Infectious Diseases <i>ANRS</i>
Molecular and Structural Biology	Nutrition Circulation Metabolism	Cancer <i>INCa</i>	Public Health <i>IReSP</i>	Health Technologies

Main Research Institutes in the field



National Institute for Health and Medical Research
Total budget: €750m



Institut Pasteur
Total Budget: €250m



National Center for Scientific Research
Total budget: €3,415bn for 7 institutes



Institute for Research for Development
Total budget: €233m



Agricultural Research Center for Development
Total budget: €214m

Project Funding/year: infectious diseases



PHRC: Clinical Research Hospital Programme
€16m/year



National Research Agency
€22m/year



National Research Agency for AIDS & Hepatitis
€39m/year



EP7, EDCTP1, IMI, JPI
ERANET €40m/year



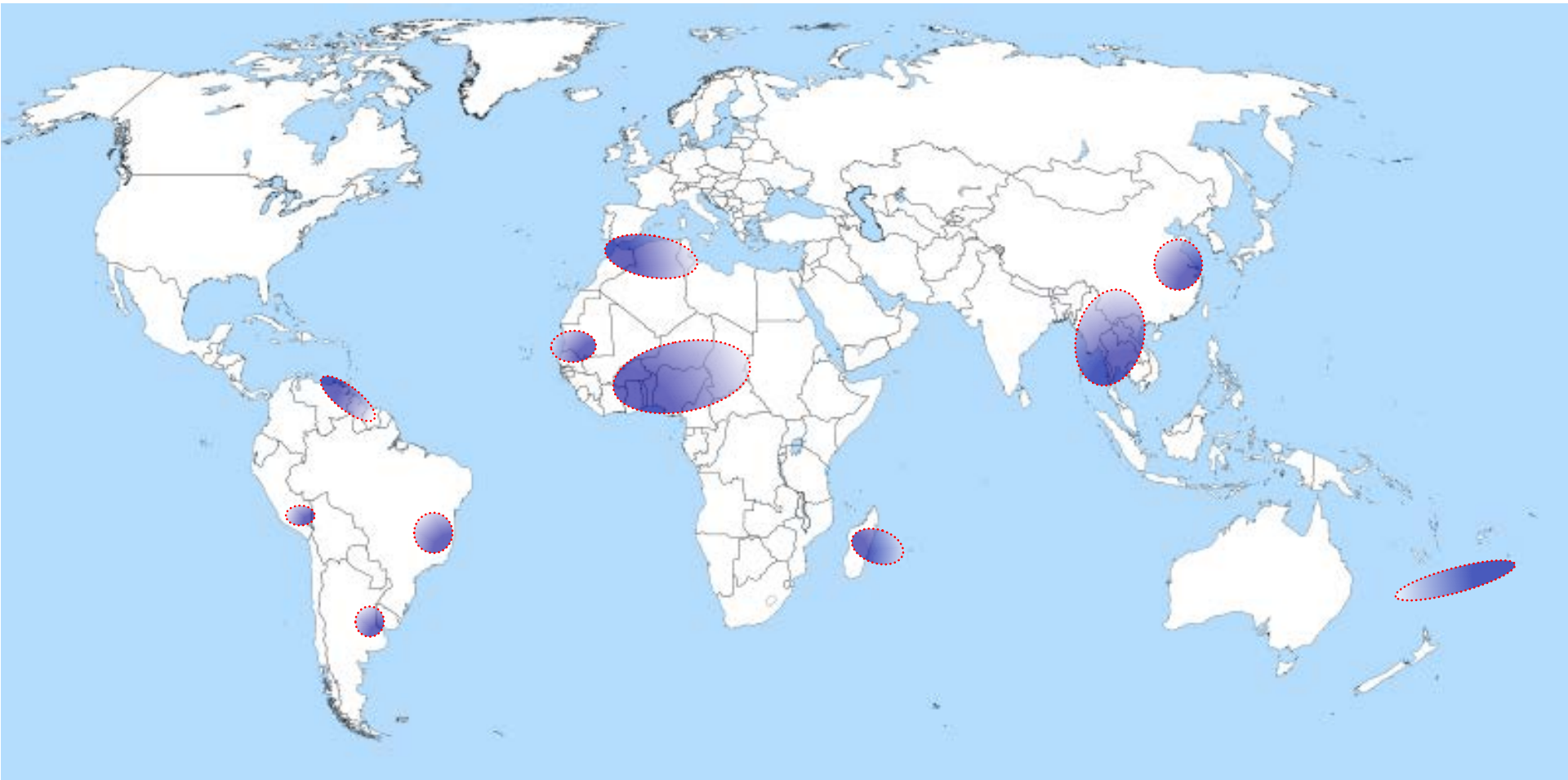
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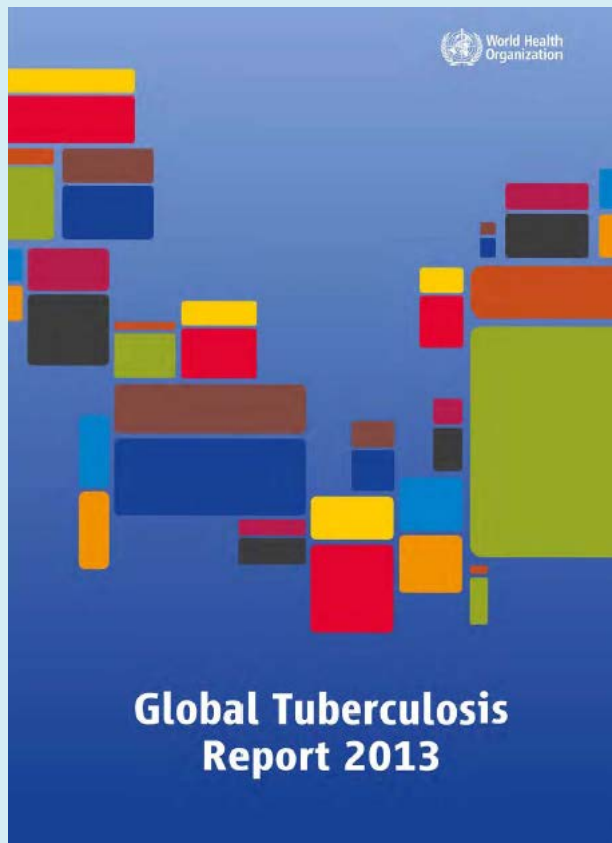
€1.5bn



French Network



Tuberculosis: key figures in 2013



**8.6 million incident cases [8.3-9.0],
incl. 0.45 million MDR-TB [0.30-0.60]**

12 million prevalent cases [11-13]

**About 13% of TB cases occur among
people living with HIV**

Geography:

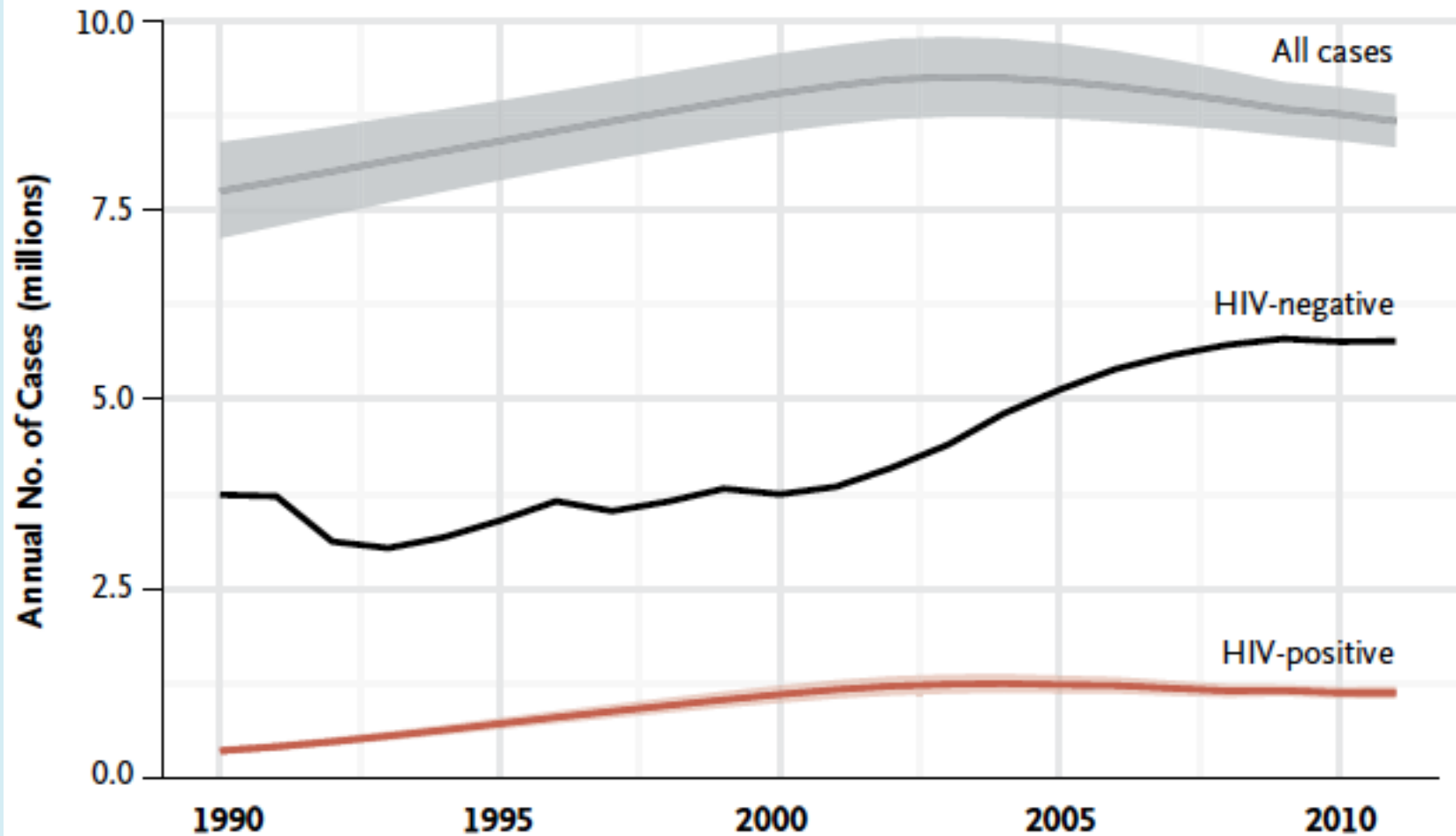
Asia: 58%, Africa: 27%

Mortality:

HIV-negative: 0.94 million [0.79-1.10]

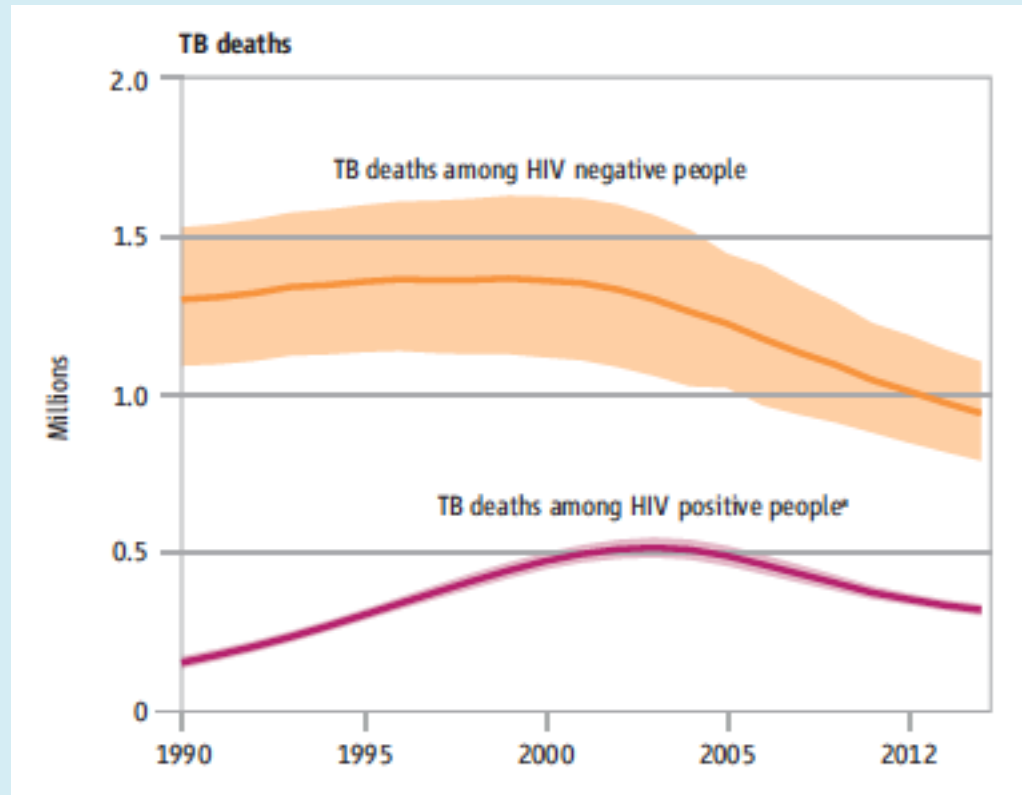
HIV-positive: 0.32 million [0.30-0.34]

Estimated incidence of TB



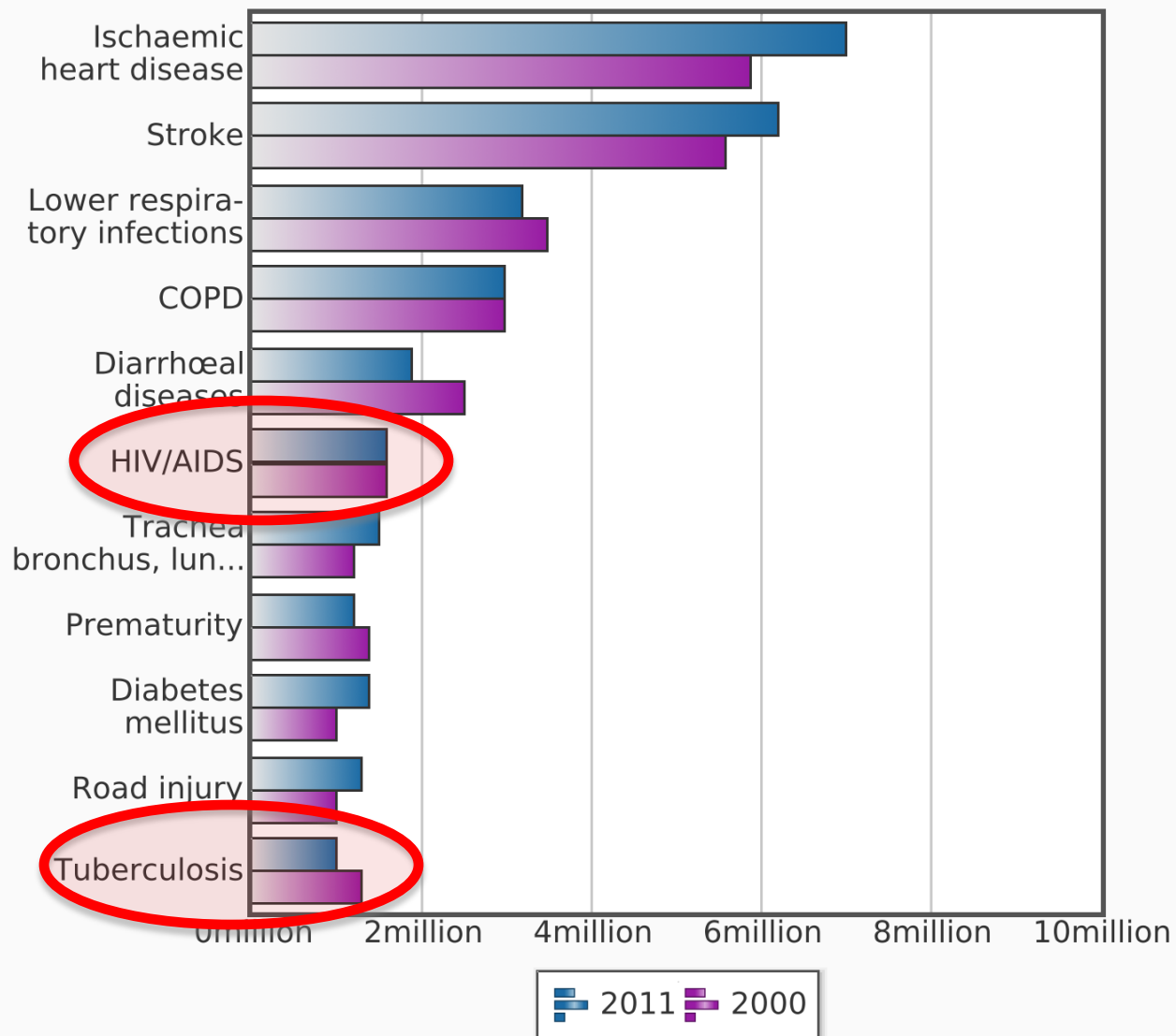
Zumla A. *et al.*, NEJM 2013; 368: 745-55

TB deaths, 1990-2012

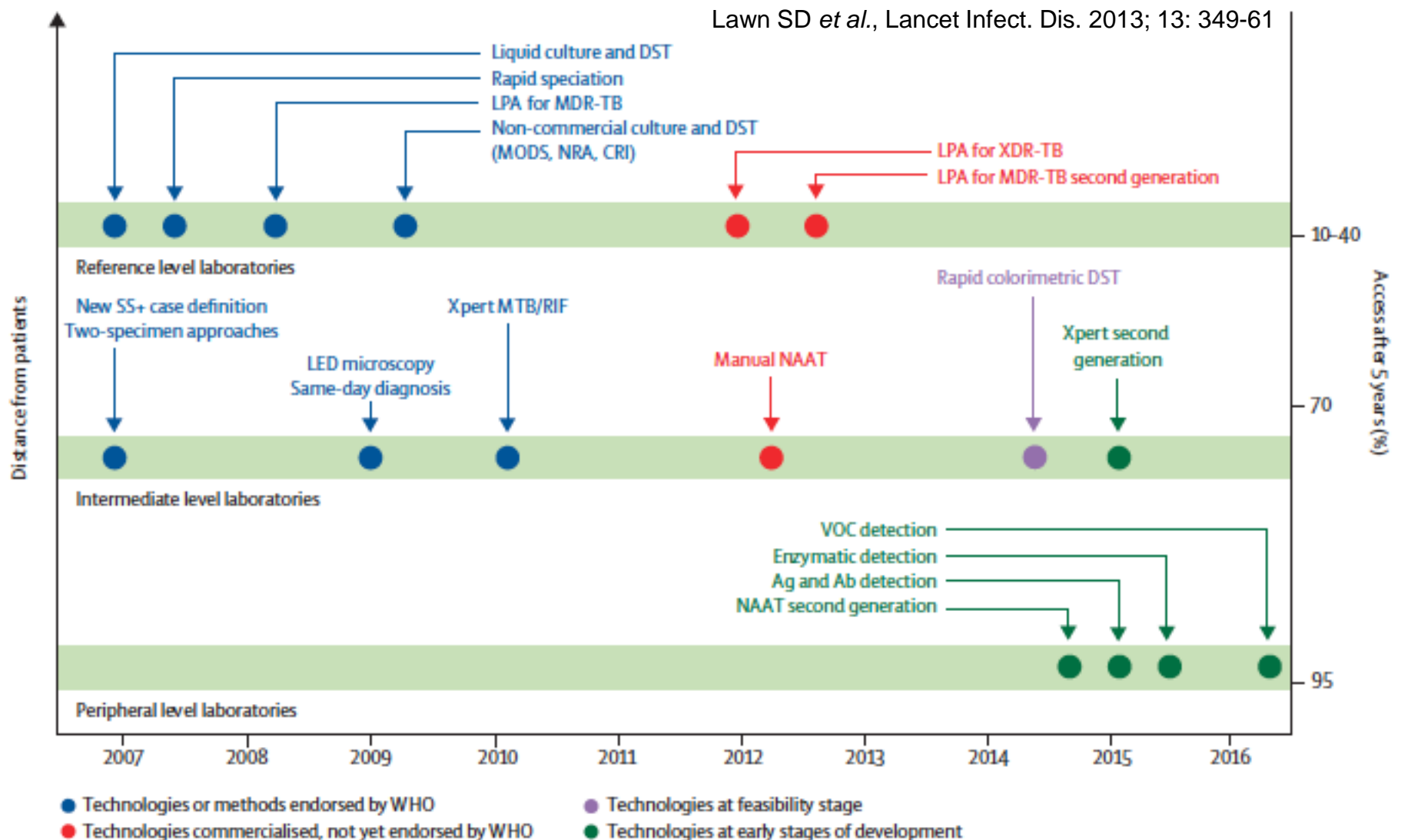


WHO global tuberculosis report 2013

Comparison of leading causes of death over the past decade, 2000 and 2011



Development pipeline for new TB Δg



TB diagnostics

Technologies in early development^a

Volatile organic compounds

- BreathLink, Menssana Research, USA
- Prototype breath analyzer device, Next Dimensions Technology, USA

Molecular technologies

- Alere Q, Alere, USA
- B-SMART, LabCorp, USA
- Gendrive MTB/RIF ID, Epistem, UK
- LATE-PCR, Brandeis University, USA
- GeneXpert XDR cartridge, Cepheid, USA
- TruArray MDR-TB, Akkoni, USA
- INFINITIMTB Assay, AutoGenomics, USA

Culture-based technologies

- BNP Middlebrook, NanoLogix, USA
- MDR-XDR TB Color Test, FIND, Switzerland/Imperial College, UK
- TREK Sensititre MYCOTB MIC plate, Trek Diagnostic Systems/Thermo Fisher Scientific, USA

Other technologies

- TB Rapid Screen, Global BioDiagnostics, USA
- TBDx, Signature Mapping Medical Sciences, USA

Evaluated by WHO but not yet endorsed due to insufficient evidence

Molecular technologies

- TB LAMP, Eiken, Japan
- Genotype MTBDRsl, Hain Lifescience, Germany

On the market but evidence for use not yet submitted to WHO for evaluation

Molecular technologies

- iCubate System, iCubate, USA
- TB drug resistance array, Capital Bio, China
- EasyNAT TB Diagnostic kit, Ustar Biotechnologies, China
- Truelab/Truenat MTB, Molbio/bigtec Diagnostics, India

Non-molecular technologies

- Alere Determine TB-LAM, Alere, USA

Technologies endorsed by WHO

Molecular technologies

- Xpert MTB/RIF^b
- Line probe assays (acid-fast bacilli smear-positive sputum specimens or culture-positive specimens)

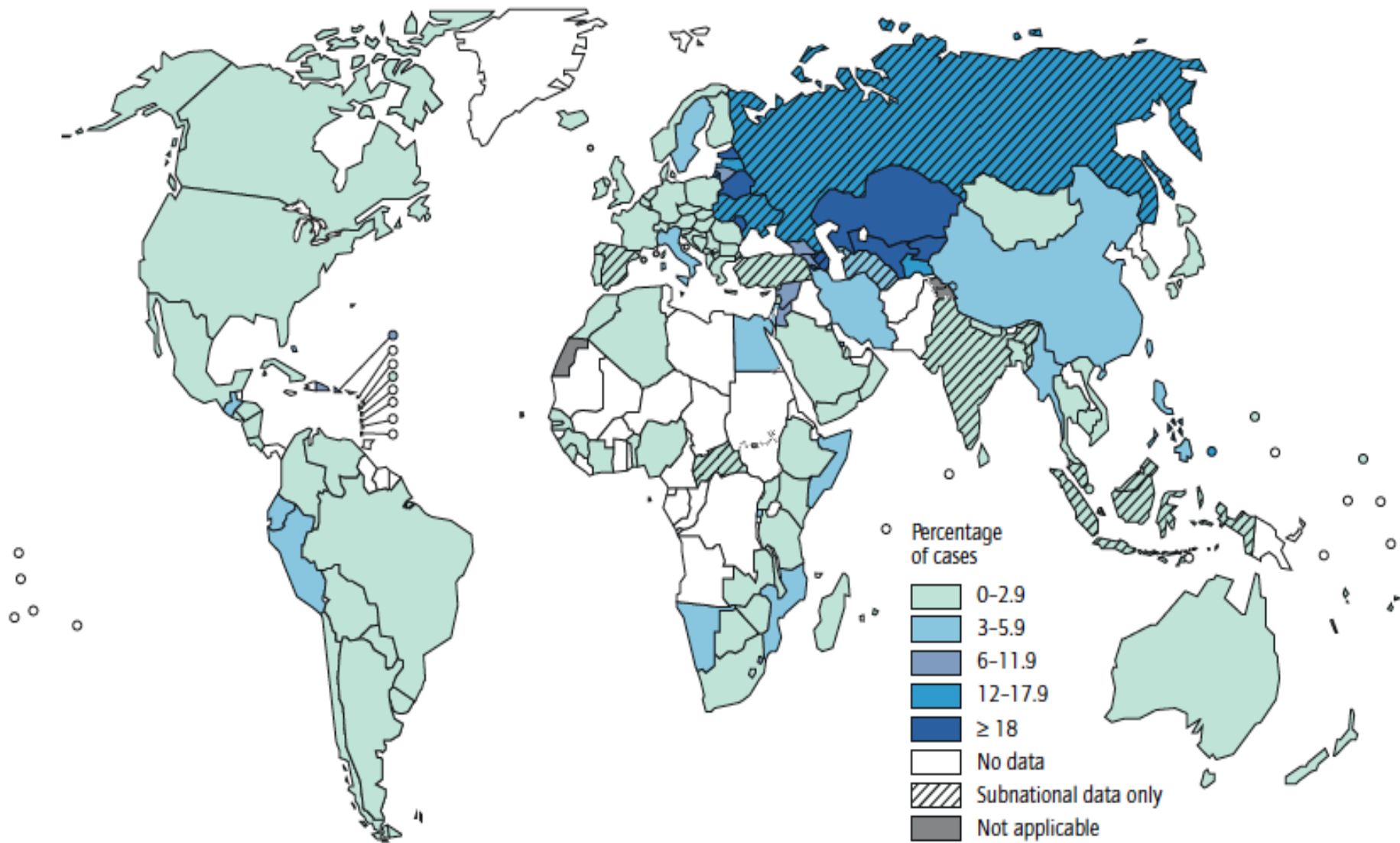
Microscopy

- Ziehl-Neelsen and fluorescence microscopy methods

Culture-based technologies

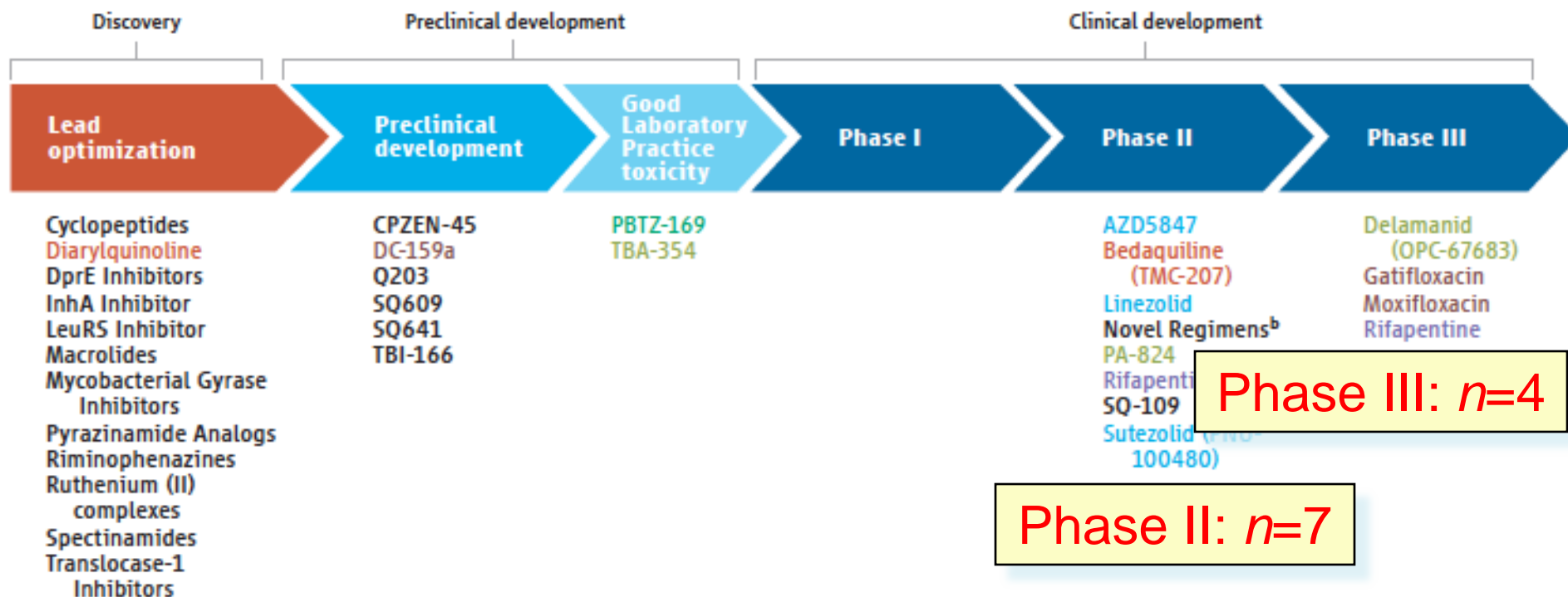
- Commercial liquid culture systems and rapid speciation
- Non-commercial culture and drug susceptibility testing methods

Percentage of new TB cases with MDR-TB



Global tuberculosis report 2012

Development pipeline for new TB drugs



Chemical classes: fluoroquinolone, rifamycin, oxazolidinone, nitroimidazole, diarylquinoline, benzothiazinone

^a Details for projects listed can be found at www.newtbdrugs.org/pipeline and ongoing projects for which a lead compound has not been identified can be viewed at www.newtbdrugs.org/pipeline-discovery.

^b Combination regimens: NC-001-(J-M-Pa-Z), Phase IIa; NC-002-(M-Pa-Z), Phase IIb; NC-003-(G-J-Pa-Z), Phase IIa; PanACEA-MAMS-TB-01-(H-R-Z-E-Q-M), Phase IIb.

Phase III trial: RIFAQUIN results

- **Continuation phase: combination of rifapentine and moxifloxacin once a week**
- Primary endpoints: relapse during follow-up to 18 months after treatment initiation & occurrence of grade 3 or 4 adverse events
- $n=730$ with newly diagnosed smear-positive TB
- 28% HIV-positive (median CD4: 312 cells/mm³)

Phase III trial: RIFAQUIN results

		Month 1&2	Month 3&4	Month 5 &6	Dosing frequency of experimental drugs
CONTROL REGIMEN	Rifampicin				
	Isoniazid				
	Ethambutol				
	Pyrazinamide				
STUDY REGIMEN 1	Rifampicin				Dosed once weekly
	Moxifloxacin				
	Rifapentine				
	Ethambutol			16 weekly doses after M Non-inferior to control	
	Pyrazinamide				
STUDY REGIMEN 2	Rifampicin				
	Moxifloxacin			x	Dosed 2 x each week
	Rifapentine			x	
	Ethambutol				Inferior to control regimen
	Pyrazinamide				

Other phase III trials

➤ **OFLOTUB:** gatifloxacin instead of ethambutol, 4 months

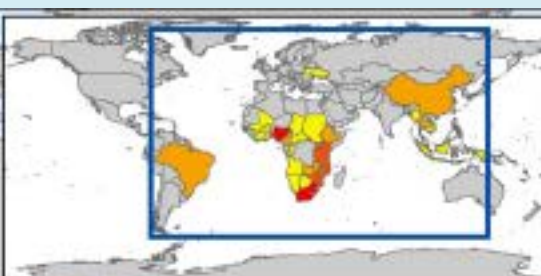
Efficacy and safety results will be presented by Merle C *et al.*, The Union/CDC late-breaker session, 3 Nov. 2013, 44th Union World Conference on Lung Health, Paris

➤ **ReMOX:** moxifloxacin instead of ethambutol or isoniazid, 4 months

(+ delamanid for MDR-TB)

Remaining challenges: TB & NTM

- **TB prevention:** IPT, TB vaccine
- **TB control:**
 - New molecular tools, incl. better detection of drug resist.
- **TB treatment:**
 - New regimen
 - Shortened duration
 - Less drug-drug interactions
 - MDR-TB, XDR-TB
- **NTM:** which regimen for which patient? Colonization vs. disease? Treatment outcomes? Need to reduce drug toxicity!



TB-HIV: some remaining challenges

- TB and HIV: 'cursed duet', 'deadly combination' → still a challenge in 2013
- **TB remains the most frequent life-threatening OI and a leading cause of death among PLWH**
- Diagnosis: how to use Xpert MTB/RIF? POC test???
- Urine LAM: interesting alternative → more data needed
- Treatment:
 - IRIS: definition/ Δ g, treatment, predictive factors (score)
 - IPT: 6 or 36 months? Or lifelong???
 - Intermittent?????