KNCV
To eliminate TB

TUBERCULOSISFOUNDATION

PROGRAMMATIC APPROACH TO THE RIGHT DIAGNOSTICS AND THE RIGHT TREATMENT

The KNCV Tuberculosis Foundation Experience

The Union conference

Bratislava

TREATMENT OPTIONS: SOMETHING OLD, SOMETHING NEW

Maria Idrissova

KNCV, Regional Office, Kazakhstan

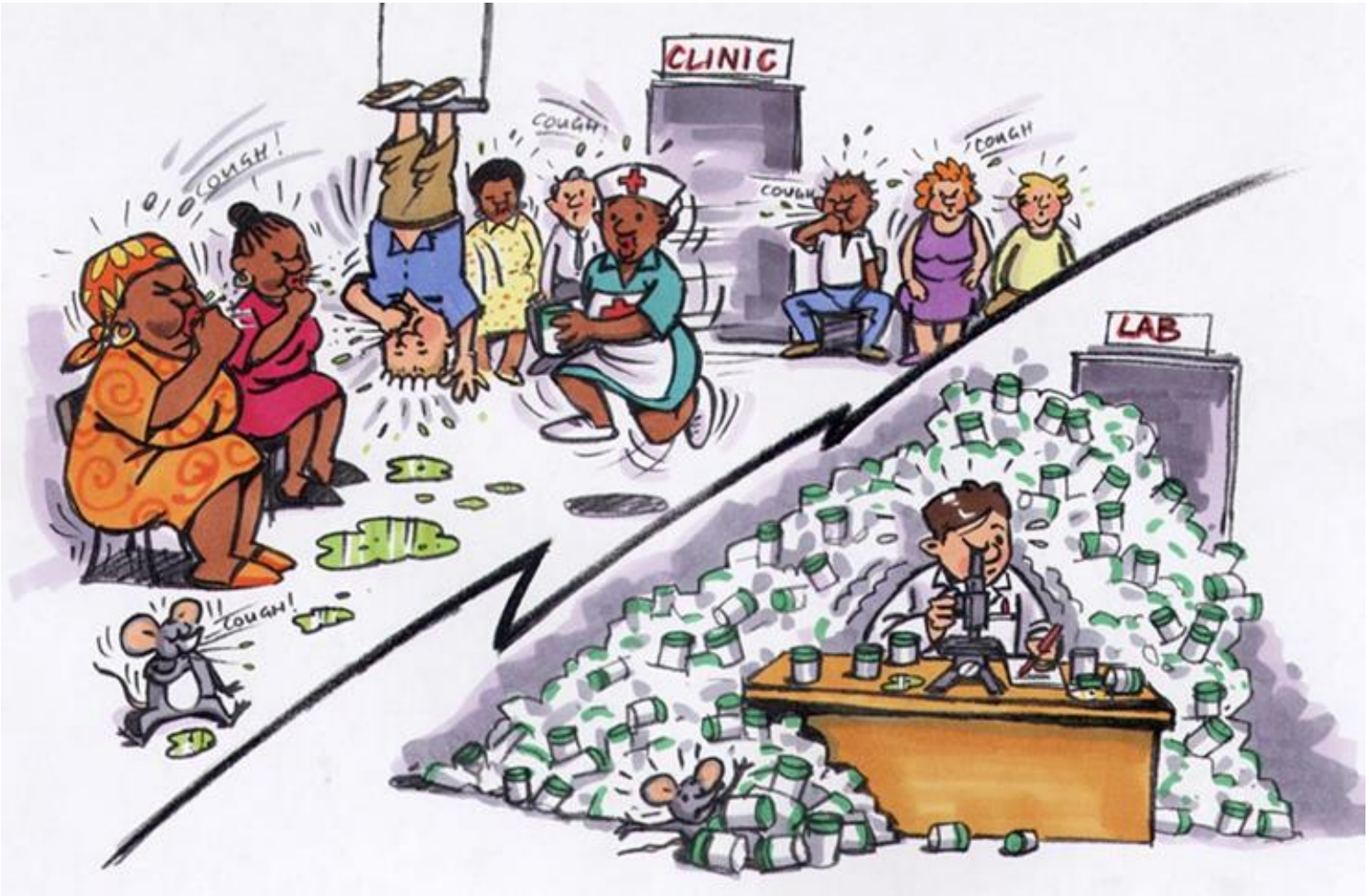
To eliminate TB

New pathways blending the old with the new

4 main pillars

- Diagnosis and regimen design
- Clinical monitoring
- Active drug safety monitoring and management (aDSM)
- Drug management

Laboratory tests as a basis for timely clinical decision making



USAID
FROM THE AMERICAN PEOPLE

CHALLENGE TB

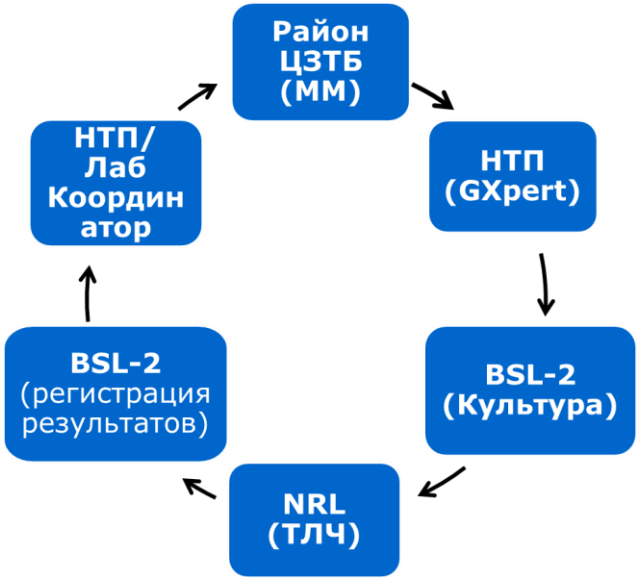
New rapid tests enabling early detection of resistance to rifampicin and key SLDs

USAID FROM THE AMERICAN PEOPLE

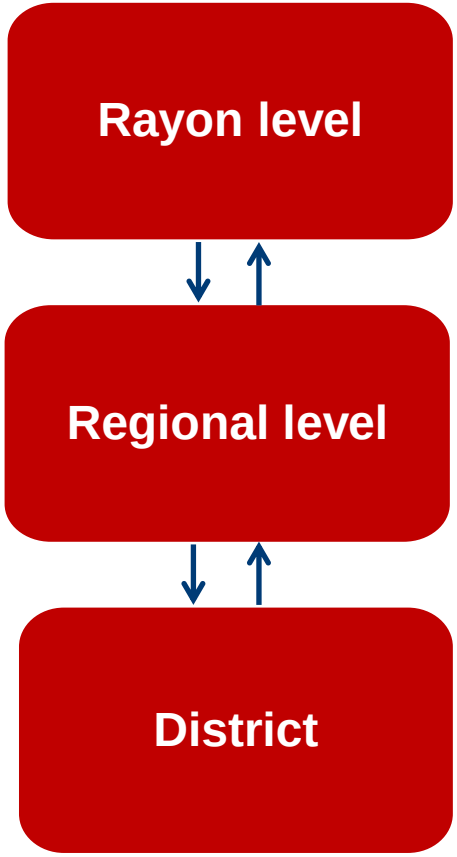
CHALLENGE TB

Updated diagnostic pathway minimizes diagnostic delays

2 -3 months



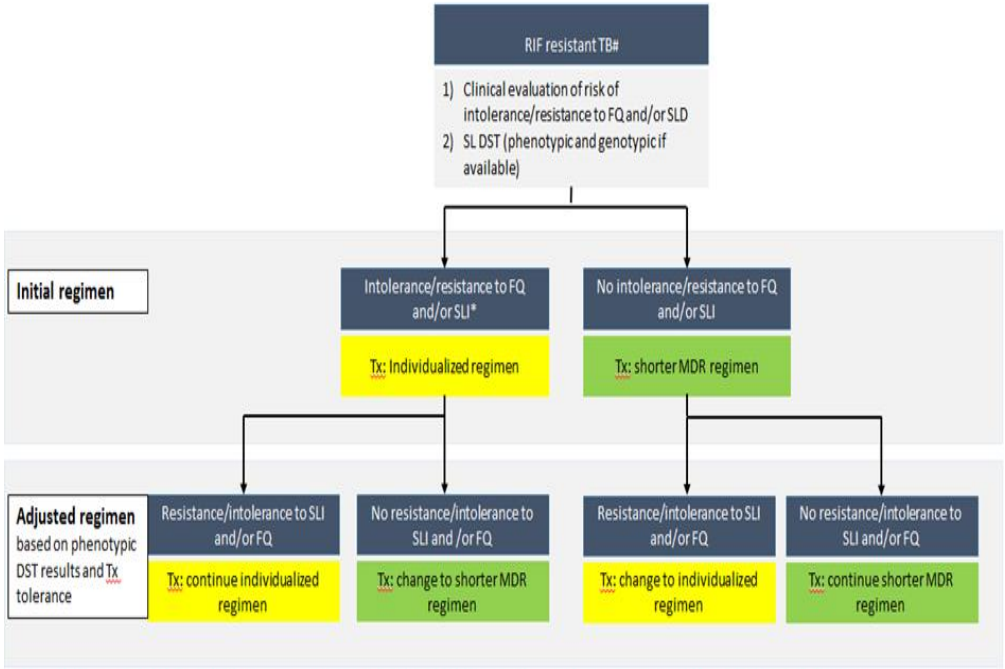
2 -3 days



USAID FROM THE AMERICAN PEOPLE

CHALLENGE TB

Adjusted diagnostic algorithm enables early initiation of effective treatment for all RR-TB patient subgroups



Abbreviations: DST=drug susceptibility test, FQ=Fluoroquinolone, MDR=multidrug resistant, RIF=Rifampicin, SLI=second-line injectable, TB=tuberculosis, Tx=treatment

This includes patients with high risk of resistance to R such as contact with RR-TB patients

* This includes patients with high risk of resistance to FQ and/or SLI such as contact with XDR patients or history of previous treatment with SLD

USAID FROM THE AMERICAN PEOPLE

CHALLENGE TB

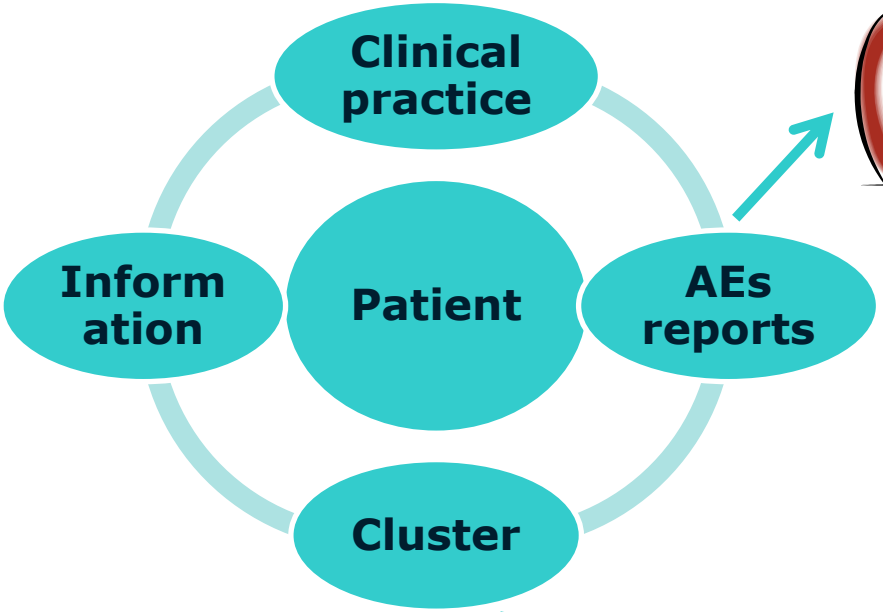
Treatment regimens for RR-TB patients designed based on WHO recommendations considering resistance or intolerance to drugs in the regimen

RR-TB	
No prior SLD use & Not (pre-) XDR contact & No intolerance to SR drugs & No confirmed resistance to SLI &/or FQ	Prior use of SLD or (pre-) XDR contact or intolerances to SR drugs or confirmed resistance to SLI &/or FQ
SHORT MDR REGIMEN	**REGIMENS WITH NEW DRUGS**
Km, Mfx, Pto, Cfz, Z, E, H^{HD}	Bdq(Dlm) + at least 4 other drugs with confirmed or high likelihood of susceptibility

USAID FROM THE AMERICAN PEOPLE

CHALLENGE TB

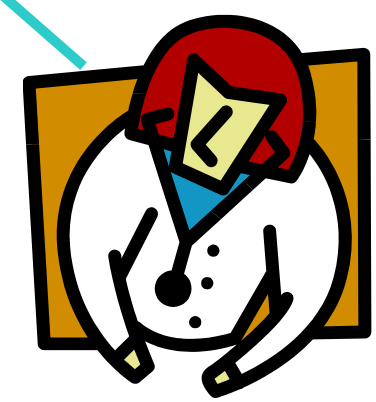
INTENSIFIED CLINICAL MONITORING



Report received at NPC

Routine Clinic visit

AEs suspected



Consilia documented

Identified AEs reported to PV Committee

USAID FROM THE AMERICAN PEOPLE

CHALLENGE TB

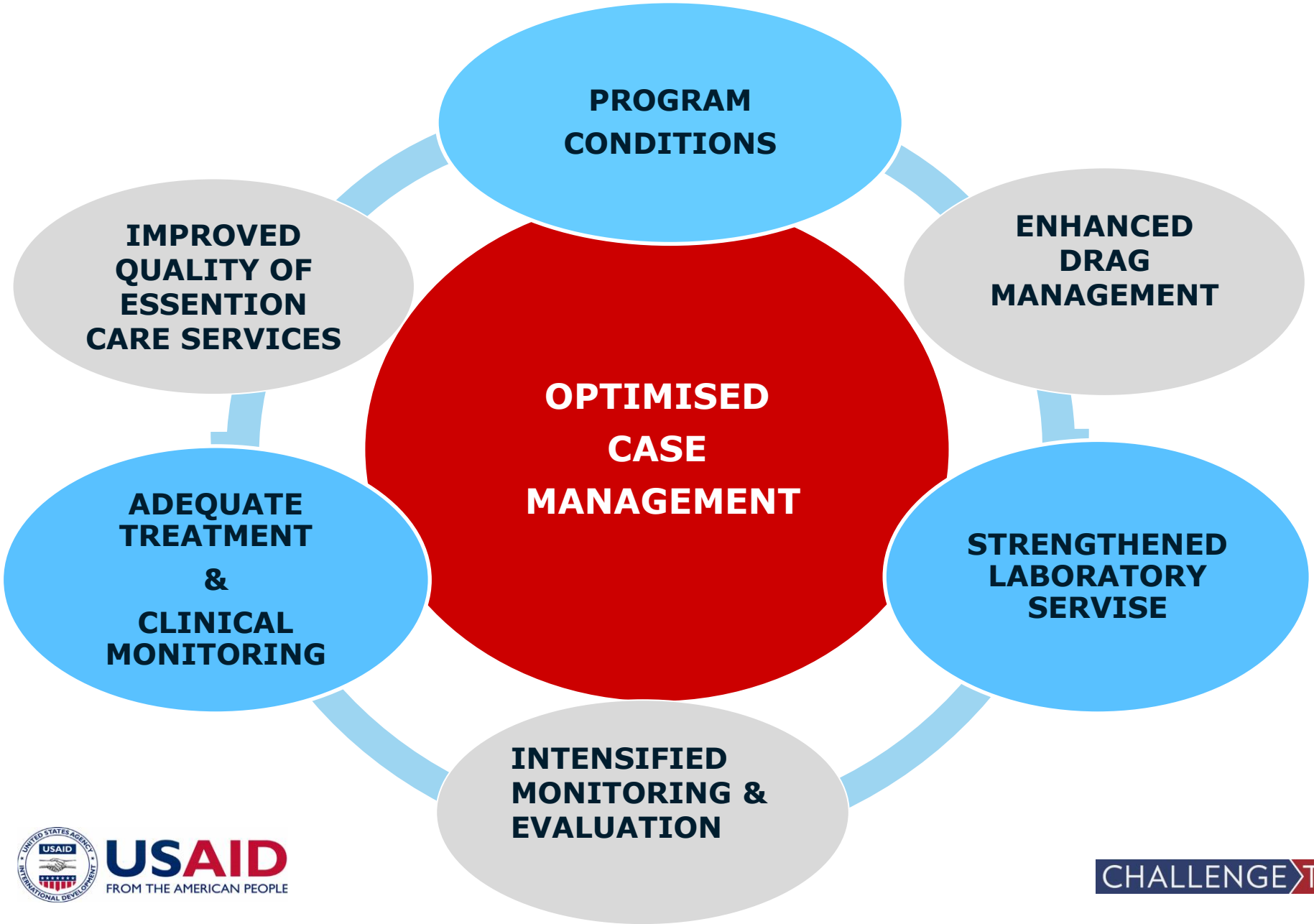
What should be in place for responsible ND&R implementation ?

1. Implementation **plan for introduction** of SR and new drugs
2. Improved **laboratory network** and strengthened **laboratory capacity** for SL DST
3. Good drug **forecasting** considering needs of different RR-TB patient subgroups, including access to ancillary drugs
4. Operational **aDSM system**
5. Proper **clinical management** (e.g. through interim cohort review) Improved **monitoring system,** including revised of **R&R** forms

What needs to be in place before the enrollment?

- Approved protocol, clear SOPs
- Knowledgeable team (clinicians, nurses, laboratory, M&E, PV experts)
- All necessary drugs available
- Functional diagnostic algorithm
  - Correctly filled laboratory request forms
  - Specimen transportation system
  - Laboratory feedback
  - Timely clinical decision making based on lab results
- Functional aDSM system
  - Access to tests/consultations for clinical monitoring
  - Established collaboration between TB and PV experts
- Complete electronic data base for data collection on patients in pilot sites
- Monitoring and supervision system ready
  - Clearly defined roles and responsibilities
  - Clear plan and timelines

COMPREHENSIVE PROGRAMMATIC & CLINICAL MANAGEMENT IN ND&R IMPLEMENTATION



USAID FROM THE AMERICAN PEOPLE

CHALLENGE TB

THANK YOU!

www.kncvtbc.org