

**UPDATE OF THE FORMER
RESEARCH SUBGROUP, RESIST-
TB, GDI RESEARCH TASK FORCE:
PMDT RESEARCH AGENDA 2014**

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A prioritised research agenda for DOTS-Plus for multidrug-resistant tuberculosis (MDR-TB)

Stop TB Working Group on DOTS-Plus for MDR-TB*

OPEN ACCESS Freely available online

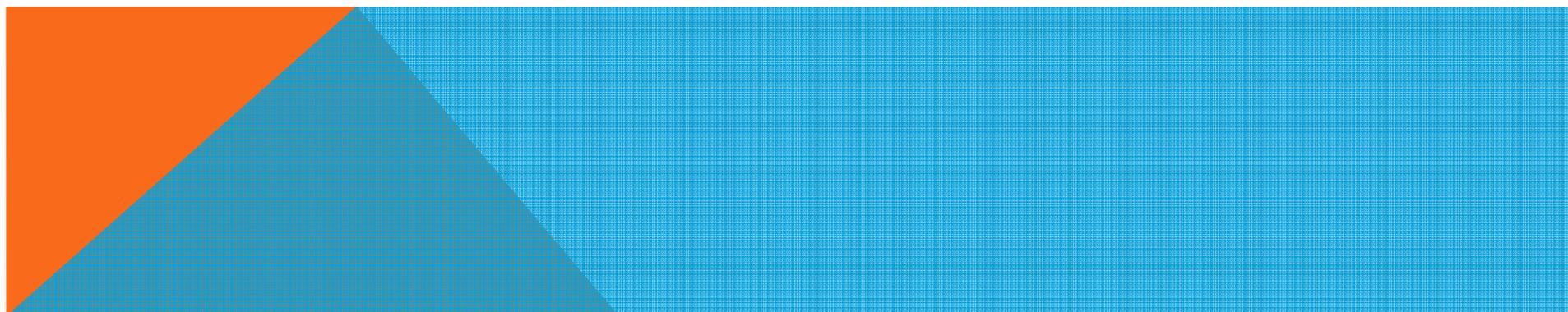
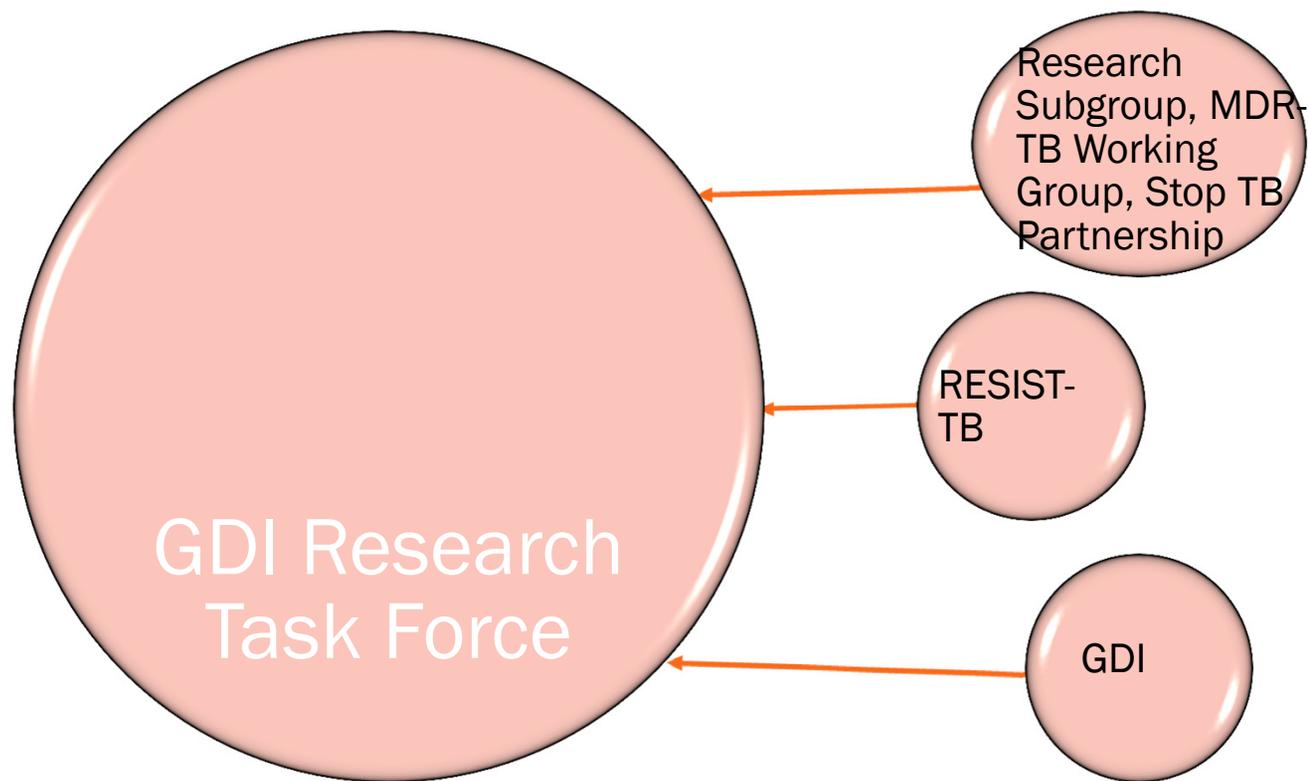
PLOS MEDICINE

Guidelines and Guidance

Scaling Up Programmatic Management of Drug-Resistant Tuberculosis: A Prioritized Research Agenda

July 2008 | Volume 5 | Issue 7 | e150

Frank G. J. Cobelens^{*}, Einar Heldal, Michael E. Kimerling, Carole D. Mitnick, Laura J. Podewils, Rajeswari Ramachandran, Hans L. Rieder, Karin Weyer, and Matteo Zignol, on behalf of the Working Group on MDR-TB of the Stop TB Partnership



PMDT RESEARCH PRIORITIES, 2008 AGENDA

Table 1. Research Priorities

Priority Area	Research Priorities
Laboratory support	<p>Improve laboratory methods for selection of drug regimens and of patients eligible for second-line treatment:</p> <ul style="list-style-type: none"> • Standardization of DST for second-line drugs • Establishment of prognostic value of in vitro mono-resistance and cross-resistance between second-line drugs • Development and validation of tools for rapid detection of drug resistance, including for XDR-TB
Treatment strategies of DR-TB	<p>Identify optimal treatment protocols for DR-TB through (multicenter) clinical trials and well-designed cohort studies, with a focus on:</p> <ul style="list-style-type: none"> • Optimal use of existing drugs: clinical efficacy of different standard and individual MDR-TB regimens across multiple settings and against various drug resistance patterns with regard to the number and combination of second-line drugs needed according to DST • Efficacy of candidate drugs (including compassionate use and pipeline)
Programmatically relevant research	<p>Define and evaluate strategies for integration/scale-up of management of DR-TB into larger DOTS programs:</p> <ul style="list-style-type: none"> • Algorithms for selecting patients eligible for drug susceptibility testing and second-line treatment in different settings, including special strategies for high-risk groups and use of rapid resistance testing methods • Strategies for provision of second-line treatment in different settings, including adherence and use of incentives and enablers • Effectiveness of existing infection control measures and strategies for selecting and implementing infection control measures (for communities, households, and health care settings)
Epidemiology of DR-TB	<p>Identify and assess the relative importance of risk factors for DR-TB, in particular to explain variation in MDR-TB and XDR-TB prevalence between settings</p>
Management of contacts of patients with DR-TB	<p>Clinical trials or well-designed cohort studies of the efficacy of several individual drugs and drug combinations in preventive treatment of persons presumably infected with DR-TB</p>

RESOURCES CONSULTED

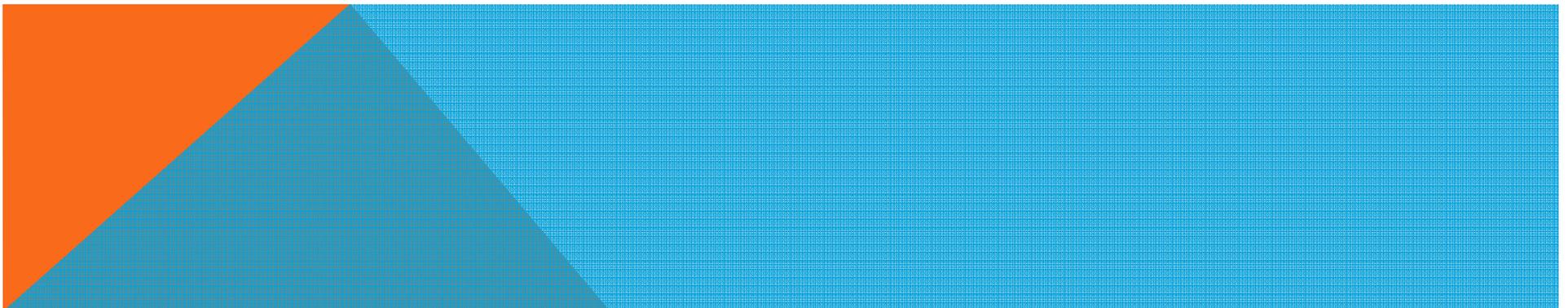
- CDC Plan to Combat XDR-TB, Recommendations for the Federal TB Task Force (2009)
- NIAID Research Agenda: MDR & XDR-TB (2007)
- MSF/PIH Manual- TB: Practical Guide (2013)
- WHO/Stop TB Operational Research Guide
- The Union: Guidelines for the Clinical and Operational Management of DR-TB
- Global Plan to Stop TB (2011-2015)
- ECDC Technical Report ERLN-TB Expert Opinion on the Use of the Rapid Molecular Assays for the Diagnosis of TB and Detection of Drug Resistance
- Guidelines for the Programmatic Management of DR-TB (2008, 2011)
- WHO and TDR-Priorities for TB Research: A Report of the disease reference group on TB, leprosy and Buruli ulcer
- STOP-TB Partnership: An International Roadmap for TB Research
- Websites: TB Alliance, Working Groups on New Drugs & New Diagnostics
- NIH RePORTER
- Articles citing the 2008 research agenda

SURVEY

Delivered to distribution lists of RESIST-TB, Treatment Action Group, TB CARE I, TB TEAM, and the Stop TB Partnership's New Diagnostics Working Group and MDR-TB Working Group:

Asked to select and rank top 5 within:

- Laboratory support (10 questions)
- Treatment strategy (7 questions)
- Programmatically relevant research (18 questions)
- Epidemiology (13 questions)
- Management of contacts (8 questions)



NEXT STEPS

- Solicit feedback on manuscript: GDI CG, GDI research task force, former Research Subgroup of MDR-TB Working Group/RESIST-TB (now), GDI(?)
- Revise manuscript (November-December)
- Submit for publication (December 2014/January 2015)

