CONFERENCIA DE CLAUSURA: LAS NUEVAS GUÍAS DE TRATAMIENTO DE LA TB MDR DE LA OMS

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The 2018 WHO Guidelines for the treatment of multidrug-resistant tuberculosis

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In 2017, it was estimated that the global incidence of tuberculosis (TB) was 133 cases per 100,000 population, with most cases occurring in Asia (62%) and Africa (25%)[1]. TB is the tenth leading cause of death worldwide and, since 2012, the top killer among the infectious conditions, topping HIV (the total mortality was estimated to 1.6 million in 2017 when including people living with HIV who die of TB)[1]. An estimated 558,000 new multidrug resistant/rifampicin resistant TB (MDR/RR-TB) cases emerged in 2017 and MDR/RR-TB was responsible for an estimated 230,000 deaths in the same year[1].

In order to help countries organize their response to the challenge of TB, including MDR/RR-TB, WHO has the mandate to produce guidance for the prevention, diagnosis, treatment and care of TB through a process that is scientifically rigorous and independent of financial and intellectual conflicting interests, in accordance with the requirements of the WHO Guideline Review Committee (GRC), using GRADE methodology ((Grading of Recommendations, Assessment, Development and Evaluation) adopted by WO to summarize evidence and to formulate the recommendations[2]. The latest evidence-based guidance for the treatment of MDR/RR-TB was published by WHO in December 2018 based on GRADE assessment of recently completed Phase III trials of delamanid and the shorter MDR-TB regimen; individual patient database (IPD) of over 13,100 records from patients treated with longer MDR-TB regimens in 40 countries; and another IPD with over 2,600 records from patients treated with the 9-12 month shorter MDR-TB regimens from 15 countries, and pharmacokine-

Table 1. Medicines to be consider in the design of the WHO recommended oral longer regimen for treatment of MDR/RR-TB.

Group	Medicines	
Group A:	Levofloxacin OR	Lfx
Include all three medicines	Moxifloxacin	Mfx
(unless they cannot be used)	Bedaquiline	Bdq
	Linezolid	Lzd
Group B:	Clofazimine	Cfz
Include one or both medicines	Cycloserine OR	Cs
	Terzidone	Trd
Group C:	Ethambutol	E
Add to complete the regimen	Delamanid	Dlm
and when medicines from	Pyrazinamide	Z
Groups A and B cannot be used	Imipenem_ cilastatin OR	Ipm-Cln
	Meropenem	Mpm
	Amikacin	Am
	(OR Streptomycin)	(S)
	Ethionamide OR	Eto
	Prothionamide	Pto
	p-aminosalicylic acid	PAS

tic and safety data from trials of bedaquiline and delamanid in patients under 18 years of age[3].

WHO recommends two different treatment regimens, with patient eligibility determined by certain criteria and informed consent following proper counselling: a fully oral longer regimen to be composed according to criteria described in Table 1, and a standardised shorter 9-12 months regimen. Of note, WHO is not recommending Injectable agents any longer among the priority medicines when designing longer MDR-TB regimens; kanamycin and capreomycin are not recommended any more; thus, oral regimens should become the preferred option for most patients[3].

Since these data was reviewed to produce the updated guidelines WHO was informed by different data contributors (e.g. South African Department of Health, the UNION, Government of India) that substantial new data will be shared with WHO around quarter 2 2019. Thus, it is anticipated that towards end of 2019 there will be further update of MDR/RR-TB treatment guidelines.

References

1. World Global Tuberculosis Report 2018. World Health Organization. Geneve, Switzerland.
2. WHO handbook for guideline development – 2nd ed. World Health Organization. Geneve, Switzerland.
3. WHO treatment guidelines for multidrug- and rifampicin-resistant tuberculosis, 2018 update. [Pre-final text]. World Health Organization. Geneve, Switzerland.