East Africa TB Consortium
First Annual Meeting
November 19, 2010
Protea Courtyard
Dar es Salaam, Tanzania

Time		
8:00 - 8:30	Registration and coffee	
8:30 - 8:45	Welcome	Saidi Egwaga MD Ford von Reyn MD
8:45 - 9:20	MDR and XDR TB in Tanzania	Johnson Lyimo, MD, MPH
9:20 - 9:40	New drugs for drug sensitive and drug resistant TB	C. Robert Horsburgh MD
9:40 – 10:00	Diagnosis of TB	Moses Joloba, MBChB, PhD
10:00 - 10:15	Panel discussion	Moderators: Achilles Katamba MD Ford von Reyn MD
10:15 - 10:30	**Coffee**	
10:30 - 10: 50	Immune response to TB	Tim Lahey MD
10:50 – 11:20	TB in children	Helga Naburi MD, MPH
11:20-11:50	Nutrition in TB	Ezekiel Mupere, MBChB, PhD
11:50- 12:15	Discussion	Moderators: Lisa Adams MD Isaac Maro MD, MPH
12:15 – 1:15	**Lunch**	
1:15 – 2: 15	Poster viewing	
2:15 – 3:30	Poster panel discussion and questions	Moderators: Moses, Ford
3:30 – 3:45	**Coffee**	
3:45 – 4:15	Research collaborations	Moderators: Johnson, Ezekiel
4:15 – 4:45	Meeting in Kampala	Moderators: Achilles Christopher Whalen MD

		(by phone)

Johnson Lyimo

1. Definitions of resistance
2. MDR is man-made problem: China, Russia and India have highest numbers
3. 300 cases MDR/year in TZ (2207): 1% in previously untreated, 3% in prev Rx
4. Two phases of treatment for MDR: 18-24 mos with 4 drugs incl injectable amikacin in intensive phase for 6 months and then next phase without injectable; adm to hospital for 6 mos

Bob Horsburgh

1. 1947 BMRC trial of SM alone for 3 months, many pts developed resistance
2. 1952 INH plus SM better than INH
3. 1962 BMRC trial of 24 mos; relapse rate 4%
4. TBRU Rx shortening
5. TMC 207
6. Two linezolid derivatives being studied in Phase I (PNU and AZD)
7. TBTC study 29; substitute rifapentine to see if increase proportion of pts with neg sputum at 2 mos
8. OFLOTUB: 4 mos total where gati substitutes for ethambutol in intensive and continued in continuation phase; 2012 will have results.
9. ReMox trial has std 6 mos vs two different 4 mo regimens with Moxi; 2013 results; more drugs but shorter regimen
10. RIFAQUIN: rifapentine (P) for rifampin (higher rifamycin levels) plus moxi substituted for INH in a 4 mo regimen
11. MDR goals: shorten from 24 mos and improve over 60% effective
12. Bangladesh 9 month regimen, uncontrolled had 80% success but requires 9 mos: 4 mos intensive with 7 drugs, many at very high dose, followed by 5 mos continuation
13. TMC-207 study C208: optimal Rx plus TBC, faster sputum conversion (NEJM 2009); final results 79% cure (26% adverse, 12 weeks to convert) vs 58% cure (18 weeks to convert); to FDA next year (will prob allow compassionate use; may need another trial).
14. OPC trial from Otsuka had background regimen plus 2 doses of new drug; sputum conversion at 8 weeks
15. PA-824 mycolic acid synthesis inhibitor is in EBA trial
16. SQ-109 has 60 hour half-life, potential to make Rx easier
17. PNU – 100480 is in dose-ranging; AZD-5847 also in dose-ranging

Ezekiel Mupere

1. Women waste fat in TB, men lean.
2. BMI insensitive to fat content at low BMI and at above normal muscle mass.
3. Defined fat wasting and lean wasting and measured using BIA.
4. Lean wasted women have lower survival, no difference in men.
5. BMI in men affects survival after TB Rx, but not in women.
6. Men have worse survival with TB than women.
7. On treatment BMI goes up by 1 unit in first 3 mos (varies by gender, not by HIV) and levels off and does not reach BMI of non-wasted TB pts.
8. Once women have lost fat then BMI becomes predictive.