Meeting Report

4th Semi-annual Global TB Community Advisory Board Meeting

April 4–7, 2013
New Delhi, India

TB CAB Meeting in New Delhi, India
4-7 April, 2013

The Global TB Community Advisory Board (TB CAB) had its fourth meeting, and discussed advocacy issues around R&D for TB drugs, vaccines, diagnostics, as well as access and ethical issues. As the group met in India, particular attention was paid to the R&D, access, regulatory, legal and ethical challenges and opportunities in the Indian context. The TB CAB conducted site visits to LRS Institute and to Operation Asha, and also met with the GHS TB team.

Membership updates

Alberto, Mike and Sergey have joined the TB CAB. Marcus Low will be acting as Nathan Geffen's alternate. Natalia Sidorenko is on maternity leave (congratulations!). The TB CAB will allow for certain email-only members—including TB CAB members who have stepped down—on an ad hoc basis, who will need to respect the confidentiality of the email group.

Vaccines

As Mike and Wim had recently attended the Aeras Vaccines Forum, the TB CAB discussed vaccines, including the history of BCG and the novel viral vector vaccine candidate MVA85A. MVA85A was found safe but not effective at preventing active disease in what was the first phase IIb vaccine trial in decades. The group discussed the merits of pediatric vs. adolescent vaccines, issues around modeling, the vaccine pipeline, the need for investment in basic science (biomarkers and correlates of immunity), and the potential of combination trials.

India

Blessi gave an overview of the Indian TB landscape, including funding, stockout issues, the local epidemiology (e.g. concentration in urban slums), and the responses of the RNTCP and civil society. The TB CAB discussed key areas for advocacy in India, including enforcement of the ban on serological tests and preventing interferon gamma release assays (IGRAs) from replacing them, access to bedaquiline, allowing access to DOTS without address verification, patient confidentiality, and free drug treatment.

LRS Institute

Colleen, Polly, Ezio, Wim, Mike and Blessi visited the LRS Institute, which sees 500 patients per day including 150 new patients (about 75% of whom are TB patients). They found the physical facility generally to be excellent, with isolation rooms and negative pressure (however, the room with the samples lacked infection control, the waiting room for those with HIV seemed inadequate). Rohit Saran, the director, did express enthusiasm for forming a CAB by the end of the meeting.

Operation Asha

Giselle, Erica, Lindsay, Alberto, Bactrin, Khairun and Sergey visited Operation Asha, an NGO that works closely with the RNTCP to provide TB treatment in slums.

OpAsha reaches many Indians who would not otherwise receive TB treatment, and does so at a low cost by utilizing RNTCP drugs and diagnostic systems. OpAsha incentivizes TB providers by increasing their economic development potential; e.g. they make temples DOTS providers, which drives more traffic and therefore donations to temples. There were concerns about patient confidentiality, storage of medicines, OpAsha's use of CAT II treatment and intermittent dosing.

Drugs

Erica gave an overview of advocacy issues surrounding new drugs in development for TB. For bedaquiline and delamanid, major concerns surrounded research gaps, pending approvals, and ensuring access pre- and post-approval. The group discussed the need for expediting the study of sutezolid, particularly in combinations. The group also discussed access issues, including first- and second-line drug stockouts in the US and rifapentine pricing. The group was interested in addressing global stockout issues but did not have time to discuss.

Drug discovery in India

Zakir Thomas from Open Source Drug Discovery (OSDD) of the Indian Council of Scientific Industrial Research (CSIR) explained how the traditional model of drug development is failing for TB—many patents are being created, but few drugs as the market is insecure. OSDD's alternative model brings together academia and industry in the innovation stage, then in later stages creates contracts to conduct clinical trials in India of drugs/combinations from others (e.g. they are working with the TB Alliance to test NC002 in India, and discussing with Pfizer to take sutezolid forward). The CSIR has no community representation.

Legal issues around drug access and generics

Anand Grover from Lawyers Collective spoke to the TB CAB about the right to health, as well as legal issues around patents and drug access. In India, 70% of household health expenses go to drug procurement. Anand explained how India interpreted patentability under the Trade Related Aspects of Intellectual Property Rights (TRIPS) Compromise to mean that new drug forms must be more efficacious than existing drugs, and how the recent Novartis case interpreted that strictly as "therapeutic efficacy." He explained how the Free Trade Agreement (FTA) delays access to drugs by delaying entry of generic competition through data exclusivity, and by requiring regulatory approval of generics, whereas compulsory licensing, intellectual property can be used with rights holder consent. Anand encourages generic manufacturing in all countries, not just India.

Perchlozone: a potential new TB drug

Olga Kutyrova and Ilfat Abusev from Pharmasyntez presented promising data about the safety and efficacy of percholozone, a new drug approved to treat MDR-TB in Russia. Perchlozone appeared more effective than fluoroquinolones in their study of 50 MDR-TB patients, and may be cost-saving. Further independent research is needed to validate these findings and to determine the optimal use of perchlozone. [Note: product development information may be outdated]

TrueLab and TrueNat diagnostics update

N. Sriram from Molbio Diagnostics presented the latest data around the TrueNat test that was first presented to the TB CAB in Kuala Lumpur. TrueNat was found to have 99.12% sensitivity and 100% specificity on smear positive, culture positive samples; it also has over 98% correlation with GeneXpert in an ongoing analysis. The test was recently granted approval in India and is being rolled out; so far one lab already has it (they expect 12). The company can make 15,000 test chips per day, and 1,000 machines per month. The price is $8,000 for the instrument and $14/test (to be reduced in public sector). They plan to distribute outside of India as well, but need more peer-reviewed studies before submitting to WHO. They are working to automate sample preparation and to include drug resistance testing (rifampicin and isoniazid, and later fluoroquinolones), and also to develop tests for other diseases (dengue, H1N1, HPV, HIV viral load, chlamydia, gonorrhea, salmonella, malaria, HCV, chikungunya).
[Note: product development information may be outdated]

Ethics around trials and drug access

Jerome Singh continued his discussion with the TB CAB around ethical issues. He explained how mechanisms for pre-approval access differ in countries. He also addressed questions regarding compensation for participation in trials, and the tenets of informed consent.

TB CAB internal business

The TB CAB discussed upcoming projects and plans. Khairun updated the group on an operational research project on GeneXpert rollout in India, Kenya, South Africa. Erica highlighted some issues around regulatory reform. Polly requested that the group work with the UK MRC on pediatric trials and adaptive design statistics.

The next meeting will be held on October 28-29, 2013 in Paris before the Union meeting.