Month 2 culture and duration as predictors of TB relapse

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M2C and duration as predictors of relapse

- A 2013 analysis of 24 trials pub-lished from 1973 to 1997 of 58 regimens studied in 7793 patients identified positive month 2 culture status using solid medium (M2C) and treatment duration as independent predictors of relapse.

- Predictions took the form: logit(relapse) = a+bx+cy, where x=logit(M2C) and y=log(duration)

- The model was subsequently vali-dated using independent data from 6 studies of 12 regimens involving 3907 patients.
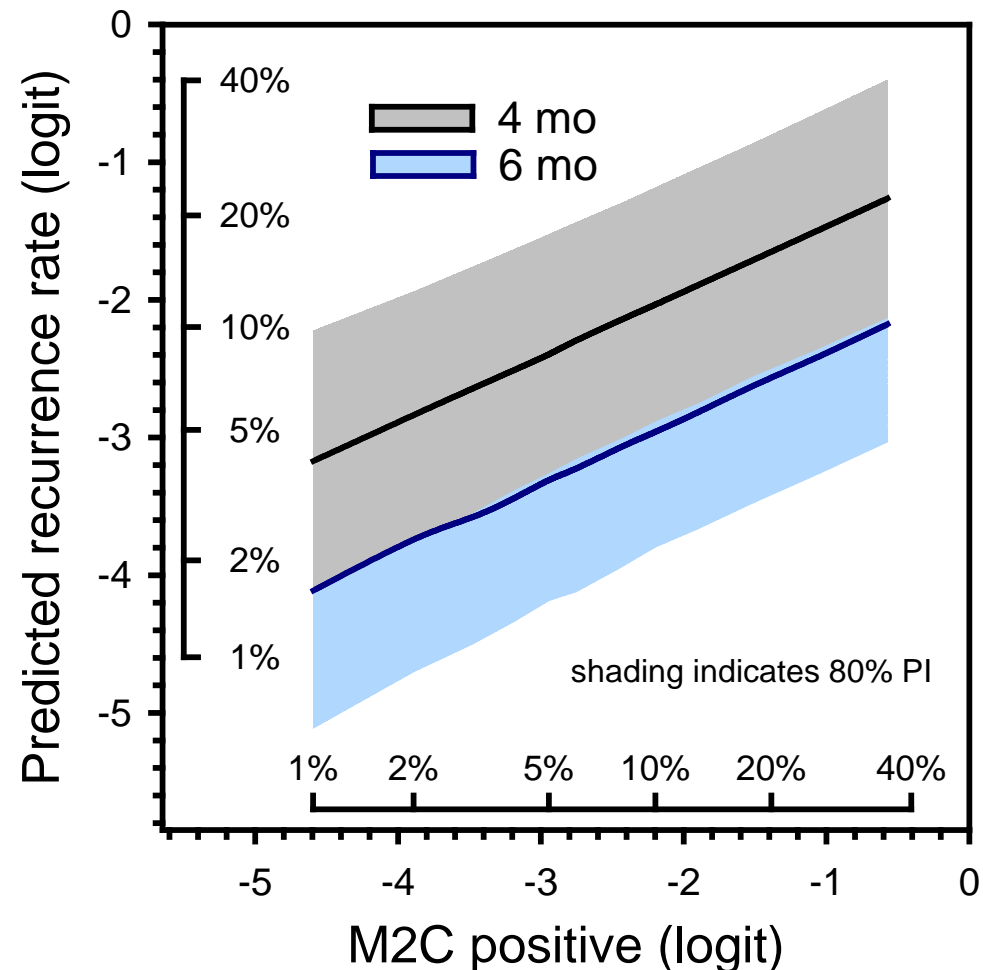
Wallis,
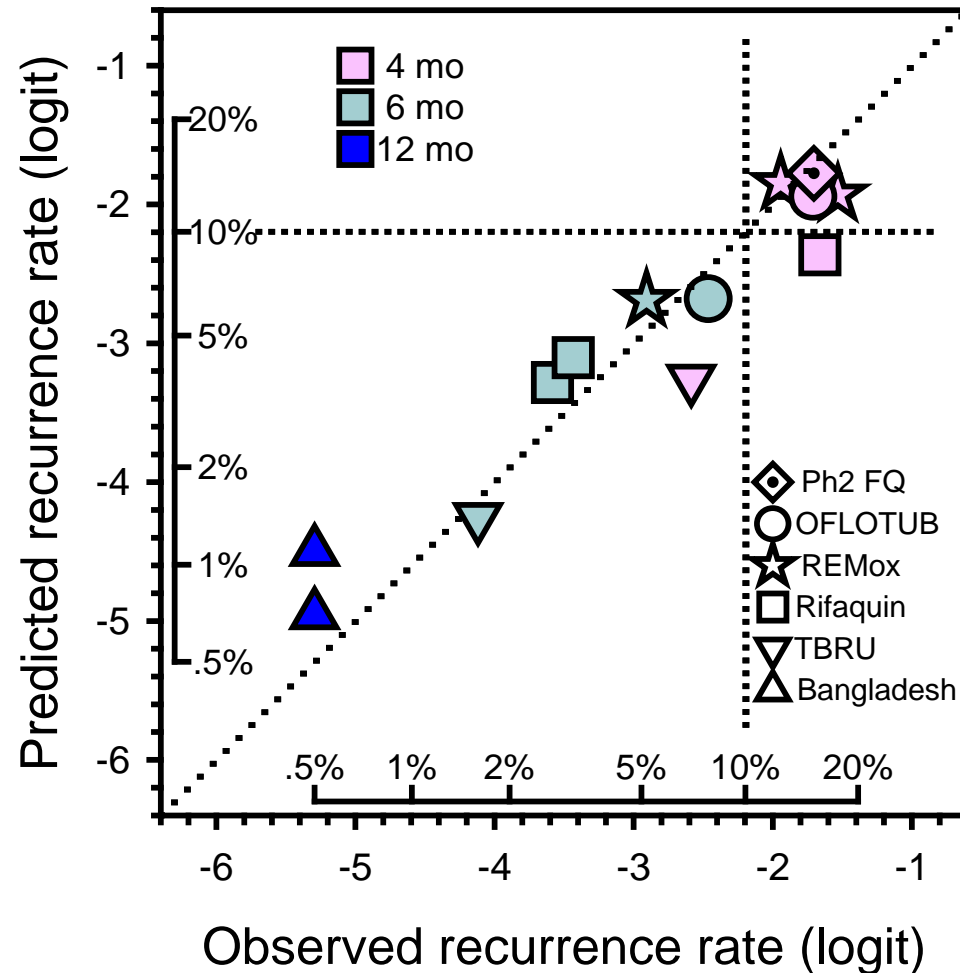***PLoS One***
2013

M2C and duration as predictors of relapse

- REMoxTB, OFLOTUB and RIFAQUIN:

- Relapse rates in all 8 arms of these 3 trials (3388 patients) were later predicted based on M2C and duration of each arm, at $R^2 = .86$

(overlapping text) ...duration was a predictor of relapse, contrary to the study hypothesis.

Wallis, *PLoS One* 2015

Observed recurrence rate (logit) — Predicted recurrence rate (logit)

Legend: 4 mo, 6 mo, 12 mo; Ph2 FQ, OFLOTUB, REMox, Rifaquin, TBRU, Bangladesh

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Database characteristics

	Total	Duration			Location	
		3-5mo	*6mo*	*7-18mo*	*Africa*	*Asia/Pacific*
Regimens	70	11	48	11	28	50
Subjects	11790	2824	7435	1531	7296	7814

Model parameters

	Estimate	SE	P
Intercept	2.529	0.478	0.00002
Ln duration	-2.502	0.221	<.00001
Logit M2C+	0.440	0.010	0.00008

Online calculator at rswallis.com

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M2C and duration as predictors of relapse

- The model is accurate (R^2 >.9) and generalizable (remaining accurate under previously untested conditions):
  - FQ results were predicted w/o FQ data
  - TBRU results were predicted w/o host data
  - MDR results were predicted w/o MDR or clofazimine data
- None of the studies in the training dataset and few in the validation dataset excluded recurrence due to reinfection
  - Presumably noise would be reduced and accuracy increased had they done so
- Data are insufficient to create a similar model using time to culture conversion in liquid medium, or one including baseline parameters
  - Collecting such data should be a research priority

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