High rate of patients cured of multidrug-resistant tuberculosis in landmark study: final results to be announced at the 47th Union World Conference on Lung Health to be held in Liverpool, United Kingdom, 26-29 October, 2016

Conference to open with keynote address from Ambassador Stephen Lewis, Co-Director of AIDS Free World and former United Nations Special Envoy for AIDS in Africa

Special Panel to be held on Ending Tuberculosis and Tobacco related deaths featuring the Health Ministers of South Africa, Burkina Faso, Zimbabwe, Sri Lanka and The Philippines

Paris, France, Tuesday, 11 October 2016 – The International Union Against Tuberculosis and Lung Disease (The Union) today announced that the final results of a landmark study on a shortened drug treatment regimen for patients living with Multidrug–Resistant tuberculosis (MDR-TB) will be released at the 47th World Conference on Lung Health, convening 26-29 October 2016 at The Arena and Convention Centre (ACC) in Liverpool, United Kingdom.

The three year study, involving more than a thousand patients living with MDR-TB in nine Francophone sub-Saharan African countries (Benin, Burkina Faso, Burundi, Cameroon, Cote d'Ivoire, Niger, Central African Republic, Democratic Republic of Congo and Rwanda) is expected to report very high cure rates.

The Francophone study results form part of a strong scientific programme being presented in Liverpool. Expected to draw some 4,000 participants from more than 100 countries, the Union World Conference is the world’s pre-eminent gathering for announcing new scientific findings in the area of tuberculosis (TB) and lung health. Scientists, public health programme and agency leaders, policymakers, affected communities and activists will convene under the theme of Confronting Resistance: Fundamentals to Innovations. Ambassador Stephen Lewis, Executive Director of AIDS Free World and former United Nations Special Envoy for AIDS in Africa, will open the conference with a keynote address.

TB is now the world’s leading cause of death from an infectious illness (1.5 million deaths annually), having surpassed HIV/AIDS in 2015, and is increasingly characterised by drug-resistant forms of the disease.
“This year’s Union World Conference on Lung Health comes at one of the most pivotal moments in the fight against TB and lung disease,” said José Luis Castro, Executive Director of The Union. “The world has committed to eliminating TB by 2035, but we have a very small window to move toward that goal. This year’s conference will focus on confronting all forms of resistance that might stop us from ending TB for good.”

Whereas the standard MDR-TB treatment regimen previously lasted 24 months, the new standard regimen has a duration of only nine months. Preliminary findings from the Francophone study, gathered by The Union, Damien Foundation, Médecins Sans Frontières, and the Antwerp Institute of Tropical Medicine, led the World Health Organization (WHO) in May 2016 to recommend implementing the new nine-month treatment option. The final results of the study are expected to demonstrate substantially higher cure rates than those achieved using the previous standard treatment option.

“The final results from this study will mark a leap forward in our ability to treat MDR-TB,” said Dr Paula I. Fujiwara, Scientific Director of The Union. “Ultimately the success of the regimen will depend on how quickly and effectively it reaches patients. We will use the World Conference as a platform to call for a worldwide roll-out of the new regimen—even while we keep searching for shorter and easier treatment options.”

Building on the Francophone Study results, The Union and its main trial partner, the UK Medical Research Council, is currently undertaking STREAM, a randomised clinical trial that is testing the effectiveness of two other MDR-TB treatment options: a six-month treatment regimen using Bedaquiline, an MDR-TB medicine developed by Janssen Therapeutics* and that was approved by the U.S. Food and Drug Administration in 2012; and a nine-month all-oral treatment option that does not require injections. Enrolment of participants in the study began in 2016 and will continue through 2018, as needed. Results of the study are expected in 2020.

The evaluation of these new regimens comprises the second stage of the larger ongoing clinical trial, which is testing the effectiveness of shortened treatment regimens for MDR-TB.

The first stage of STREAM has been seeking to determine whether a nine-month regimen developed and implemented by the Damien Foundation and the Institute of Tropical Medicine, and used with notable success in Bangladesh (2008), can be used in different settings with comparable results. Over 420 patients have been recruited in Ethiopia, South Africa, Viet Nam and Mongolia and results of this initial stage will be available in early 2018.

"With world leaders recognising antimicrobial resistance as a fundamental threat to human health, development and security, this year’s Union World Conference must mark a turning point in the fight against MDR-TB,” said Dr Fujiwara. “Newly available MDR-TB treatment must drive a global response, supported by a stronger effort to prevent drug-resistance from emerging in new areas.”

The Union World Conference will also feature an interactive high-level panel of Ministers of Health who will reflect on the political commitments and actions in achieving the global targets of ending TB and tobacco related diseases. The Forum will highlight four principle areas: 1) political leadership, 2) priority setting to end TB, tobacco-related diseases and deaths and non-communicable diseases (NCDs), 3) resource mobilisation and 4) policy implementation.

To date, the following Ministers have been confirmed: H.E. Paulyn Ubial, Secretary of the Philippines Department of Health; H.E. Aaron Motsoaledi, Minister of Health of the Government of South Africa; H.E. David Parirenyatwa, Minister of Health and Child Welfare of

Other scientific highlights will include: the first new estimate in 20 years of the number of people living with TB infection worldwide; a new strain of TB that has been discovered in East Africa; newly recognised links between kidney disease and TB; links between secondhand smoke exposure and TB risk; new technologies being used to investigate TB transmission and resistance; the collision of TB with non-communicable diseases; the preventive effects on TB provided by the influenza vaccine; new data on the costs of medical care for addressing joint effects of TB and diabetes; and the first-ever costing of the economic impact of tobacco-related disease on the Indian economy.

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*Janssen Therapeutics is a Division of Janssen Products, LP, one of the Janssen Pharmaceutical Companies of Johnson & Johnson

Media Registration:

Media are strongly encouraged to register prior to the conference.

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About The International Union Against Tuberculosis and Lung Disease (The Union)

Since its founding as a global scientific organisation in 1920, The Union has drawn from the best evidence and expertise to advance solutions to public health challenges affecting people living in poverty. The Union is currently progressing solutions for tuberculosis, HIV, tobacco-related diseases and other lung and non-communicable diseases. With close to 17,000 members active in more than 140 countries, The Union has its headquarters in Paris and 11 offices in Africa, the Asia Pacific, Europe, Latin America, North America and South-East Asia.

About the World Conference on Lung Health

The Union World Conference on Lung Health is the world’s largest gathering of clinicians and public health workers, health programme managers, policymakers, researchers and advocates working to end the suffering caused by lung disease, with a focus specifically on the challenges faced by the low- and middle-income countries. Of the 10 million people who die each year from lung diseases, some 80 percent live in these resource-limited countries.

Our theme this year, **Confronting Resistance: Fundamentals to Innovations**, addresses a number of critical areas for discussion, including the growing problem of resistance to existing TB drugs, which is one of the most important challenges facing us today, while also reflecting our global tobacco control work, which requires coordinated efforts to confront resistance from the powerful tobacco industry and to introduce the innovative policies needed to de-normalise and reduce tobacco use.