

# Hospital versus community management during the intensive phase of the tuberculosis (TB) re-treatment regimen

<b>Submission date</b> 31/05/2013	<b>Recruitment status</b> No longer recruiting	<input checked="" type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
<b>Registration date</b> 04/06/2013	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
<b>Last Edited</b> 06/11/2019	<b>Condition category</b> Infections and Infestations	<input type="checkbox"/> Individual participant data

## Plain English summary of protocol

### Background and study aims

Approximately 10% of patients being treated for tuberculosis (TB) each year in Malawi have already received one course of TB treatment. A first episode of TB is treated with a standard course of tablets for six months. For patients who require treatment for a second episode of TB, the World Health Organisation recommends that they should receive tablets for eight months, and also have daily injections of the antibiotic streptomycin for the first two months of the treatment course (this treatment is called re-treatment regimen). Currently, the only way for patients to receive these injections is to be admitted to the hospital for two months. There are many potential disadvantages to these long period of hospital admissions, including financial and social costs to patients and their households, economic costs to health systems, and risks of patients acquiring infections from being in the hospital. The aim of this study is to test whether these patients can be managed in the community rather than in the hospital.

### Who can participate?

Any adult, aged 16 years or older, who is being registered to start TB re-treatment regimen at the participating hospitals, can be enrolled into the study.

### What does the study involve?

Patients recruited to the study will identify a guardian who, if they are willing, will be trained how to give the injections. During the period when the guardian is being trained, the patient will stay in the hospital. Of the patients whose guardian successfully learns how to give the injections, half will stay in the hospital for 2 months in order to receive the injections, and the other half will go home where their guardian will give them the injections every day. The study team will visit the patients at home every 1 to 2 weeks, and more often if there are any problems. The outcome will be compared. Social and economic factors associated with hospital and community management will also be assessed.

### What are the possible benefits and risks of participating?

The possible benefit of participating in the study is that patients and guardians will be able to return home rather than staying in hospital for 2 months. The risks of participating in the study

are mainly those related to unsafe injection of streptomycin by guardians in the home. The main concerns are that the injections could introduce infections if not done in a sterile, germ-free way, or cause damage to nerves supplying the leg if they are given at the wrong position. In order to reduce these risks, thorough training and strict assessments of guardians will be made prior to discharging the patients, so that, only those patients who have a guardian able to safely give injections are sent home.

Where is the study run from?

The study will be run from two central hospitals in Malawi Queen Elizabeth Central Hospital in Blantyre, and Bwaila Hospital in Lilongwe.

When is the study starting and how long is it expected to run for?

The study is starting in June 2013, and it is expected to run for up to 2 years.

Who is funding the study?

The Wellcome Trust (UK)

Who is the main contact?

Dr Danielle Cohen

Danielle.Cohen@liverpool.ac.uk

## Contact information

### Type(s)

Scientific

### Contact name

Dr Danielle Cohen

### Contact details

Malawi Liverpool Wellcome Clinical Research Programme

Box 30096

Chichiri

Blantyre

Malawi

BT3

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Danielle.Cohen@liverpool.ac.uk

## Additional identifiers

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

Secondary identifying numbers

13.11

# Study information

## Scientific Title

The TB Re-treatment Regimen: Outcomes and Care Study (TB-RROC): A trial of hospital versus community management during the intensive phase of the TB re-treatment regimen

## Acronym

TB-RROC

## Study objectives

Community-based management provides a safe and feasible alternative to hospital-based management during the intensive phase of the TB retreatment regimen.

## Ethics approval required

Old ethics approval format

## Ethics approval(s)

1. Malawi College of Medicine Research Ethics Committee, Reference number: P.02/13/1340, Date: 17.05.2013
2. Liverpool School of Tropical Medicine Research Ethics Committee, Reference number: 13.11, Date: 22.05.2013

## Study design

Pragmatic, individually randomised controlled trial

## Primary study design

Interventional

## Secondary study design

Randomised controlled trial

## Study setting(s)

Hospital

## Study type(s)

Treatment

## Participant information sheet

Not available in web format, please use the contact details below to request a patient information sheet

## Health condition(s) or problem(s) studied

Community management of patients requiring injectable therapy as part of the TB re-treatment regimen

## Interventions

There will be a 2-stage enrolment and recruitment process. In the first stage, all patients starting retreatment regimen will be approached to identify a treatment supporter (guardian) who will be trained in the technique of intramuscular injection. In the second stage, those who are deemed clinically fit for discharge and whose guardian becomes competent at injection

technique will be randomised to receive standard of care (i.e. remain in hospital for the duration of the intensive phase of TB treatment) or to the intervention arm (i.e. to complete the intensive phase of treatment in the community).

Group 1: 134 patients, randomised to receive the intervention. These participants will be discharged home where they will receive daily oral treatment and intramuscular streptomycin injections administered by their trained guardian, until the 2 month course of injections is completed.

Group 2: 134 patients, randomised to receive standard of care. These participants will remain in hospital where they will receive daily oral treatment and intramuscular streptomycin injections administered by nursing staff, until the 2 month course of injections is completed.

Participants will all be reviewed at home or in hospital by the study team at 1, 3, 5 and 7 weeks post randomisation, and more frequently if required. At the end of the 2 month intervention period, all patients will continue to receive TB treatment under routine care and complete the 8 month course of oral TB treatment as per national guidelines.

### **Intervention Type**

Other

### **Phase**

Not Applicable

### **Primary outcome measure**

Patient still alive and on TB treatment at the end of the two-month intervention period

### **Secondary outcome measures**

1. 2-month culture conversion in those culture positive at baseline
2. 8-month programmatic TB outcome
3. Serious adverse events during the intensive phase of treatment
4. Karnofsky score 1, 3, 5, and 7 weeks post randomisation
5. Mental health status at 2 months using a Chichewa validated self-reporting questionnaire (SRQ)

### **Overall study start date**

10/06/2013

### **Completion date**

10/06/2015

## **Eligibility**

### **Key inclusion criteria**

1. Adults  $\geq 16$  years of age starting TB re-treatment regimen
2. Patients who are able to give informed consent
3. Patients who are able to identify a suitable treatment supporter

### **Participant type(s)**

Patient

### **Age group**

Adult

**Sex**

Both

**Target number of participants**

268

**Total final enrolment**

204

**Key exclusion criteria**

1. Patients identified as having Multi-drug-resistant tuberculosis (MDR-TB) on GXP or drug sensitivity testing using culture (these patients will be referred to the NTP MDR programme)
2. Pregnant women
3. Patients not planning to stay in Blantyre/Lilongwe for the 2-month duration of the intervention
4. Patients unable to give informed consent
5. Patients unable to identify a suitable treatment supporter

**Date of first enrolment**

10/06/2013

**Date of final enrolment**

10/06/2015

## **Locations**

**Countries of recruitment**

Malawi

**Study participating centre**

**Malawi Liverpool Wellcome Clinical Research Programme**

Blantyre

Malawi

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## **Sponsor information**

**Organisation**

Liverpool School of Tropical Medicine (UK)

**Sponsor details**

Pembroke Place

Liverpool

England  
United Kingdom  
L3 5QA

**Sponsor type**

University/education

**Website**

<http://www.lstmliverpool.ac.uk>

**ROR**

<https://ror.org/03svjbs84>

## **Funder(s)**

**Funder type**

Charity

**Funder Name**

Wellcome Trust Reference no: 097466/B/11/Z

**Alternative Name(s)**

**Funding Body Type**

Private sector organisation

**Funding Body Subtype**

International organizations

**Location**

United Kingdom

## **Results and Publications**

**Publication and dissemination plan**

Not provided at time of registration

**Intention to publish date**

**Individual participant data (IPD) sharing plan**

**IPD sharing plan summary**

Not provided at time of registration

**Study outputs**

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Results article</a>	results	01/01/2020	06/11/2019	Yes	No