

# An international multicentre controlled clinical trial to evaluate high dose RIFapentine and a QUINolone in the treatment of pulmonary tuberculosis

<b>Submission date</b> 01/05/2007	<b>Recruitment status</b> No longer recruiting	<input checked="" type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
<b>Registration date</b> 03/07/2007	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
<b>Last Edited</b> 03/11/2014	<b>Condition category</b> Infections and Infestations	<input type="checkbox"/> Individual participant data

## Plain English summary of protocol

[http://www.ctu.mrc.ac.uk/research\\_areas/study\\_details.aspx?s=49](http://www.ctu.mrc.ac.uk/research_areas/study_details.aspx?s=49)

## Contact information

### Type(s)

Scientific

### Contact name

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### Contact details

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## Additional identifiers

### Protocol serial number

N/A

# Study information

## Scientific Title

## Acronym

RIFAQUIN

## Study objectives

1. Rifapentine (a rifamycin) and moxifloxacin (a quinolone) given together, will shorten the length of treatment for tuberculosis to four months and/or simplify treatment administration, i. e., given once or twice a week rather than daily
2. Doubling the dose of rifapentine will reduce the overall relapse rates and eliminate rifamycin resistance in those Human Immunodeficiency Virus (HIV) positive patients who may relapse
3. Laboratory experiments suggest that replacing isoniazid with moxifloxacin could strengthen the treatment. We are also assessing whether, by substituting moxifloxacin for isoniazid, it is possible to simplify, and even reduce the duration of, the continuation phase of treatment

Please note that, as of 07/10/2008, the start date of this trial has been updated from 31/07/2008 to 15/08/2008.

Please note that as of 29/04/2008 this trial record was updated. All changes can be found in the relevant section under this update date. Please also note that the anticipated start and end dates of this trial have also been updated, the previous dates were:

Anticipated start date: 31/07/2007

Anticipated end date: 31/07/2009

Please note, as of 26/10/2011 updates have been made to the trial record in accordance with an amendment to the protocol. These can be found under this date of update in the relevant fields below. The anticipated end date has been extended. The previous date was 31/07/2010.

## Ethics approval required

Old ethics approval format

## Ethics approval(s)

London-Surrey Borders Research Ethics Committee (ref: 07/Q0806/58). The most recent ethics approval for version 1.5 of the protocol was given on 17/03/2008.

The protocol will also be submitted to the Medical Ethics Committee of each of the participating clinical site and/or country and enrolment to the study will start only after receiving the written agreement of the relevant body(ies).

## Study design

Multicentre randomised controlled trial

## Primary study design

Interventional

## Study type(s)

Treatment

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

Pulmonary tuberculosis

## Interventions

Control regimen:

Two months of daily ethambutol (E), isoniazid (H), rifampicin (R), and pyrazinamide (Z) followed by four months of daily isoniazid and rifampicin (2EHRZ/4HR).

Study regimen one:

Two months of daily ethambutol, moxifloxacin (M), rifampicin, and pyrazinamide followed by two months of twice weekly moxifloxacin and rifapentine (2EMRZ/2P2M2).

Study regimen two:

Two months of daily ethambutol, moxifloxacin, rifampicin, and pyrazinamide followed by four months of once weekly moxifloxacin and rifapentine (2EMRZ/4P1M1).

## Intervention Type

Drug

## Phase

Not Specified

## Drug/device/biological/vaccine name(s)

Ethambutol, isoniazid, rifampicin, pyrazinamide, moxifloxacin

## Primary outcome(s)

1. Combined rate of failure at the end of treatment and relapse, measured at 18 months
2. Presence of Rifamycin Mono-resistance (RMR) in relapse cultures of HIV infected patients, measured at 5, 6, 7, 8, 9, 10, 11, 12, 15, 18 months on the four-month arm and 7, 8, 9, 10, 11, 12, 15, 18 months on the six-month arm, plus at any unscheduled visit
3. Occurrence of serious adverse events at any time during chemotherapy, recorded as they present themselves throughout the course of the trial

Added 26/10/2011: Please note, Patients will be followed up for 18 months from the commencement of chemotherapy. Follow-up visits will occur monthly until 12 months then at 15 and 18 months. However, follow-up will be stopped 12 months after the last patient has been randomised into the study; thus patients randomised in the final 6 months will have reduced follow-up.

## Key secondary outcome(s)

1. Sputum culture results at two months after the initiation of chemotherapy, measured at all visits
2. Rate of completion of chemotherapy according to the protocol, measured at all visits
3. Number of observed doses of chemotherapy ingested, measured at all visits
4. Any adverse events, recorded as they present themselves throughout the course of the trial

## Completion date

30/11/2012

## Eligibility

**Key inclusion criteria**

1. Newly diagnosed pulmonary tuberculosis
2. Two sputum specimens positive for tubercle bacilli on direct smear microscopy
3. Either no previous anti-tuberculosis chemotherapy, or less than two weeks of previous chemotherapy
4. Aged 18 years and over
5. A firm home address that is readily accessible for visiting and be intending to remain there during the entire treatment and follow up period
6. Willing to agree to participate in the study and to give a sample of blood for HIV testing

**Participant type(s)**

Patient

**Healthy volunteers allowed**

No

**Age group**

Adult

**Lower age limit**

18 years

**Sex**

Not Specified

**Key exclusion criteria**

1. Has any condition (except HIV infection) that may prove fatal during the study period
  2. Has Tuberculous (TB) meningitis
  3. Has pre-existing non-tuberculous disease likely to prejudice the response to, or assessment of, treatment e.g., insulin-dependent diabetes, liver or kidney disease, blood disorders, peripheral neuritis
  4. Is female and known to be pregnant, or breast feeding
  5. Is suffering from a condition likely to lead to uncooperative behaviour such as psychiatric illness or alcoholism
  6. Has contraindications to any medications in the study regimens
  7. Requires Anti-Retroviral Treatment (ART) at diagnosis
  8. Has a history of prolonged QTc syndrome or current or planned therapy with quinidine, procainamide, amiodarone, sotalol, disopyramide, ziprasidone, or terfenadine during the intensive phase of TB therapy
  9. Haemoglobin less than 7g/l
  10. Aspartate Aminotransferase (AST) or Alanine Aminotransferase (ALT) greater than five times the upper range
  11. Creatinine clearance of less than 30 mls/min
  12. Has a history of seizures
  13. Is HIV positive with a CD4 count of less than 200/mm<sup>3</sup>
  14. Weight less than 35 kg
- Added 26/10/2011:
15. Already receiving anti anti-retroviral therapy (ART)

**Date of first enrolment**

15/08/2008

**Date of final enrolment**

30/11/2012

**Locations****Countries of recruitment**

United Kingdom

England

Botswana

Mozambique

South Africa

Zambia

Zimbabwe

**Study participating centre****Centre for Infection**

London

United Kingdom

SW17 0RE

**Sponsor information****Organisation**

St. Georges Hospital Medical School (UK)

**ROR**

<https://ror.org/040f08y74>

**Funder(s)****Funder type**

Government

**Funder Name**

European and Developing Countries Clinical Trials Partnership (EDCTP) (The Netherlands)

## Alternative Name(s)

Le partenariat Europe-Pays en développement pour les essais cliniques, A Parceria entre a Europa e os Países em Desenvolvimento para a Realização de Ensaio Clínicos, The European & Developing Countries Clinical Trials Partnership (EDCTP), The European & Developing Countries Clinical Trials Partnership, European and Developing Countries Clinical Trials, EDCTP

## Funding Body Type

Private sector organisation

## Funding Body Subtype

International organizations

## Location

Netherlands

# Results and Publications

## 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	01/08/2012		Yes	No
<a href="#">Results article</a>	results	23/10/2014		Yes	No