

HHS Public Access

Author manuscript *N Engl J Med.* Author manuscript; available in PMC 2017 July 25.

Published in final edited form as:

N Engl J Med. 2016 December 29; 375(26): 2610. doi:10.1056/NEJMc1613123.

More on Treatment Outcomes in Multidrug-Resistant Tuberculosis

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In 2013, the WHO relaxed the definition of cure in MDR-TB treatment,¹ requiring only three negative cultures following the intensive phase instead of five.² Despite this, Günther et al. question the need for even 3 cultures to define successful treatment outcomes.³ Although sending mycobacterial cultures can be onerous and expensive, it pales in comparison to the actual costs of MDR-TB treatment (range: US\$10,000–200,000 versus culture: US\$1.63–62.01).^{4,5} The authors note that 11% of their participants who had culture-converted by 6 months later relapsed. This rate might have been higher or detected sooner, had cultures been sent more regularly, as recently demonstrated in 5410 MDR-TB patients from 10 countries.⁵ Late detection of treatment failure increases the risk of amplified resistance and further transmission.

We believe that increasing lab capacity—especially in high-TB prevalence countries—would be more effective in detecting drug-resistant TB cases and managing treatment response. Rapid alternatives to culture, such as Gene Xpert[®], should also be evaluated, but until such studies are done, we believe that monitoring of therapy for MDR-TB should be more, not *less* stringent.

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