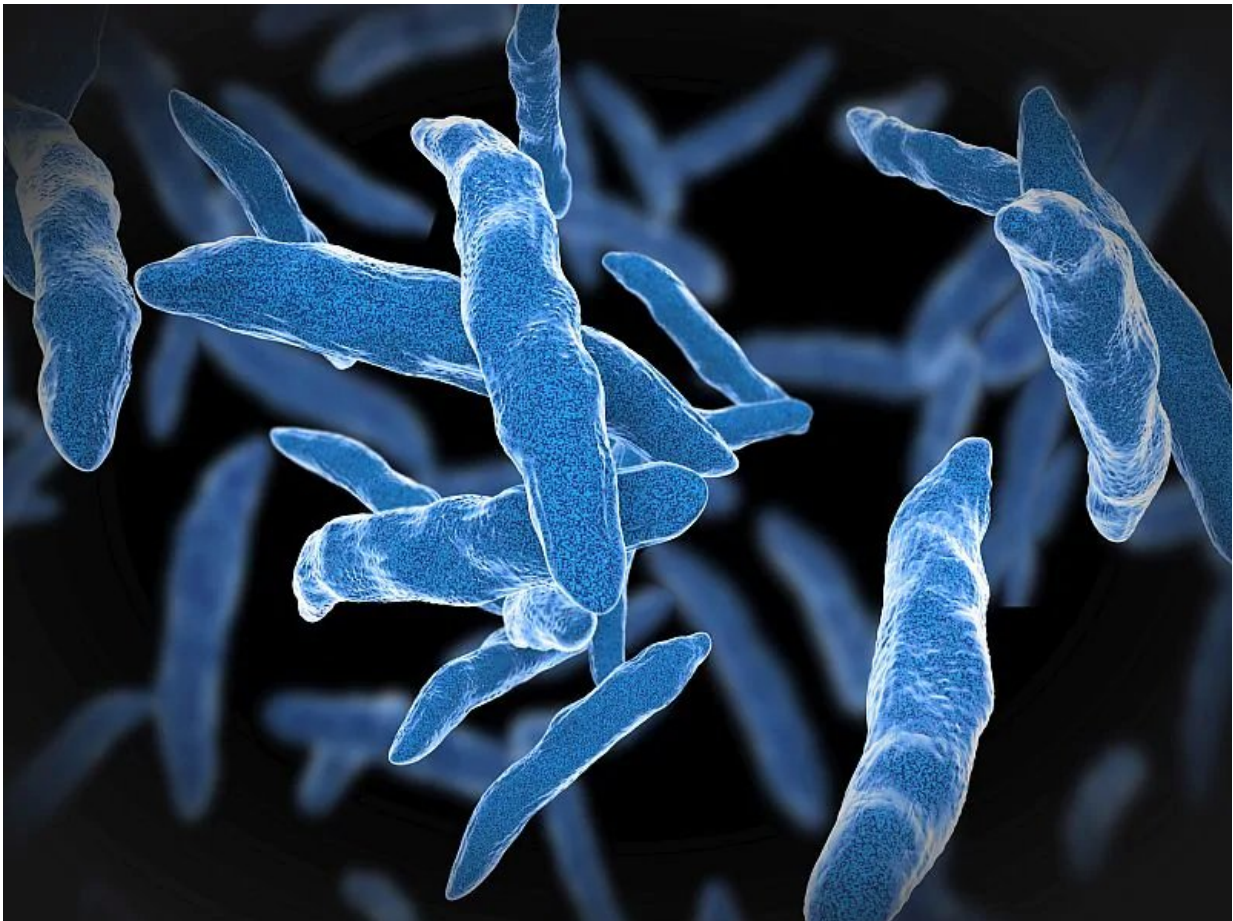


Relapse-free cure from MDR-TB higher than anticipated

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(HealthDay)—The frequency of relapse-free cure from multidrug-

resistant tuberculosis (MDR-TB) is higher than previously anticipated, according to a study published in the Aug. 1 issue of the *American Journal of Respiratory and Critical Care Medicine*.

Gunar Günther, M.D., M.P.H., from the German Center for Infection Research in Borstel, and colleagues documented the management and treatment outcomes of patients with MDR-TB in Europe in a [prospective cohort study](#). Three hundred eighty patients with MDR-TB were recruited and followed between 2010 and 2014 in 16 European countries.

The researchers found that, compared with patients in low-incidence countries, patients in high-incidence countries were more often treated with a standardized regimen (83.2 versus 9.9 percent), had delayed treatment initiation (median, 111 versus 28 days), developed more additional drug resistance (23 versus 5.8 percent), and had elevated mortality (9.4 versus 1.9 percent). Of the [patients](#) using pyrazinamide, only 20.1 percent had proven susceptibility. Applying World Health Organization outcome definitions, high-incidence countries had higher frequency of cure (38.7 versus 9.7 percent). In simplified outcome definitions that include one year of follow-up after cessation of treatment, the frequency of relapse-free cure was similar in low-, intermediate-, and high-incidence countries (58.3, 55.8, and 57.1 percent, respectively); the [frequency](#) of failure was highest in high-incidence countries (24.1 versus 14.6 percent in low-incidence countries).

"Overall, cure from MDR-TB is substantially more frequent than previously anticipated, and poorly reflected by World Health Organization outcome definitions," the authors write.

Two authors disclosed financial ties to the pharmaceutical industry.

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