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Title: Development of multi-drug resistant tuberculosis among patients treated with category II regimen: A lung center of the Philippines experience

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Body: We need to re-evaluate the use of Category II since this contradicts the principle of adding a single drug to a failing regimen.We did a retrospective chart review of patients who received category II from December 2006 until December 2009. The objective was to determined the incidence of MDR-TB among patients who received category II regimen. There were 363 patients who received category II treatment 16 (4.4%) patients had mono-resistance, 14 (3.9%) patients had Polyresistance, 129 (35.5%) were MDR-TB. 152 (41.9%) were culture negative and 52 (14.3%) were culture positive but fully susceptible. Of the 129 patients who developed MDR-TB, 58 (45%) belonged to the Category I failure group, 46 (33.3%) belonged to the Relapse group and 25 (27.5%) belonged to the RAD group.

Incidence of MDR-TB

indications for Category II	MDR-TB	Monoresistance	Polyresistance	Culture Negative	Fully susceptible
Category I Failure	58(45%)	5(31.3%)	5(35.7%)	56(36.8%)	10(19.2%)
Relapse	46(35.6%)	5(31.3%)	5(35.7%)	60(39.5%)	22(42.3%)
RAD	25(19.4%)	6(37.5%)	4(28.6%)	36(23.7)	20(38.5%)
Total	129	16	14	152	52

The incidence of MDR-TB among patients who received category II treatment from was 35.5%. Of these, the highest was among Category I failure at 45%, followed by Relapse 35.6% and RAD at 19.4%. We recommend that patients with category I failure should no longer receive category II treatment. Instead, MDR-TB screening should be done and standardized treatment for MDR-TB should be started. As for RAD, and Relapse, MDR-TB screening should also be done and we need to carefully re-evaluate the use of

Category II treatment regimen.