

ONLINE SUPPLEMENT

LONG TERM BEDAQUILINE-RELATED TREATMENT OUTCOMES IN PATIENTS WITH EXTENSIVELY DRUG RESISTANT TUBERCULOSIS FROM SOUTH AFRICA

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Table S1: Grading of adverse events severity¹

Grade 0	No Adverse events
Grade 1	Mild adverse event, requiring no intervention
Grade 2	Moderate adverse event requiring either changing the dose or frequency of the offending drug, or prescribing another drug to manage the adverse event
Grade 3	Severe adverse event, enough to stop the offending drug
Grade 4	Life threatening or disabling adverse event
Grade 5	Death resulting from the adverse event

¹Grading was done according to the modified American National Institute of Health common terminology of criteria for adverse events

Table S2: Treatment-related outcome definitions applied, as adapted from the 2013 WHO revised definitions and reporting framework for TB guidelines, and the core research definitions for drug-resistant TB clinical trials recommended by Furin *et al* [1, 2].

Treatment outcome		Definition
Favourable outcome	Cured	Treatment completed, as recommended by the National TB programme, without evidence of failure or an unfavourable outcome as defined below. Three or more consecutive negative sputum cultures, taken at least 30 days apart, after the intensive phase (up to 12 months from the initiation of treatment), or a participant's last two culture results at the end of treatment are negative.
	Completed treatment	Treatment completed, as recommended by the National TB programme, without evidence of failure or an unfavourable outcome, however no record of three or more consecutive negative sputum cultures, taken at least 30 days apart, after the intensive phase (up to 12 months from the initiation of treatment), or a participant's last two culture results at the end of treatment are not recorded as negative.
Unfavourable outcome	Treatment failure	Treatment terminated (stopping of two or more drugs), or the need for permanent regimen change of at least two anti-TB drugs (stoppage of or the change one drug in the case of linezolid or bedaquiline) because of one or more of the following: i) lack of sputum culture conversion, or culture reversion after initial conversion, or culture positivity after month 6 [1], (ii) drug-related adverse events (AEs), (iii) evidence of additional acquired drug resistance precluding the composition of a regimen of at least 4 likely effective drugs. (In the case culture positivity during or after month 6, only 1 positive culture is deemed to be sufficient when considered in the context of other biomarkers including weight, radiological disease extent, symptoms etc, based on the core research definitions for drug-resistant TB clinical trials recommended by Furin <i>et al</i> [1].)
	Died while on treatment	A patient who died for any reason while on any TB treatment, or within 7 days of termination of treatment. For post treatment time-specific outcome all-cause mortality will be used. Death superseded any treatment outcome at a specific time point.
	Recurrence (relapse or re-infection)	Two or more consecutive positive sputum cultures, at least 7 to 30 days apart, subsequent to the outcome of 'Cure' or 'Treatment Complete'. Genotyping is required to distinguish relapse from re-infection.
	Defaulted	A patient who interrupted treatment for 2, or more, consecutive months and who did not restart treatment but remained hospitalised or traceable in the community.
	Loss to follow up	A patient who interrupted treatment for 2, or more, consecutive months and who did not restart treatment but remains untraceable despite intensive and best efforts to find or track down the patient.
Indeterminate	Ongoing treatment	A patient for whom no treatment outcome can be assigned due to ongoing treatment in accordance with the National TB programme.

Table S3: Univariate Cox proportional hazard model for risk of death for all the XDR-TB patients (n=272).

Variable	Hazard ratio (95% C.I.)	p-value
Age at XDR-TB diagnosis (years)	1.00 (0.99,1.02)	0.51
Weight <50	1.68 (1.22,2.32)	0.002
Duration of TB treatment (days)	0.98 (0.98,0.98)	<0.001
Gender (male)	0.93 (0.67,1.29)	0.66
Median number of days of admission	1.00 (1.00,1.00)	0.03
Median number of anti-TB drugs received	0.92 (0.83,1.03)	0.14
*HIV Infected	1.17 (0.85,1.61)	0.35
Previous TB treatment	1.60 (1.04,2.44)	0.03
Amikacin	2.37 (0.58,9.59)	0.23
Capreomycin	3.51 (2.09,5.91)	<0.001
Kanamycin	1.80 (1.30,2.50)	<0.001
^a Any aminoglycosides	4.96 (2.60,9.44)	<0.001
PAS	0.35 (0.19,0.68)	0.002
Moxifloxacin	0.91 (0.66,1.26)	0.57
Levofloxacin	0.17 (0.09,0.33)	<0.001
^b Third generation quinolones	0.46 (0.33,0.64)	<0.001
Clofazimine	0.36 (0.25,0.51)	<0.001
Linezolid	0.15 (0.07,0.34)	<0.001
Bedaquiline	0.17 (0.09,0.32)	<0.001
Ethionamide	4.33 (2.34,8.03)	<0.001
Amoxycillin	0.94 (0.46,1.92)	0.86
Age at XDR-TB diagnosis (years)	1.00 (0.99,1.02)	0.51

*One patient refused HIV testing, n=271; ^aamikacin, capreomycin and/or kanamycin; ^bmoxifloxacin or levofloxacin.

Table S4: Univariate Cox proportional hazard model for risk of death for HIV-infected patients in both groups (n=134).

Variable	Hazard ratio (95% C.I.)	p-value
Age at XDR-TB diagnosis (Years)	1.00 (0.97,1.03)	0.87
Gender (Male)	0.89 (0.56,1.41)	0.61
Weight <50kg at admission	1.65 (1.04,2.62)	0.03
Previous TB treatment	1.44 (0.77,2.68)	0.25
On ARV treatment	0.65 (0.28,1.50)	0.31
*Median CD4 count <200 cells/ μ l at admission	1.14 (0.72,1.81)	0.58
Median number of anti-TB drugs received	0.94 (0.79,1.11)	0.47
Median number of days of admission	1.00 (1.00,1.00)	0.01
Median duration of TB treatment (in days)	0.98 (0.98,0.98)	<0.001
Bedaquiline	0.20 (0.08,0.45)	<0.001
Clofazimine	0.31 (0.19,0.50)	<0.001
Linezolid	0.19 (0.08,0.47)	<0.001
Capreomycin	3.42 (1.70,6.89)	<0.001
Kanamycin	2.32 (1.46,3.68)	<0.001
Amikacin	1.64 (0.23,11.85)	0.62
^a Any aminoglycosides	4.10 (1.87,8.97)	<0.001
Levofloxacin	0.21 (0.09,0.48)	<0.001
Moxifloxacin	1.02 (0.64,1.62)	0.93
^b 3 rd Generation fluoroquinolones	0.45 (0.28,0.73)	<0.001
PAS	0.34 (0.14,0.85)	0.02
Ethionamide	4.34 (1.87,10.04)	<0.001
Amoxicillin	1.43 (0.45,4.56)	0.54

*2 patients did not have CD4 count done at admission (n=132); ^aamikacin, capreomycin and/or kanamycin; ^bmoxifloxacin or levofloxacin.

Table S5: Multivariate Cox proportional hazard model for risk of death in both groups excluding colinear variables; A) all the XDR-TB patients (n=271), B) HIV-infected patients (n=132). Univariate analyses are shown in supplementary Tables S3 and S4 for the whole cohort and the HIV-infected subgroups respectively.

Variables	Hazard ratio (95% C.I.)	p-value
I) All the XDR-TB patients (n=271)		
Weight <50kg at admission	1.96 (1.38,2.77)	<0.001
Gender (male)	1.06 (0.76,1.49)	0.72
^A HIV-infected	1.49 (1.05,2.11)	0.03
Previous TB treatment	1.08 (0.69,1.67)	0.74
Number of anti-TB drugs received	0.83 (0.72,0.96)	0.01
^B Bedaquiline	0.14 (0.06,0.30)	<0.001
Clofazamine	0.80 (0.47,1.37)	0.42
^C Third generation fluoroquinolones	1.10 (0.68,1.76)	0.70
II) HIV-infected patients (n=132)		
Weight <50kg at admission	1.86 (1.13,3.08)	0.02
Gender (male)	0.72 (0.43,1.20)	0.21
Number of anti-TB drugs received	0.86 (0.66,1.12)	0.26
^D Any aminoglycoside	0.05 (0.00,0.58)	0.02
On ARV treatment	1.29 (0.49,3.38)	0.6
^E CD4 count <200 cell/ μ l	1.53 (0.92,2.54)	0.11
^B Bedaquiline	0.01 (0.00,0.16)	<0.001
Clofazamine	0.63 (0.3,1.33)	0.23
Kanamycin	1.50 (0.88,2.55)	0.14
Previous TB treatment	1.21 (0.61,2.38)	0.58

A) One patient refused testing; B) 53 of the 68 (77.9%) patients who received bedaquiline also received linezolid; C) 3rd generation fluoroquinolones = moxifloxacin and levofloxacin; D) Any aminoglycoside = amikacin, capreomycin and kanamycin. E) 2 patients did not have CD4 count done at admission (n=132).

Secondary analyses using treatment outcome (rather than survival) as the dependant outcome variable, mirroring the analyses shown in the main manuscript.

Definitions

Favourable outcome = cured or completed treatment.

Unfavourable outcome = treatment failed, lost to follow-up, defaulted, died.

Table S6: Univariate Cox proportional hazard model for risk of unfavourable treatment outcome for all the XDR-TB patients (n=270).

Variable	Hazard ratio (95% C.I.)	p-value
Age at XDR-TB diagnosis (years)	1.00 (0.99,1.02)	0.51
Weight <50	1.47 (1.11,1.95)	0.01
Duration of TB treatment (days)	0.98 (0.98,0.98)	<0.001
Gender (male)	1.05 (0.79,1.39)	0.74
Median number of days of admission	1.00 (1.00,1.00)	0.02
Median number of anti-TB drugs received	0.94 (0.86,1.03)	0.21
*HIV Infected	1.07 (0.80,1.41)	0.66
Previous TB treatment	1.41 (0.99,2.00)	0.06
Amikacin	2.06 (0.51,8.33)	0.31
Capreomycin	2.57 (1.70,3.86)	<0.001
Kanamycin	1.59 (1.20,2.11)	<0.001
^a Any aminoglycoside	3.15 (1.97,5.02)	<0.001
PAS	0.40 (0.22,0.73)	0.003
Moxifloxacin	0.96 (0.72,1.27)	0.76
Levofloxacin	0.32 (0.20,0.49)	<0.001
^b Third generation quinolones	0.58 (0.44,0.77)	<0.001
Clofazimine	0.49 (0.37,0.66)	<0.001
Linezolid	0.30 (0.18,0.51)	<0.001
Bedaquiline	0.31 (0.20,0.48)	<0.001
Ethionamide	2.96 (1.87,4.66)	<0.001
Amoxycillin	1.15 (0.66,2.03)	0.62

*one patient refused HIV testing, n=269; ^aamikacin, capreomycin and/or kanamycin; ^bmoxifloxacin or levofloxacin.

Table S7: Univariate Cox proportional hazard model for risk of unfavourable treatment outcome in HIV-infected patients from both groups (n=133).

Variable	Hazard ratio (95% C.I.)	p-value
Age at XDR-TB diagnosis (Years)	1.00 (0.97,1.02)	0.79
Gender (Male)	1.00 (0.66,1.51)	0.99
Weight <50kg at admission	1.75 (1.15,2.66)	0.008
Previous TB treatment	1.34 (0.78,2.30)	0.30
On ARV treatment	0.94 (0.41,2.20)	0.89
*Median CD4 count <200 cells/ μ l at admission	1.10 (0.72,1.67)	0.66
Median number of anti-TB drugs received	0.91 (0.78,1.07)	0.24
Median number of days of admission	1.00 (1.00,1.00)	<0.001
Median duration of TB treatment (in days)	0.98 (0.97,0.98)	<0.001
Bedaquiline	0.30 (0.16,0.57)	<0.001
Clofazimine	0.38 (0.25,0.59)	<0.001
Linezolid	0.28 (0.14,0.57)	<0.001
Capreomycin	2.42 (1.36,4.31)	<0.001
Kanamycin	1.94 (1.27,2.96)	<0.001
Amikacin	1.47 (0.20,10.63)	0.70
^a Any aminoglycoside	2.85 (1.54,5.26)	<0.001
Levofloxacin	0.32 (0.17,0.60)	<0.001
Moxifloxacin	1.02 (0.67,1.54)	0.93
^b 3 rd Generation fluoroquinolones	0.54 (0.35,0.83)	0.004
PAS	0.35 (0.15,0.80)	0.01
Ethionamide	3.18 (1.64,6.17)	<0.001
Amoxycillin	1.68 (0.61,4.61)	0.31

*2 patients did not have CD4 count done at admission (n=131); ^aamikacin, capreomycin and/or kanamycin; ^bmoxifloxacin or levofloxacin.

Table S8: Multivariate Cox proportional hazard model for risk of unfavourable treatment outcome in both groups A) all the XDR-TB patients (n=271), B) HIV-infected patients in the (n=132).

Variables	Hazard ratio (95% C.I.)	p-value
I) All the XDR-TB patients (n=271)		
Weight <50kg at admission	1.72 (1.27,2.33)	<0.001
Gender (male)	1.19 (0.88,1.60)	0.26
^A HIV-infected	1.25 (0.92,1.70)	0.15
Previous TB treatment	1.05 (0.72,1.52)	0.81
Number of anti-TB drugs received	0.85 (0.76,0.96)	0.01
^B Bedaquiline	0.24 (0.14,0.42)	<0.001
Clofazamine	0.92 (0.58,1.46)	0.74
^C Third generation fluoroquinolones	1.13 (0.74,1.73)	0.57
II) HIV-infected patients (n=132)		
Weight <50kg at admission	2.21 (1.39,3.51)	<0.001
Gender (male)	0.83 (0.52,1.33)	0.44
Number of anti-TB drugs received	0.8 (0.63,1.01)	0.06
^D Any aminoglycoside	0.04 (0.00,0.45)	0.008
On ARV treatment	1.59 (0.61,4.14)	0.34
^E CD4 count <200 cell/ μ l	1.37 (0.87,2.17)	0.17
^B Bedaquiline	0.01 (0.00,0.12)	<0.001
Clofazamine	0.84 (0.44,1.63)	0.61
Kanamycin	1.24 (0.75,2.05)	0.41
Previous TB treatment	1.26 (0.69,2.31)	0.46

*one patient refused testing; **2 patients did not have CD4 count done at admission (n=132).

Table S9: Sensitivity, specificity, positive predictive values (PPV) and negative predictive values (NPV) of culture negativity at specific time points to predict A) survival and B) favourable treatment outcome for all patients.

A) Survival as dependant variable					
Month	Sensitivity (%)	Specificity (%)	PPV (%)	NPV (%)	Number of patients considered
2	77.8	70.5	56	86.8	166
3	86.4	64	53.1	90.9	184
6	98	65.7	58.5	98.5	148
12	97.3	71.4	69.2	97.6	93
18	97.4	62.5	80.9	93.8	63
24	100	71.4	76.5	100	27
B) Favourable treatment outcome as dependant variable					
2	66.3	74.4	70.7	70.3	166
3	78.6	77.9	80.2	76.1	184
6	88.5	81.4	84.1	86.4	148
12	83.6	84.2	88.5	78	93
18	87.8	71.4	91.5	62.5	63
24	78.9	75	88.2	60	27

Table S10: Comparisons of treatment outcomes (A) and survival (B) between the Bdq and non-Bdq treatment groups with patients who died within the first two months following diagnosis excluded. The results show that our conclusions remain unchanged.

A) Comparison of Bdq and non-Bdq treatment groups by outcomes			
Variable	BDQ (n=62)	nonBDQ (n=172)	p value
Favourable (cured/completed treatment)	45 (73%)	27 (15%)	<0.001
Unfavourable outcome (treatment failed, deceased)	17 (27%)	151 (85%)	
B) Comparison of Bdq and non-Bdq treatment groups by survival			
Variable	BDQ (n=62)	nonBDQ (n=180)	p value
Alive	58 (94%)	65 (36%)	<0.001
Deceased	4 (6%)	115 (63%)	

Reference

1. Furin J, Alirol E, Allen E, Fielding K, Merle C, Abubakar I, Andersen J, Davies G, Dheda K, Diacon A *et al*: **Drug-resistant tuberculosis clinical trials: proposed core research definitions in adults**. *Int J Tuberc Lung Dis* 2016, **20**(3):290-294.
2. WHO: **Definitions and reporting framework for tuberculosis,– 2013 revision (updated December 2014)**. 2013.