VERSION 3.0

# GUIDE ON SUBMITTING A REQUEST TO THE VIRTUAL MEDICAL CONSILIUM WITHIN THE FRAMEWORK OF THE INTER-COUNTRY OPERATIONAL STUDY OF MODIFIED SHORTER ALL-ORAL RR-TB TREATMENT REGIMENS

The purpose of this document is to provide clear guidance on:
- making a request to the Virtual Medical Consilium within the framework of the operational study of modified all-oral shorter RR/MDR-TB treatment regimens (mSTR) and BPaL regimen
-filling out a Case Presentation Form for the VMC review.

## Making a request to the Virtual Medical Consilium

In order to make a request to the Virtual Medical Consilium (VMC), you should send an email with a *Case Presentation Form* (See Case Presentation Form for the VMC review) and the relevant operational study data collection forms to the following email address: mstrconsilium@who.int

In case of successful delivery of your email to mstrconsilium@who.int, you will get an automatic notification.[1] If you don't receive a notification, try resending your email without large attachments.

Make sure that all submitted documents do not contain patient personal data (full name, address of residence and contact information). If you send results of the laboratory tests or radiography examinations (chest x-rays, CT scans, etc.), patient personal data must be deleted (protected).

In general, the VMC feedback will follow within 48 hours from the time of case presentation. However, if a case is presented on Friday, the VMC response should be expected by the Tuesday of the following week.

[1] An automatic notification is sent once daily. If you have sent more than one request during a day, you will get an automatic confirmation for the first submission only. VMC Coordinator will send you a manual confirmation for the receipt of the subsequent submissions, once they start to be processed.

## Filling out the Case Presentation Form for the VMC review

The *Case Presentation Form* was developed specifically to file data sent by clinicians/National Clinical Consiliums to the VMC. You can fill out the form in Russian or English. You can fill out the form electronically or manually after having it printed out.

The *Case Presentation Form* has several sections.

In the **General information** section, please specify the following parameters:

- ⇒ **Country** - the implementing country
- ⇒ **Identification code in the study** - an individual code assigned to a patient included in the study. If the patient is not included in the study, put the dash "-" symbol in this column
- ⇒ **Gender and date of birth** – patient's gender and date of birth in the month/year format
- ⇒ **Case presenter** (representative of the country's research group) – presenter's first and last name
- ⇒ **Case presentation date** – the date when a case was presented to the VMC.

In the section of **"Reasons for presenting a case to the Virtual Medical Consilium",** you should indicate all relevant reasons listed below. In the column "Other", you can specify the missing options.

| | |
|---|---|
| ☐ | Patient inclusion in the operational study |
| ☐ | Lack of clinical and/or bacteriological improvement during 4 or 6[2] months of therapy |
| ☐ | Bacteriological reversion after 5 months of therapy |
| ☐ | Laboratory detection of additional resistance to fluoroquinolones and any other drugs included in the treatment regimen |
| ☐ | Any adverse event that requires a change in the treatment regimen |
| ☐ | Adverse event (grade 3 or 4) and/or a serious adverse event of interest |
| ☐ | Difficult to manage RR/MDR-TB case |
| ☐ | Off-label use of Bedaquiline* and/or Delamanid** |
| ☐ | **Died during the treatment**[3] |
| ☐ | Other (please, specify): |

*In children <6 years old

** In children <3 years old

In the section of " **Case summary**", please indicate a brief summary of the case, patient's clinical condition at the time of case presentation at the VMC, describe patient's adherence to treatment, raise a question for the VMC that needs to be answered, and describe a proposed approach to case management.

If you are submitting the relevant completed Data Collection Form, do not complete this section.

- ⇒ In the section of "**Case definition at registration**", please indicate the following parameters in line with the current principles of TB case notification [4]:History of TB treatment:
  - New case
  - Previous treatment with the first- or second-line TB drugs
- ⇒ Drug resistance:

[2] For patients on the BPaL treatment

[3] To share lessons learned and discuss what could have been done differently

[4] Definitions and reporting framework for tuberculosis – 2013 revision. WHO 2014. https://apps.who.int/iris/bitstream/handle/10665/79199/9789244505342_rus.pdf;jsessionid=2168C438038EDD9BBD26BAD1393D1F93?sequence=10

- Drug susceptible TB
- Poly-resistant TB
- Multidrug-resistant TB
- Extensively drug-resistant TB
- Rifampicin-resistant TB

⇒ TB site:
- Pulmonary TB
- Extrapulmonary TB

⇒ HIV status
- Date and result of HIV test

⇒ Detection of *M.Tuberculosis*
- Microscopy results at registration
- Culture results at registration
- Molecular test result (Xpert MTB/Rif, LPA FL, LPA SL) at registration

⇒ History of TB contacts
- If there was no TB contact, put "-"
- In case of a known contact, please specify:
  - Type of TB contact (household contact, close contact)[5]
  - *M.Tuberculosis* drug susceptibility status of the index case.

If you are submitting the relevant completed Data Collection Form, do not complete this section.

In the section of **"Previous episodes of treatment",** for each episode please specify:

⇒ Date of treatment initiation (month/year)
⇒ Date of treatment completion (month/year)
⇒ Treatment regimen
⇒ Treatment outcome

If a new TB case is presented, do not complete this section.

If you are submitting the relevant completed Data Collection Form, do not complete this section.

In the section of **"Treatment history – history of treatment with TB drugs",** please indicate TB drugs received by your patient during previous treatment episodes. Next to the name of each TB drug in the table, please indicate duration of use in months:

⇒ Yes or NO
⇒ Duration of use in months

| Drug | Yes/ No | Number of months | Drug | Yes/ No | Number of months | Drug | Yes /No | Number of months | Drug | Yes/ No | Number of months |
|---|---|---|---|---|---|---|---|---|---|---|---|
| H | | | Lfx | | | Dlm | | | Pretomanid | | |
| E | | | Mfx | | | Imp/Cls+ Amx/Clv | | | | | |
| R | | | Bdq | | | Mpn | | | | | |
| Z | | | Lzd | | | Eto/Pto | | | | | |
| S | | | Cfz | | | Am | | | | | |

[5] Recommendations for investigating contacts of persons with infectious tuberculosis in low- and middle-income countries. WHO 2012.
https://apps.who.int/iris/bitstream/handle/10665/77741/9789241504492_eng.pdf?sequence=1

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | Cs | | | PAS | | | | | |

If you are submitting the relevant completed Data Collection Form, do not complete this section.

In the section of **"Microscopy and culture results",** please indicate the results obtained during this episode of tuberculosis:

- ⇒ Month of treatment
- ⇒ Date of specimen collection for smear microscopy
- ⇒ Result of smear microscopy
- ⇒ Date of specimen collection for culture examination
- ⇒ Culture result

If the patient has not started on treatment yet, please put "0" in the column "Month of treatment", and fill in the remaining columns as indicated above.

If you are submitting the relevant completed Data Collection Form, do not complete this section.

The "**DST results**" section is for the results of drug susceptibility testing obtained during this episode of tuberculosis:

- ⇒ Month of treatment
- ⇒ Date of specimen collection
- ⇒ Test method: phenotypic (on solid (LJ) or liquid (MGIT) media), molecular (Xpert MTB/Rif, LPA FL, LPA SL)
- ⇒ Results of drug susceptibility testing: susceptible ("S"), resistant ("R"), not evaluated ("-").

| Month of treatment | Date of specimen collection | Test method | H | R | E | Z | S | Am | Lfx | Mfx | Eto/ Pto | Cs | PAS | Bdq | Lzd | Cfz | Dlm |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 0 | 01.01.2020 | MGIT | R | R | R | R | R | R | R | R | S | – | – | S | S | S | S |

If the patient has not started on treatment yet, please put "0" in the column "**Month of treatment**", and fill in the remaining columns as indicated above.

If you are submitting the relevant completed Data Collection Form, do not complete this section.

In the section of "**Treatment: drugs and dosages**", please indicate TB drugs used during this episode of treatment, Including:

- ⇒ Start of a TB drug use
- ⇒ Dosage of a TB drug
- ⇒ In the column "**Comments on treatment adherence**", please specify if the drug was used daily.

| Start date | Lfx | Bdq | Lzd | Cfz | Cs | Dlm | Pretomanid | Comments on treatment adherence |
|---|---|---|---|---|---|---|---|---|
| 01.01.2020 | 1000 | 400 mg | 600 | 100mg | - | 200 mg | - | Daily intake |
| 15.01.2020 | 1000 | 200 mg | 600 | 100mg | - | 200 mg | - | Daily intake |
| 01.04.2020 | 1000 | 200 mgx | 300 | 100 mg | - | 200 mg | - | Treatment with interruptions |

If you are submitting the relevant completed Data Collection Form, do not complete this section.

The section of "**Comorbidities, history of alcohol and/or drug use, psychosocial background**" is for clinically significant data that, according to the attending physician, can contribute to patient-centered individualized decision making.

If you are submitting the relevant completed Data Collection Form, do not complete this section.

In the "**Examinations**" section, please provide the following data:

- ⇒ ECG date and description (rhythm, QTc interval, signs of ischemia, etc..).
- ⇒ Dates and descriptions of radiography examinations. It is also possible to share images of the radiography examinations for the VMC review.
- ⇒ Dates and descriptions of other examinations that, according to the attending physician, have clinically significant results.
- ⇒ In the "**Weight control**" subsection, please indicate patient's weight in kilograms before the start of treatment and monthly during this treatment episode. Also, indicate the height in cm.
- ⇒ The "**Recent results of clinical/biochemical laboratory examinations**" subsection is for the most recent results of clinical and biochemical examinations.
    - ⇒ Date of specimen collection
    - ⇒ Examination results
    - ⇒ Unit of measurement for the obtained result

If the examination result is different from the norm, then the baseline result of this examination should be provided in a designated column for analyzing data over time. It is also possible to send images with the examination results for the VMC review.

If you are submitting the relevant completed Data Collection Form, do not complete this section.

In the section of "**Adverse events/effects",** please indicate clinically significant (serious, or severity degree 3-4) adverse effects that occurred during this episode of treatment.