

The Oflotub trial

Denny Mitchison

St George's, University of London

Phase 1

Volunteers:

Toxicity in man

Human pharmacology

Phase 2

Oflotub Ph 2

**Sterilising activities of
ofloxacin, gatifloxacin &
moxifloxacin**

Patients:

Proof of principle

Increase rate of sterilisation?

What drug combinations

Phase 3

Oflotub Ph 3

4 mth regimen: 2GHRZ/2GHR

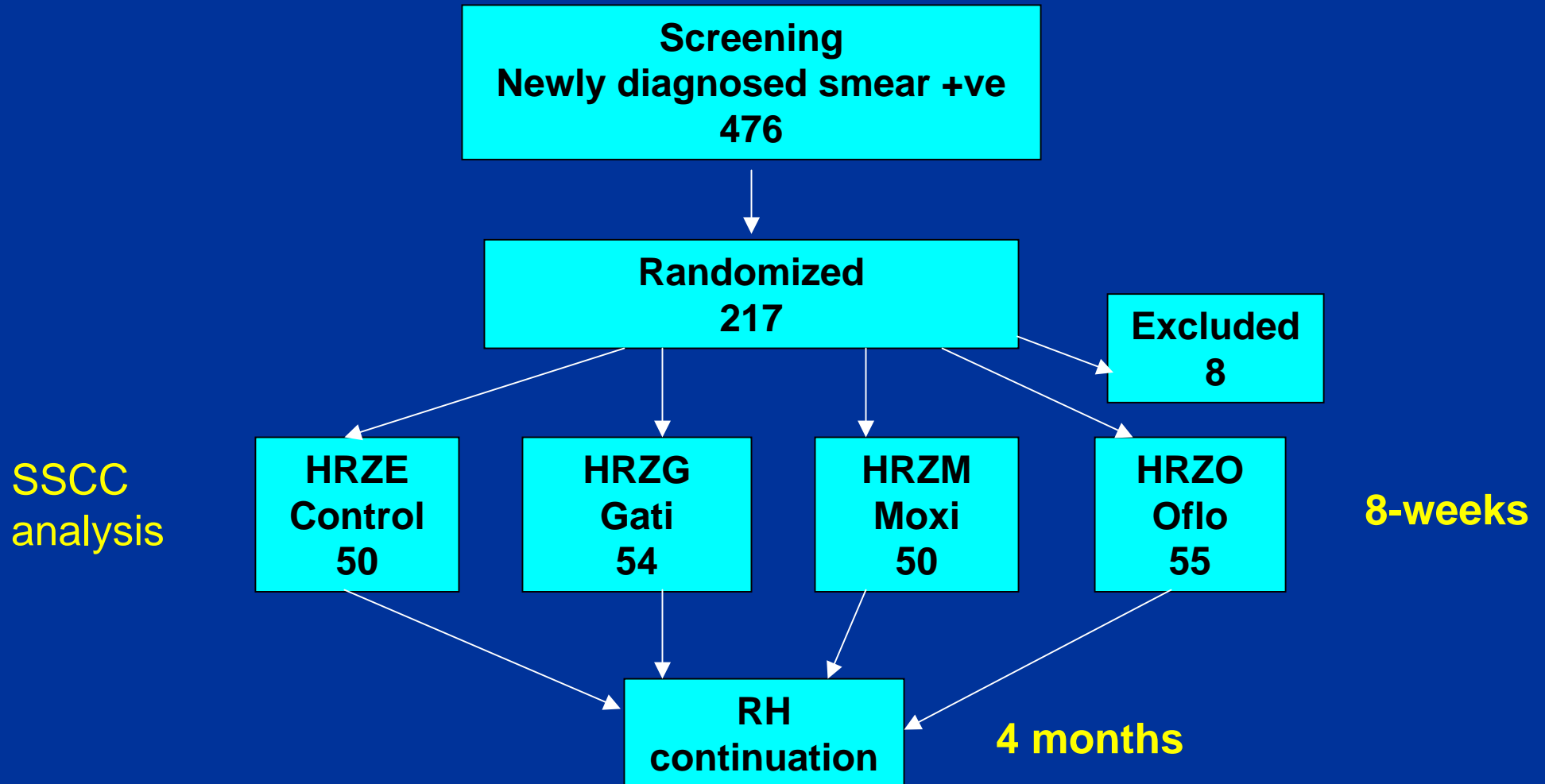
6 mth control: 2EHRZ/4HR

Patients:

Licensing study

Shortened test regimen

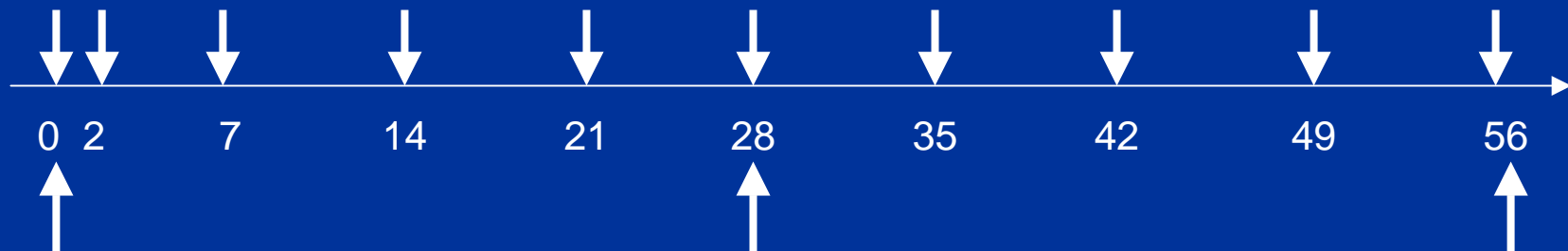
Summary of recruitment to Ph 2 trial



Comparative bactericidal assessments

14 hour sputum collection

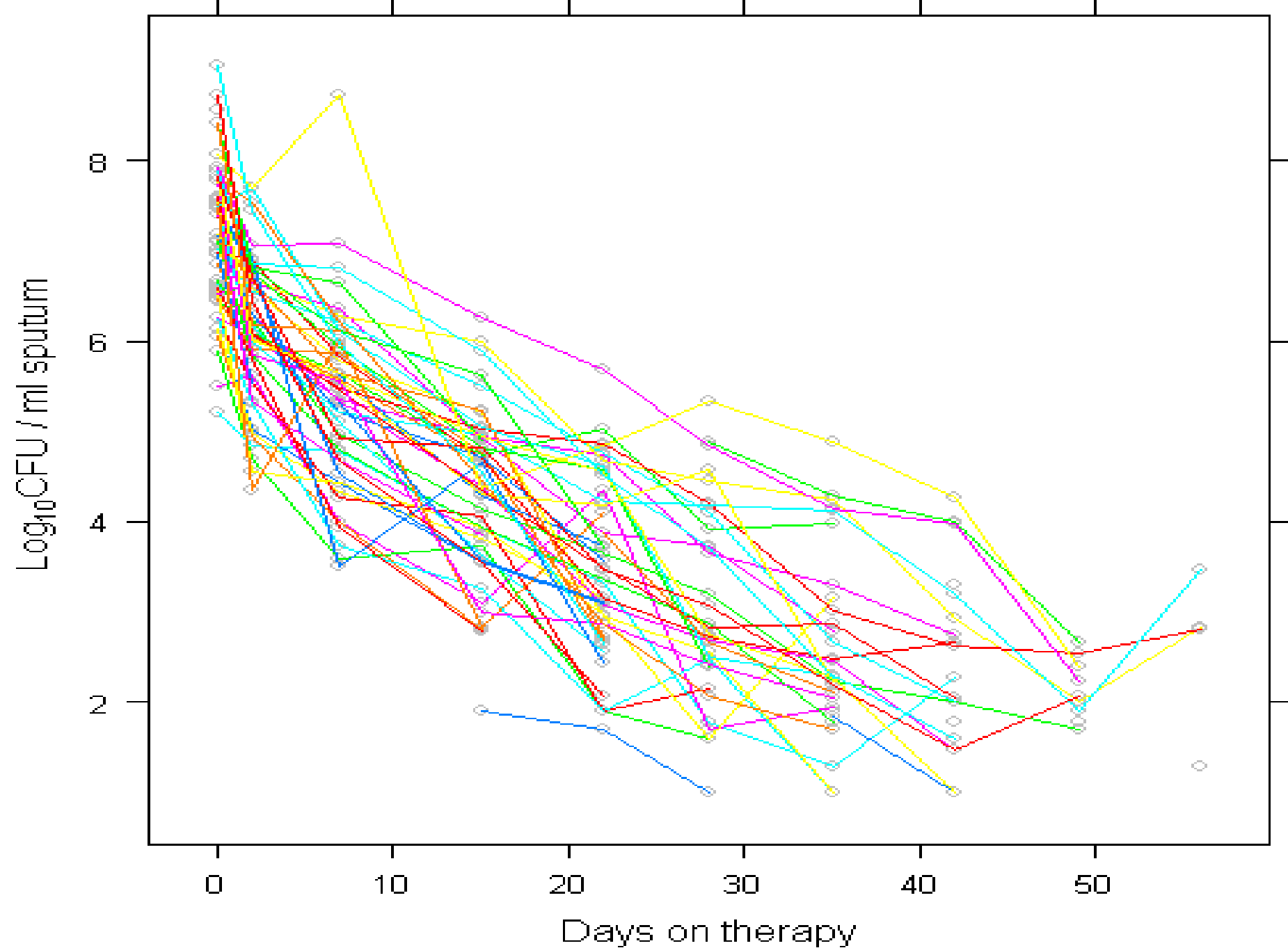
Sputum colony counts on selective 7H11 medium without decontamination at 10 time points during initial 8-week phase

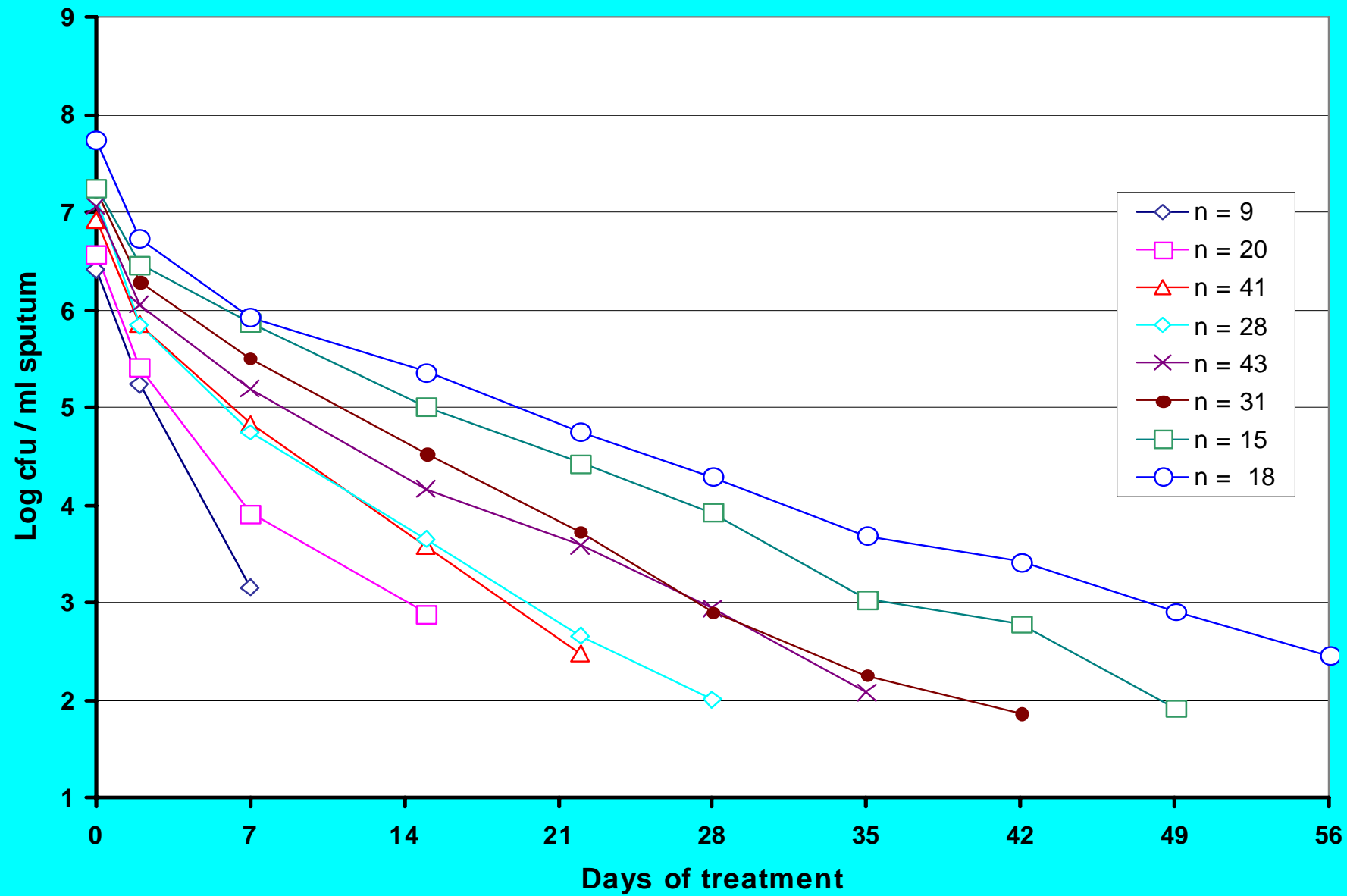


Standard 7H11
culture + indirect
susceptibility tests

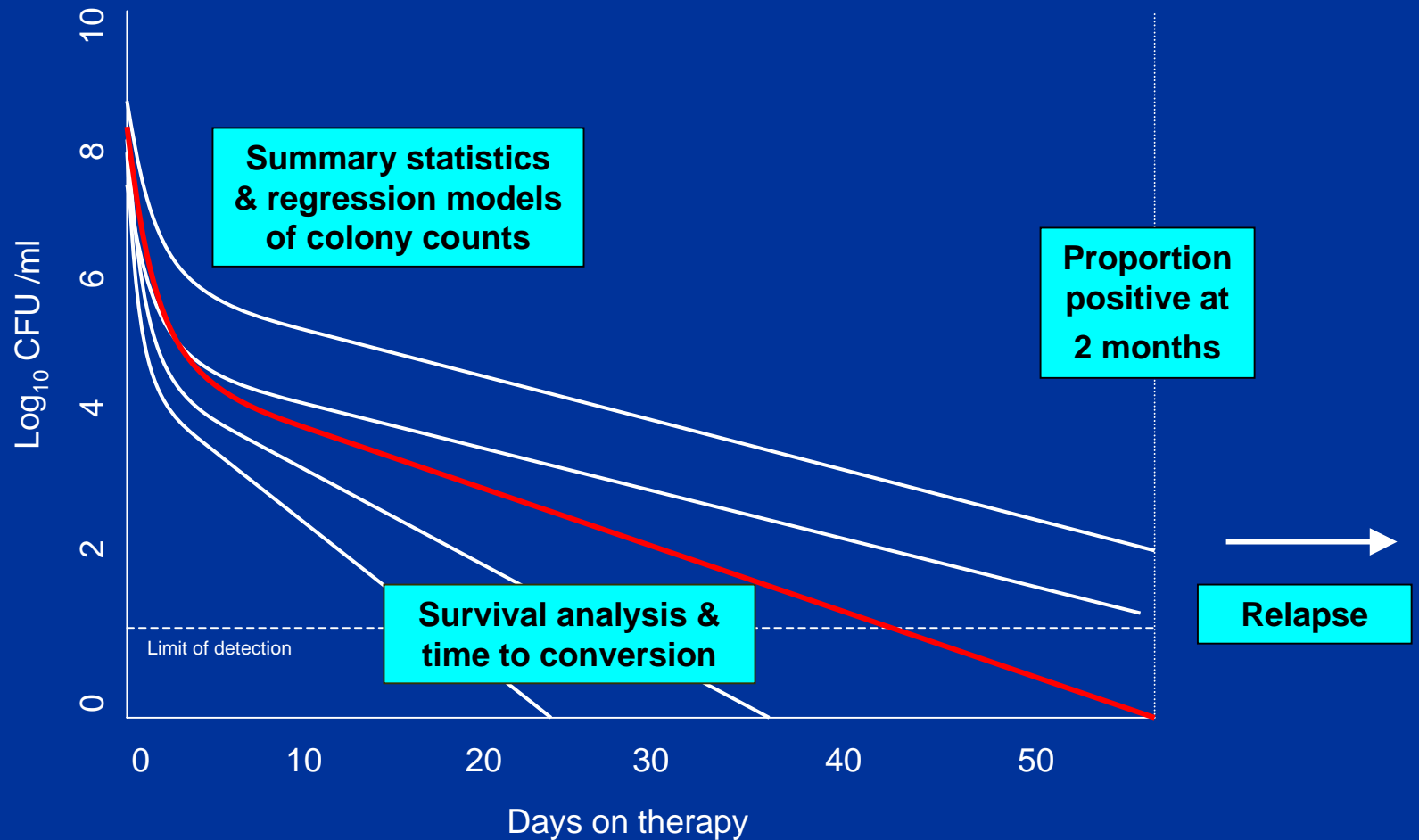
Standard 7H11
culture

Standard 7H11
culture + Liquid
culture (MGIT)

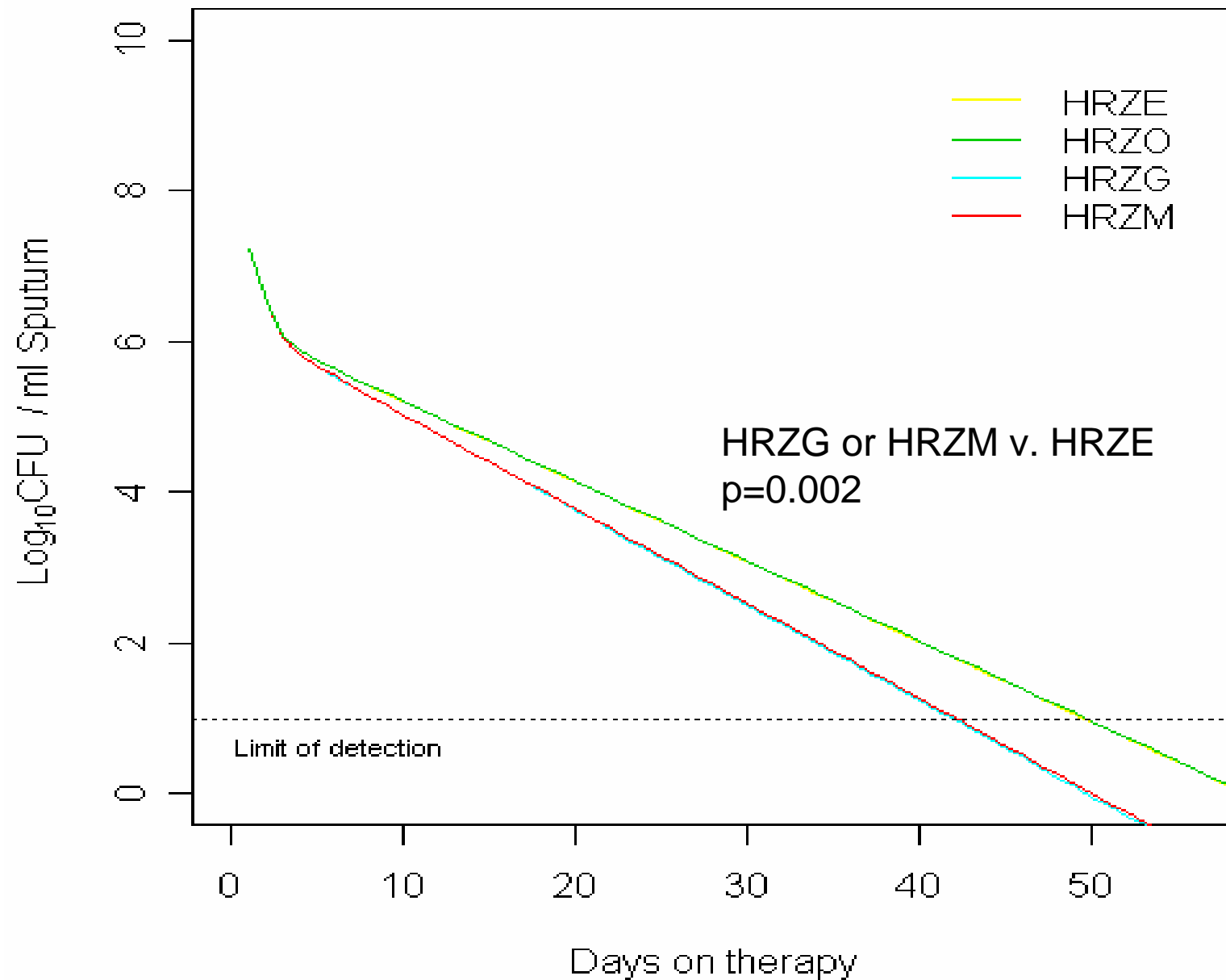


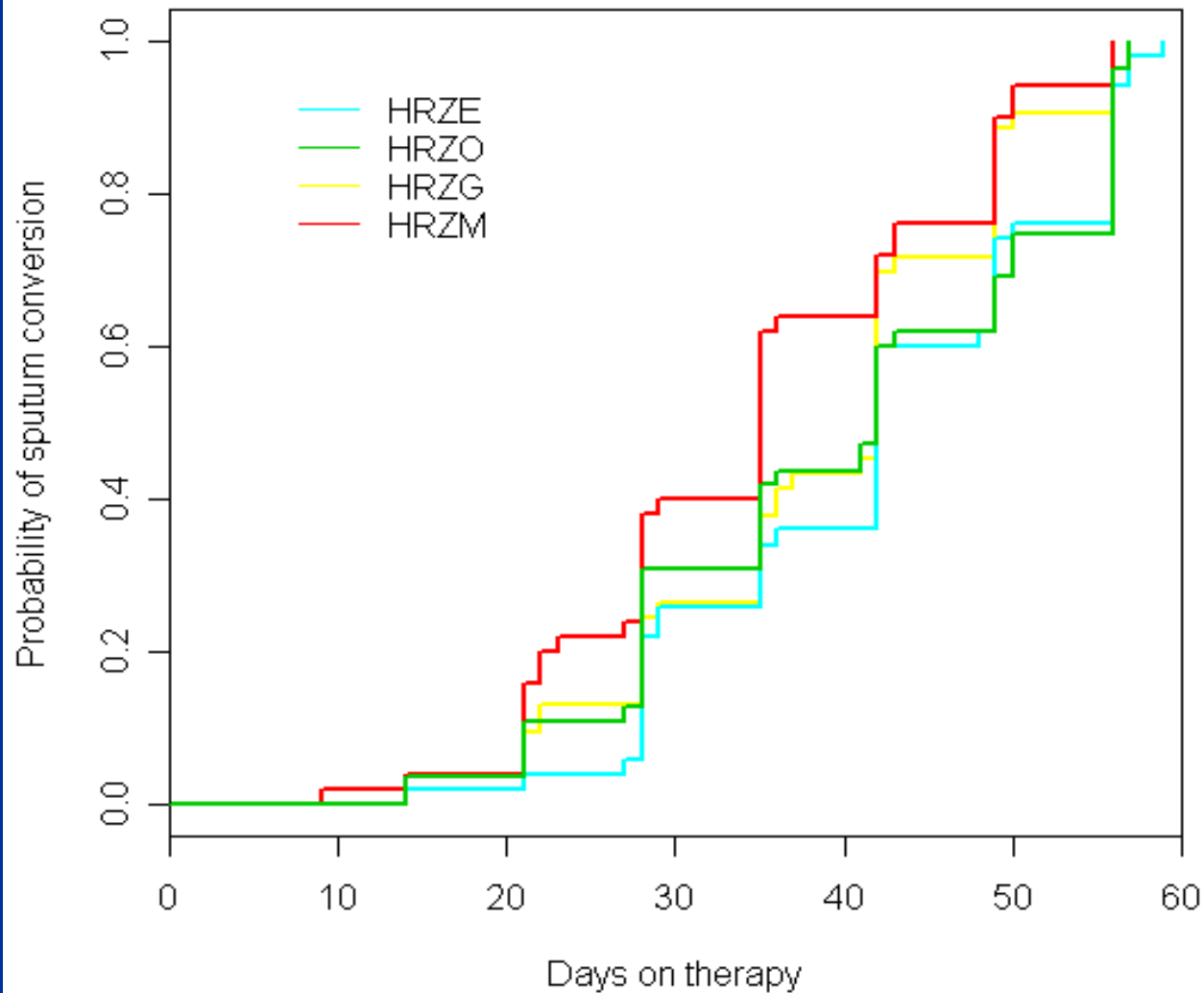


Analytical approaches to Phase II surrogate endpoint studies



Adjusted for covariates



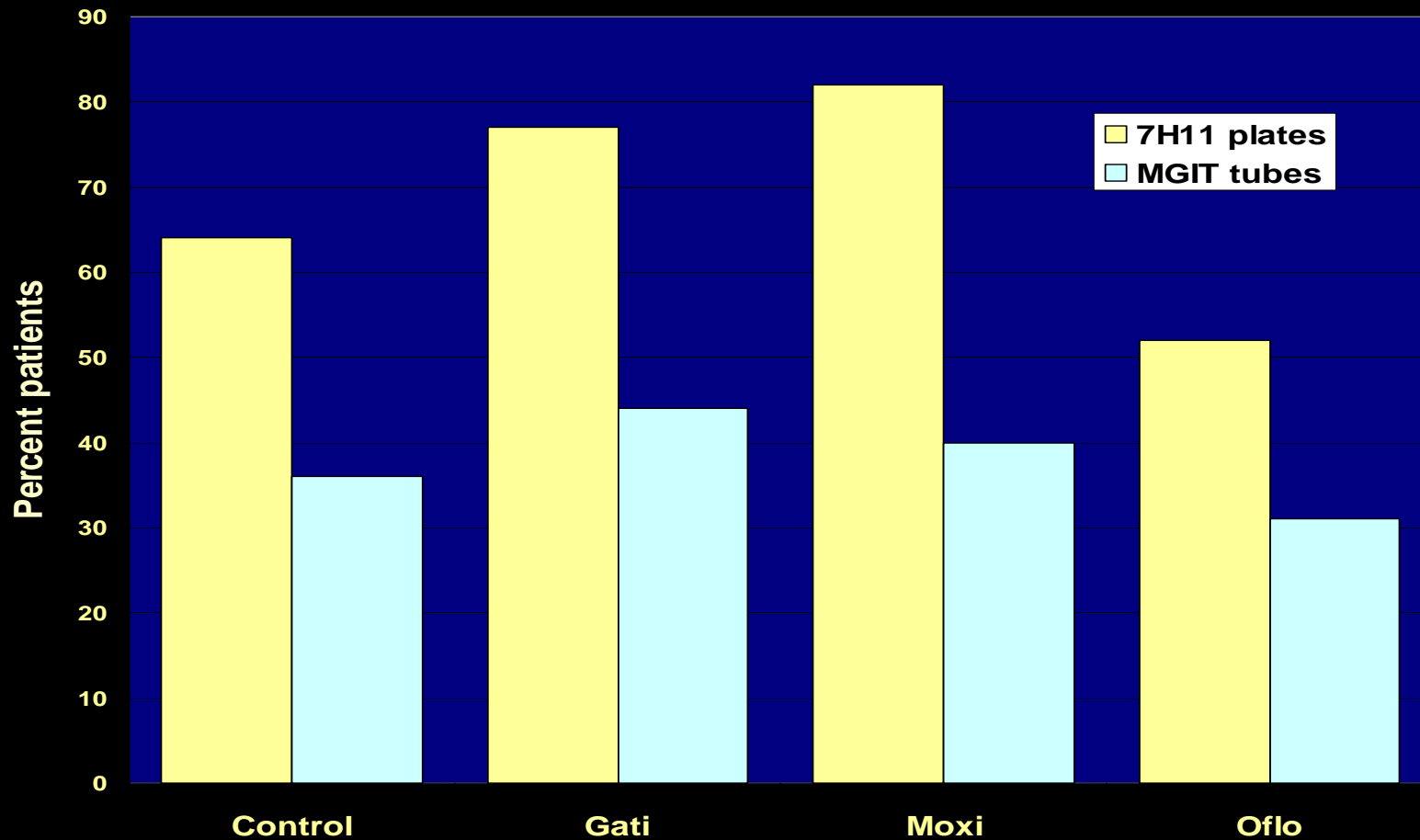


Hazard ratios

P v. control

Gati	0.054
Moxi	0.017
Oflo	0.4

Negative sputum cultures at 8 weeks



7H11 $\chi_{[3]}^2 = 7.3, p = 0.062$: MGIT $\chi_{[3]}^2 = 1.7, p = 0.6$

Conclusions

- When substituted for Ethambutol, both Moxifloxacin and Gatifloxacin cause killing in the late phase significantly faster than in the controls
- Ofloxacin substitution had no effect
- Of the various analytic methods, SSCC was the best with speed of sputum conversion and then proportion of patients with negative cultures at 8 weeks.
-
- SSCC methods should be used in future studies.

Collaborators

Clinical trial

(S African MRC)

- Bernard Fourie, Roxana Rustomjee
- Thuli Mthiyane, Karl Reddy
- Wim Sturm, Jenny Allen, Frik Sirgel

Oflotub

- Christian Lienhardt, EU Framework 5
Tom Kanyok, WHO/TDR

Analysis

- Gerry Davies (Wellcome, Bangkok)
- Jonathan Levin