

March 10, 2021

Rochelle Walensky, MD, MPH
Director, U.S. Centers for Disease Control and Prevention (CDC)
Atlanta, Georgia 30341

Cc: Jonathan Mermin, MD, MPH
Director, National Center for HIV, Hepatitis, STI, and Tuberculosis Prevention
(NCHHSTP), CDC

Deron Burton, MD, JD, MPH
Deputy Director, NCHHSTP, CDC

Sara Zeigler, MPA
Associate Director of Policy and Planning, NCHHSTP, CDC

Philip LoBue, MD, FACP, FCCP
Director, Division of Tuberculosis Elimination (DTBE), CDC

Ann Cronin
Associate Director for Policy and Issues Management, DTBE, CDC

Re: Need for Restored Funding to TBTC Trial Sites

Dear Dr. Walensky,

We, the undersigned, write to express our concern related to the recent results that funding through the U.S. Centers for Disease Control and Prevention (CDC) Tuberculosis Trials Consortium (TBTC) at the Division of TB Elimination (DTBE) will be discontinued at four university clinical research sites. TBTC funding has built a globally recognized network of clinical trial sites and nurtured a generation of skilled TB researchers based at U.S. universities and other research institutions. Groundbreaking TB research programs at the University of California–San Francisco (UCSF), Johns Hopkins University (JHU), Vanderbilt University, and Columbia University supported by TBTC have been integral to the network's success and our nation's TB elimination efforts. But these renowned TB research institutions, and their longstanding collaborations with local/state and global TB programs, are now in peril.

We recognize that funding decisions for the network's third 10-year funding cycle were undoubtedly jeopardized by decades of stagnation in Congressional appropriations for DTBE and compounded by the devastating costs of the COVID-19 pandemic. The civil society members of our advocacy community remain committed to seeking additional support for DTBE in the Fiscal Year 2022 budget, and future supplemental funding packages, to increase flexibility for the Division's programmatic and research activities. We sincerely hope that, should additional funds be made available on top of those which will be awarded to new trial sites through the most recent recompetition, a percentage of those additional funds could be

specifically dedicated to ensuring that critical TBTC trials are completed under the leadership of the institutions that have overseen them thus far and their programmatic linkages remain intact or further strengthened.

Scientific breakthroughs made possible by TBTC research led by UCSF, JHU, Vanderbilt University, and Columbia University have given the United States and other countries a real chance of eliminating TB in the next 10 years. The unique partnership engendered by TBTC between research sites and programs deepens our nation's TB response with cutting-edge science. Investigators at these sites lead all of the TBTC's ongoing clinical trials and their loss would jeopardize the government's investment in these critical studies seeking better ways to treat and prevent TB. In particular:

- **UCSF leads TBTC Study 31/A5349, the largest phase III TB treatment trial in history**, and in October 2020 showed positive results that a new four-month regimen for treating TB is as effective as the longer six-month standard of care. **This is the first breakthrough for shortening TB treatment in over 40 years, making this a landmark clinical trial that will reshape how TB is treated in the United States and across the world.**
- Johns Hopkins University is home to a basic science laboratory that has pioneered the mouse models used to test novel combinations of new TB drugs before they enter the clinic. **This lab has provided invaluable insights to TBTC decision-making and played an important role in identifying the two breakthrough regimens that led to shorter treatment for TB disease and TB infection.**
- Investigators at Vanderbilt also occupy important scientific leadership positions within the TBTC network and have led TBTC Study 37, a phase III trial seeking to simplify the preventive treatment of TB to a single drug regimen taken for six weeks. **Study 37 is a direct response to the need expressed by U.S. state and local TB programs for simpler regimens to treat TB infection, which CDC estimates affects up to 13 million Americans.** The trial is in early stages, and the loss of the TBTC site at Vanderbilt would jeopardize the network's ability to complete the trial in a reasonable timeframe. The Vanderbilt team also led TBTC Study 26, which demonstrated the safety and efficacy of the 3HP regimen. **Since the publication of these findings in the *New England Journal of Medicine* in 2011, 3HP has been recommended for use by the CDC and World Health Organization and is now being provided to 3 million people globally in 2021.**
- **At Columbia University, a team of investigators bridges the academic expertise of Columbia with the public health knowledge of the New York City Department of Health and Mental Hygiene (DOHMH) TB program, the oldest and one of the largest municipal TB programs in the country.** The large TB outbreak in New York City in the late 1980s and early 1990s was the impetus for funding the CDC to conduct clinical TB research, and the site at Columbia University has been an integral part of the TBTC network since its formation. **The connection to the DOHMH TB program has helped TBTC fulfill its mandate to conduct research of high programmatic relevance to U.S. TB programs.**

TBTC's unique structure ensures that research generated is programmatically relevant and implementable. As mentioned, the previous cycle of TBTC funding has produced remarkable

connections and collaboration with public health programs that merge research innovations with programmatic efforts in key jurisdictions that represent the epidemic in the U.S.. The participation of Columbia and Vanderbilt universities ensured that TBTC research remained relevant to state and local public health departments. Similarly, the UCSF TBTC contract contained a longstanding partnership with the San Francisco Department of Public Health and the California Department of Public Health since the early 2000s. Thanks to these innovative research and programmatic connections, U.S. TB patients were able to participate in TBTC clinical trials—thereby gaining access to cutting-edge science—and TBTC discoveries have resulted in immediate uptake in California, which now reports the largest proportion of TB and LTBI in the United States.

Additionally, TBTC research has had profound contributions in the global fight against TB – with research influencing the development of treatment guidelines by the WHO and strengthening public health infrastructure in TB-endemic countries. During the last TBTC funding cycle, UCSF supported a TBTC site in Hanoi, Vietnam that became the first-ever federally-funded TB clinical trial unit in Asia. This was an important investment given a significant population of immigrants to the U.S. emigrate from Asia, where TB incidence rates are at epidemic proportions. In Soweto, South Africa, JHU works with the Perinatal HIV Research Unit, which gave the TBTC the ability to conduct studies in three populations especially vulnerable to TB: children, pregnant women, and people living with HIV. These sites in Hanoi and Soweto also contributed to the representativeness of TBTC clinical trials, ensuring that results from studies are generalizable to the diverse population of people affected by TB.

Swift and decisive action can help avert the devastating impacts of these funding losses. We urge leadership at the CDC to:

- **In the immediate term, in 2021, identify funding mechanisms by which to retain the scientific leadership of the TBTC sites located at UCSF, JHU, Vanderbilt University, and Columbia University.**
- **In the long term, within two to three years, restore the international sites associated with UCSF and JHU and bring back the domestic TBTC sites at Columbia University, Vanderbilt University, and UCSF in addition to newly-funded sites.**

Seizing this opportunity will require retaining the world-class expertise in TB science at these institutions, a critical brain trust built by over a decade of CDC funding. Identifying mechanisms by which TBTC can initially and immediately restore the core scientific leadership at these sites followed by restoration of their international partners will be essential to the network's continued success. This is a critical opportunity to build upon the federal government's investments in TB research by welcoming new researchers to TBTC in the recent re-competition process, while retaining the invaluable leadership of scientists that forged a vision of a TB-free world through their research and program partnerships.

We look forward to working together with you to identify opportunities to restore critical funding to these research sites and programs. If you have any questions about this request, or would like to discuss it further, please don't hesitate to contact Elizabeth Lovinger at

elizabeth.lovinger@treatmentactiongroup.org or Nuala Moore at nmoore@thoracic.org. Thank you for your consideration.

Sincerely,

American Thoracic Society

Americas TB Coalition

The Carmelo Hospital of Chokwe

Elizabeth Glaser Pediatric AIDS Foundation

Friends of the Global Fight Against AIDS, Tuberculosis, and Malaria

Global Health Technologies Coalition

Global TB Community Advisory Board (TB CAB)

Harvard Medical School Center for Global Health Delivery

Health GAP (Global Access Project)

IAVI

Infectious Diseases Society of America

International Union Against Tuberculosis and Lung Disease (The Union)

Management Sciences for Health

Medical IMPACT

Partners in Health

RESULTS

Stop TB USA

TB Alliance

TB Photovoice

Tintswalo Association

Treatment Action Group

We Are TB