Treatment of visceral leishmaniasis patients outside clinical trials: a case of the Leishmaniasis East Africa Platform

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Background
Treatment of patients outside clinical trials in the clinical research setting can be challenging. Even more so for neglected tropical diseases research, where trials are often conducted in constrained, poor, rural, and remote settings, and in vulnerable patients. The Leishmaniasis East Africa Platform (LEAP) conducts research in visceral leishmaniasis (VL) treatment centres in eastern Africa (Ethiopia, Kenya, Sudan and Uganda). LEAP aims to conduct clinical trials, build capacity and register new treatments. With the support of the Drugs for Neglected Diseases initiative (DNDi) and other partners, LEAP has delivered one new VL treatment for the region, a sodium stibogluconate and paromomycin combination, with more studies for new treatments, geared towards development of an oral drug for VL in the region, either ongoing or in the pipeline.

Aim
To assess practice, and document treatment of visceral leishmaniasis patients outside clinical trials in LEAP sites.

Methods
We conducted a retrospective review of data for leishmaniasis patients at the LEAP clinical trial sites between 2010 and 2016. Five clinical trials were conducted during the review period in Ethiopia, Kenya, Sudan, and Uganda. Data were obtained from the DNDi/LEAP data centre in Nairobi based on monthly reports received from the VL treatment sites. We assessed the number of patients treated for leishmaniasis overall and categorized the patients according to whether they had participated in clinical trials or not, and further assessed other leishmaniasis cases by number treated for PKDL, cutaneous leishmaniasis and mucosal leishmaniasis. Ethically, it was obligatory to treat patients excluded from the clinical trials.

Results
During the reporting period, 23,740 suspected cases were screened and 10,823 (45.59%) of these were positive for Leishmania. Out of the 10,823, 320 (3%) participated in phase II and III clinical trials, and 1,349 (12.5%) in a phase IV study. There was a total of 9,154 (84.6%) Leishmania cases treated outside the clinical trials, corresponding to: VL 8,409 out of 9,154 (91.9), PKDL 157 (1.7%), cutaneous leishmaniasis 491 (5.4%) and mucosal leishmaniasis 97 (1%). These were excluded from the clinical trials due to stringent inclusion or exclusion criteria.

Conclusions
While most patients may not participate in clinical trials or be screened out of them, they benefit from a collaborative approach in which VL clinical research has been integrated with the treatment of leishmaniasis in patients excluded from participating in the trials. LEAP has implemented a new treatment regimen for VL. There have been few advances in the treatment of other forms of leishmaniasis. However, because of clinical trials, communities are offered treatments that would not otherwise be available. Resourcing activities, training and adoption of best practices, aimed at building capacity for clinical research, enhance the quality of care that both participants and non-trial participants receive. Access to better health services, improved lives and livelihood, reduced pain and suffering, are, after all, the goal of research.