



BPaL: U.S. Program Implementation Experience

Masa Narita, MD
Public Health – Seattle & King County
University of Washington
NAR IUATLD, March 5, 2022



Process of early implementation

- Understand the study methods and results.
- Talk with your “pals”.
- Talk with your team. Buy-in from the providers and nurses.
- Approach the patient, possibly as a team.
- Fully inform the patient of pros/cons about the regimens (i.e., the traditional 18 – 24 month regimen vs. BPaL)
Transparent: bringing the patient into the conversation

Early Implementation

- Evolution: Straightforward pre-XDR patients → MDR →
→ extrapulmonary TB (cervical LN), or RIF intolerance → homeless patient
 - “off-label” beyond FDR approval: our approach to the patients has evolved.
 - Maintain vigilant monitoring after treatment completion.
- Learn the procurement of BDQ and Pretomanid
 - Price
 - Pretomanid $\$371 \times 6 \text{ mo} = \2226
 - Cycloserine : $\$246 \times 18 \text{ mo} = \4428
 - PASER: $\$376 \times 18 \text{ mo} = \6768

Collaboration/Consultation with “Pals”

- Consultation and peer discussion within Washington (Washington Collaborative TB Network)
- Consultation with Dr. Lisa Chen, the Curry International TB Center (our regional TB Center of Excellence).
- Consultation with the very early adopters (Dr. Dave Ashkin and Dr. Connie Haley)
- Learn from TB Expert Network lead by Dr. Neela Goswami
- Contribute to collaborative data collection and share clinical experiences with others