Title Page

**Response to Taking action to improve post-TB lung health**

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Short-Title: Response to Taking action

Table: 0

Figures: 0

Dear Editor,

We appreciate the encouragement we have received from Prof Harries *et al*, and others who advocate for wellness after tuberculosis, regarding The 1st International Post-Tuberculosis Symposium (www.post-tuberculosis.com). The Symposium involved considerable input from many and was always meant to be a gathering point on the journey to improving post-TB outcomes, not an end in itself.

The three points raised by Harries *et al*, are entirely consistent with the consensus of The Symposium. The “Fourth 90” aiming at good health-related quality of life after tuberculosis could naturally be divided into secondary (at the time of tuberculosis treatment) and tertiary (after treatment) prevention of post-TB complications. In relation to the latter, these authors rightly advocate for exit assessments at TB treatment completion. However, what became clear at the Symposium was at least three things are likely needed to ensure National TB Programme uptake. First, robust estimates of the residual disease burden and resultant cost-implications to individuals, communities and healthcare systems as a whole. Second, evidence-backed assessment measures of residual impairment that also take into consideration psychosocial impact, as it remains unclear which parameter (physiological, radiological and symptoms) will correlate best with long-term outcomes in post-TB lung disease (PTLD). The proposed 6-minute walk test is a good start, but is not without its limitation3, does not assess certain impacts (e.g. exacerbation frequency), and has itself yet to be validated against longer term outcomes in PTLD. Finally, interventions proven to be effective provide the much-needed justification for PTLD diagnosis at the end of treatment. Currently, all three are lacking robust data, obliging our community to generate the evidence needed as quickly as possible, and possibly to establish well-resourced nodes of post-TB research in high-burden settings, to achieve this end.

In line with the “Fourth 90”, we would however, like to go one step further, and call on the WHO to broaden the primary endpoints in TB treatment trials, to include measures of lung (e.g. spirometry) and wellness (particularly psychosocial) preservation, and not settle for endpoints of microbiological cure alone. Eradication of tuberculosis is the ideal primary prevention strategy, however in the interim, we need to know if all anti-tuberculosis drugs and regimens are equally effective in secondary prevention of complications or if some are better than others.

Most importantly, Prof Harries *et al,* recommend inclusion of TB survivors in driving the post-TB agenda, which strongly echoes the ethos of the Symposium. By design, our organising committee contained a number of patient advocates, and we hope to lean increasingly on TB survivors and advocacy organisations to guide and direct the field.

By consensus, a Second International Post-Tuberculosis Symposium was agreed to, and will be held in 2022. As Harries *et al* wisely encourage, we will endeavour to include global leaders and funders of TB Research in the Symposium as vital participants, but also extend the invitation to other workers in the field from all disciplines, as well as post-TB advocates, who may not have been able to attend previously.

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