

**P0961 Is therapy duration an accurate prognosis factor in patients with extrapulmonary tuberculosis ?**

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**Background:** The incidence of extra-pulmonary tuberculosis (EPTB) is increasing worldwide. Previous researches have focused on anti-tuberculosis drugs regimens, with efforts to shorten therapy duration (ThD) in order to avoid treatment adverse effects and to ameliorate the long-term prognosis. In light of this, our study aimed to investigate the prognosis relevance of ThD in patients with EPTB.

**Methods:** We conducted a retrospective study including all patients with EPTB hospitalized between 1990-2016. ROC curve analysis was used to determine the performance of the ThD in predicting relapse and to stratify patients with EPTB into high and low-level groups, according to the optimal cut-off value. Kaplan-Meier method was used to generate relapse-free survival (RFS) curves, which were compared by Logrank test, according to ThD categories. We used Cox proportional hazard regression analysis to identify independent predictive factors of relapse.

**Results:** We included 456 patients in our survey. The mean age was  $41 \pm 19$  years. The main EPTB sites were lymph node in 182 cases (40%). During the follow-up period, there were 23 relapses (5%). The mean duration therapy value was  $12 \pm 5.3$  months. Roc curve analysis showed that ThD was a performing indicator in predicting relapse, with an Area Under the Receiving Operating Curve (AUROC) of 0.74 ( $CI_{95\%}=[0.63-0.86]$ ;  $p<0.0001$ ). At an optimal cut-off of 13.5 months, ThD had a sensitivity of 65% and a specificity of 75%. Of all EPTB patients, 123 cases had a high-level ( $\geq 13.5$ ) of ThD (27%). Overall, the median (RFS) was 16 months ( $CI_{95\%} [13.4-18]$ ). When stratified by ThD cut-off, survival curve analysis showed that the one-month (RFS) rate was significantly lower in patients with high ThD (87% VS 93%;  $p=0.017$ ). In multivariate Cox regression analysis, high ThD ( $\geq 13.5$ ) was an independent risk factor of predicting relapse ( $HR=3$ ;  $CI_{95\%} [1.1-8.2]$ ;  $p=0.023$ ).

**Conclusions:** Our study highlighted the usefulness of ThD as a performing indicator in predicting relapse in patients with EPTB. This finding may lead to the hypothesis that standardized antituberculosis protocols should be adequately revised and interpreted according to the epidemiological and social profile of each country.