Supplemental Tables

Table S1a. Characteristics of the 23 studies included in current analysis

First author	Bang 2010 ¹	Brazilian NTP ²	Cattamanchi 2009 ³	Chien 2015 ⁴	Cox 2006 ⁵	Gegia 2012 ⁶	Huyen 2013 ⁷	Jacobson 2011 ⁸
Country	Denmark	Brazil	US (California)	Taiwan	Uzbekistan	Georgia	Vietnam	South Africa
Years of study	2002-07	2012-14	1992-2005	2004-12	2001-02	2007-09	2005-07	2001-09
Concentration used to define H resistance (µm/mL)	0.1	0.2	0.2	0.2	0.1	0.2	0.2	0.1
Regimen ^a	Indiv.	Stand.	Stand.	Indiv.	Stand.	Stand.	Stand.	Indiv.
Duration (known vs planned)	Known	Known	Known	Known	Known	Planned	Planned	Known
Age in years (median, IQR)	37 (27; 47)	41 (31; 52)	48 (30; 67)	63 (48; 76)	31 (25; 40)	35 (26; 48)	49 (39; 65)	40 (31; 46)
Sex female, %	35%	30%	38%	25%	30%	23%	25%	44%
HIV positive, % of tested ^b	27%	6%	7%	2%	0%	na	na	27%
Past TB treatment, % ^b	13%	na	36%	12%	53%	14%	16%	80%
Cavity on chest-x ray, % ^b	na	69%	21%	28%	na	na	na	na
Resistance to SM, % ^b	50%	4%	na	na	78%	69%	65%	0%
Total analyzable, N:	71	167	98	242	55	864	204	23
- Success. %	83%	67%	90%	86%	31%	70%	85%	65%
- Failure/relapse, %	4%	15%	1%	4%	49%	9%	9%	22%
- Deaths, %	3%	4%	1%	10%	5%	4%	5%	0
- Loss to follow-up, %	10%	14%	8%	0	15%	17%	1%	13%
N included in analysis:								
- Mortality	64	144	90	242	47	716	201	20
- Success	61	107	55	133	23	686	32	6
- Acquired R resistance				127	11	649		6

Notes: a) Regimens were classified as "standardized" if standard regimen was given to all patients; "individualized" if regimens were tailored to individual patients' characteristics such as prior therapy, or drug susceptibility testing (DST) results; "randomized" if standard regimens were given within a randomized clinical trial.

b) Percentages are of the total for who the information was available. In some sites this information was available for less than 50% of the population

Abbreviations: H isoniazid; Individ. Individualized; IQR Interquartile range; na: information in not available for that database or if it is available in less than 10% of the population; R: rifampin; Random. Randomized; SM streptomycin; Stand. Standardized.

First author	Jones- Lopez 2011 ⁹	Kim 2008 ¹⁰	Lee 2016 ¹¹	Munang 2015 ¹²	Netherlands NTP ¹³	New York city ¹⁴	Ohkado 2006 ¹⁵	Park 2016 ¹⁶
Country	Uganda	Korea	Korea	UK	Netherlands	US	Philippines	Korea
Years	2005	2001-05	2005-12	1999-2010	1993-2015	1994-2014	2000	2005-13
Concentration used to define H resistance (µm/mL)	0.1	0.2	0.2	0.1	0.2	0.1; 0.2	0.2	0.2
Regimen ^a	Stand.	Stand.	Stand.	Indiv.	Indiv.	Indiv.	Stand.	Indiv.
Duration (known vs planned)	Planned	Planned	Known	Known	Known	Known	Known	Known
Age in years (median, IQR)	na	43 (31; 61)	54 (38; 67)	30 (25; 38)	30 (23; 40)	41 (30; 54)	43 (26; 57)	59 (49; 73)
Sex female, %	na	33%	34%	50%	42%	36%	30%	31%
HIV positive, % on tested ^b	44%	0%	0%	5%	na	24%	na	0%
Past TB treatment, % ^b	100%	36%	30%	na	7%	3%	3%	50%
Cavity on chest-x ray, % ^b	na	41%	24%	15%	na	25%	na	31%
Resistance to SM, % ^b	na	13%	14%	na	na	36%	40%	13%
Total analyzable N·	34	30	115	41	509	824	33	6
- Success %	68%	92%	90%	83%	87%	88%	82%	100%
- Failure/relapse. %	9%	8%	10%	5%	0	1%	6%	0
- Deaths, %	18%	0	0	0	2%	6%	3%	Õ
- Loss to follow-up, %	6%	0	0	12%	11%	5%	9%	0
N included in analysis:								
- Mortality	32	39	115	36	454	778	30	6
- Success	26	13	91	12	15	541	2	5
- Acquired R resistance	26	12	83	12		539		

Table S1a -continued. Characteristics of the 23 studies included in current analysis

Notes:

a) Regimens were classified as "standardized" if standard regimen was given to all patients; "individualized" if regimens were tailored to individual patients' characteristics such as prior therapy, or drug susceptibility testing (DST) results; "randomized" if standard regimens were given within a randomized clinical trial.

Abbreviations: H isoniazid; Individ. Individualized; IQR Interquartile range; na: information in not available for that database or if it is available in less than 10% of the population; R: rifampin; SM streptomycin; Stand. Standardized.

First author	Quy 2003,2006 ^{17,18}	Reves 2014 ¹⁹	Romanowski 2017 ²⁰	Skrahina ²¹	Swaminathan 2010 ²²	Viiklepp ²³	Yoshiyama 2010 ²⁴	Total
Country	Vietnam	US & Canada	Canada	Belarus	India	Estonia	Nepal	
Years	1998-2000	1999-2004	2002-14	2012-15	2000-05	2008-15	2003-05	1992-2015
$ \begin{array}{l} Concentration \mbox{ used to define H} \\ resistance \mbox{ (}\mu\mbox{m}\mbox{/mL}\mbox{)} \end{array} $	0.2	0.2 or 1.0	0.1	0.1	1.0	0.1	0.25	
Regimen ^a	Stand.	Stand.	Indiv.	Indiv.	Random.	Indiv.	Stand.	
Duration (known vs planned)	Planned	Known	Known	Known	Planned	Known	Planned	
Age in years (median, IQR)	38 (30; 46)	45 (33; 56)	49 (37; 65)	43 (33; 53)	35 (29; 37)	49 (39; 56)	30 (25; 41)	35 (25; 50)
Sex female, %	30%	30%	32%	39%	26%	22%	41%	31%
HIV positive, % of tested ^b	2%	0%	3%	0%	100%	12%	na	13%
Past TB treatment, % ^b	27%	17%	18%	12%	na	7%	100%	16%
Cavity on chest-x ray, % ^b	na	45%	42%	0%	9%	54%	na	32%
Resistance to SM, % ^b	72%	25%	28%	67% ^b	43%	74%	65%	47%
Total analyzable, N: - Success, %	315 81%	60 75%	121 80%	15 60%	25 36%	42 79%	20 75%	3923 80%
- Failure/relapse, %	9%	3%	1%	20%	48%	2%	10%	6%
- Deaths, %	3%	0	4%	0	8%	14%	0	4%
- Loss to follow-up, %	7%	22%	15%	20%	8%	5%	15%	10%
N included in analysis:								
- Mortality	294	47	103	12	23	40	17	3,550
- Success	101	45	44	11	4	14	17	2,044
- Acquired R resistance			44	10	3	14	16	1,552

Table S1a-continued. Characteristics of the 23 studies included in current analysis

Notes:

a) Regimens were classified as "standardized" if standard regimen was given to all patients; "individualized" if regimens were tailored to individual patients' characteristics such as prior therapy, or drug susceptibility testing (DST) results; "randomized" if standard regimens were given within a randomized clinical trial.

Abbreviations: H isoniazid; Individ. Individualized; IQR Interquartile range; na: information in not available for that database or if it is available in less than 10% of the population; R: rifampin; SM streptomycin; Stand. Standardized.

Table S1b. Regimens excluded from present analysis –in the 23 included studies. Note: regimens were excluded if they did not correspond to the three study questions.

Regimen	N data sets	Ν
Regimens excluded from present analysis		817
Any regimens with high-dose isoniazid		139
- High dose H plus R, E, Z		63
- High dose H plus R, E, Z, SM		22
- Containing both FQ and high dose H (+/- SM)		31
- Containing high does H, group C or D3 drugs ^a +/- FQ +/- any injectables		17
- Other combinations with high dose H		6
Containing WHO Group C or D3 drugs (+/-SM, +/- FQ) (without high dose H)		141
- Ethionamide/prothionamide		69
- Cycloserine/terizidone		36
- Both Ethionamide/prothionamide and Cycloserine/terizidone		19
- Other group C or D3 drugs ^b		17
(H)REZ-Second line injectables (+/- SM)		19
(H)REZ- FQ- Second line injectables (+/- SM)		73
Other regimens containing FQ		240
- (H)RE + FQ (+/- SM)		74
- (H)RZ + FQ (+/-SM)		65
- (H)REZ-SM-FQ		56
- Other combinations		45
Other regimens (RZ, RE, EZ) without FQ or injectables		205
- H, 6R 2Z, SM		108
- H, 6RZ		39
- H, 9RE		37
- Others		21

Notes:

a) Group C or D3 drugs used were Ethionamide/prothionamide or Cycloserine/terizidone or p-amynosalicidic acid (PAS)

b) Group C or D3 drugs used were Clofazimine, Linezolid, p-amynosalicidic acid (PAS), Macrolides, Thioacetazone

Abbreviations: **E**: Ethambutol; **FQ**: fluoroquinolones; (**H**)= isoniazid used in some, but not all regimens. **R** : rifampin (when patients used rifabutin in place of rifampin is specified in the notes); **SM**: Streptomycin; **Z**= pyrazinamide

					Drug				
Author		First line			Fluoroquinolones				
	Н	R	Е	Z	Ofloxacin	Levofloxacin	Moxifloxacin	Ciprofloxacin	SM
Bang ¹	4-6 mg/kg/day	8-12 mg/kg/day	15-25 mg/kg/day	20-30 mg/kg/day	600 mg/day	not used	400 mg/day	500 mg twice a day	12-18 mg/kg/day
Brazilian NTB ²	4-6 mg/kg/day	8-12 mg/kg/day	15-25 mg/kg/day	20-30 mg/kg/day	400mg/kg	According to weight ^a	400 mg/day	Note used	Accoding to weight ^b
Cattamanchi ³	4-6 mg/kg/day	8-12 mg/kg/day	15-25 mg/kg/day	20-30 mg/kg/day	not used	750-1000 mg/day	400 mg/day	not used	not used
Chien ⁴	4-6 mg/kg/day	8-12 mg/kg/day	15-25 mg/kg/day	20-30 mg/kg/day	not used	750-1000 mg/day	400 mg/day	not used	not used
Cox ⁵	4-6 mg/kg/day	8-12 mg/kg/day	15-25 mg/kg/day	20-30 mg/kg/day	not used	not used	not used	not used	12-18 mg/kg/day
Gegia ⁶	4-6 mg/kg/day	8-12 mg/kg/day	15-25 mg/kg/day	20-30 mg/kg/day	not used	750-1000 mg/day	400 mg/day	not used	not used
Huyen ⁷	4-6 mg/kg/day	8-12 mg/kg/day	15-25 mg/kg/day	20-30 mg/kg/day	not used	not used	not used	not used	12-18 mg/kg/day
Jacobson ⁸	4-6 mg/kg/day	8-12 mg/kg/day	15-25 mg/kg/day	20-30 mg/kg/day	not used	not used	not used	not used	12-18 mg/kg/day
Jones-Lopez ⁹	4-6 mg/kg/day	8-12 mg/kg/day	15-25 mg/kg/day	20-30 mg/kg/day	not used	not used	not used	not used	12-18 mg/kg/day

Duna

Table 1Sc: Dosages of drugs used at sites of studies included in the individua	l patient data meta-analysis on isoniazid-resistant TB.
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Notes:

a) According to weight: 20 kg: 10/mg/kg/day; 21-35 kg: 250 mg-500 mg/day; 35-50 kg:500-750 mg/day;>50 kg: 750 mg/day.
b) 20 kg: 20 mg/kg/day; 21-35 kg: 500 mg/day; 36-50 kg: 750-1000 mg/day; >50 kg:1000 mg/day

Table 1Sc (continued): Dosages of drugs used at sites of studies included in the individu	al patient data meta-analysis on isoniazid-resistant TB.
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Author		Drug									
		first lin	e drugs			Fluoroquinolones					
	Н	R	E	Z	Ofloxacin	Levofloxacin	Moxifloxacin	Ciprofloxacin	SM		
Kim ¹⁰	4-6 mg/kg/day	8-12 mg/kg/day	15-25 mg/kg/day	20-30 mg/kg/day	400mg bid	750-1000 mg/day	400 mg/day	not used	12-18 mg/kg/day		
Lee ¹¹	4-6 mg/kg/day	8-12 mg/kg/day	15-25 mg/kg/day	20-30 mg/kg/day	not used	750-1000 mg/day	400 mg/day	not used	12-18 mg/kg/day		
Munang ¹²	4-6 mg/kg/day	8-12 mg/kg/day	15-25 mg/kg/day	20-30 mg/kg/day	not used	not used	400 mg/day	500 -750 mg bid	12-18 mg/kg/day		
Netherlands NTB ¹³	4-6 mg/kg/day	8-12 mg/kg/day	15-25 mg/kg/day	20-30 mg/kg/day	not used	not used	400 mg/day	not used	not used		
NYC TB ¹⁴	4-6 mg/kg/day	8-12 mg/kg/day	15-25 mg/kg/day	20-30 mg/kg/day	800 mg/day	500-1000 mg/day	400 mg/day	1000-1500 mg/day	12-18 mg/kg/day		
Ohkado ¹⁵	4-6 mg/kg/day	8-12 mg/kg/day	15-25 mg/kg/day	20-30 mg/kg/day	not used	not used	not used	not used	12-18 mg/kg/day		
Park ¹⁶	4-6 mg/kg/day	8-12 mg/kg/day	15-25 mg/kg/day	20-30 mg/kg/day	not used	750-1000 mg/day	400 mg/day	not used	12-18 mg/kg/day		
Quy ^{17,18}	4-6 mg/kg/day	8-12 mg/kg/day	15-25 mg/kg/day	20-30 mg/kg/day	not used	not used	not used	not used	12-18 mg/kg/day		
Reves ¹⁹	not used	600 mg, daily for at least 2 weeks then mostly bi- weekly, some thrice weekly	daily for at least 2 weeks then biweekly EMB 40–50 mg/kg and 25–35 mg/kg thrice weekly	daily for at least 2 weeks then biweekly PZA 40–70 mg/kg and 30–40 mg/kg thrice weekly	not used	not used	not used	not used	not used		
Romanowski ²⁰	4-6 mg/kg/day	8-12 mg/kg/day	15-25 mg/kg/day	20-30 mg/kg/day	not used	750-1000 mg/day	not used	not used	12-18 mg/kg/day		
Skrahina ²¹	4-6 mg/kg/day	8-12 mg/kg/day	max 1600 mg/kg/day	30-30 mg/kg/day	800 mg/day	750-1000 mg/day	400 mg/day	not used	not used		

IPD of INHR-TB - Supplemental Tables Table 1Sc (continued): Dosages of drugs used at sites of studies included in the individual patient data meta-analysis on isoniazid-resistant TB.

Author		Drug								
		First line drugs				Fluoroquinolones				
	Н	R	E	Z	Ofloxacin	Levofloxacin	Moxifloxacin	Ciprofloxacin	SM	
Swaminathan ²²	10 mg/Kg/day	8-12 mg/kg/day	15-25 mg/kg/day	20-30 mg/kg/day	not used	not used	not used	not used	not used	
Viiklepp ²³	4-6 mg/kg/day	8-12 mg/kg/day	5-25 mg/kg/day	20-30 mg/kg/day	not used	750-1000 mg/day	400 mg/day	not used	12-18 mg/kg	
Yoshiyama ²⁴	4-6 mg/kg/day	8-12 mg/kg/day	15-25 mg/kg/day	20-30 mg/kg/day	not used	not used	not used	not used	12-18 mg/kg	

IPD of INHR-TB - Supplemental Tables **Table 1Sd: Summary of treatment outcome definitions used in studies included in individual patient data meta-analysis.**

Study	Outcome definition									
Study	Cure	Treatment Completed	Lost to follow-up	Treatment Failure	Treatment Relapse					
WHO (Reference Standard)	A patient whose sputum smear or culture was positive at the beginning of the treatment but who was smear- or culture-negative in the last month of treatment and on at least one previous occasion.	A patient who completed treatment but who does not have a negative sputum smear or culture result in the last month of treatment and on at least one previous occasion	A patient whose treatment was interrupted for 2 consecutive months or more.	A patient whose sputum smear or culture is positive at 5 months or later during treatment. Also included in this definition are patients found to harbour a multidrug-resistant (MDR) strain at any point of time during the treatment, whether they are smear-negative or - positive.	Recurrence of bacteriologically confirmed tuberculosis after treatment success (cure or treatment complete).					
Bang ¹	Same	Same	Same	Patient who is sputum smear positive or culture positive at five months or later during treatment	Same					
Brazilian NTB ²	Same	Same	Treatment interruption for 30 days or more	Same	Same					
Cattamanchi ³	Same	Same		Same	Same					

Note: "Same" means : as WHO reference definition.

		Outcome definition								
Study	Cure	Treatment Completed	Lost to follow-up	Treatment Failure	Treatment Relapse					
Chien ⁴	Same	Same	Same	Same	Same					
Cox ⁵	Same	Same	Same	Same	Same					
Gegia ⁶	Same	Same	Same	Same	Same					
Huyen ⁷	Same	Same	Same	Any positive sputum or culture at 5 months or later during treatment	Recurrent TB with initial and follow-up M. tuberculosis isolates had identical spoligotypes and VNTR patterns, or if the VNTR patterns differed by "1 locus, and as reinfection if otherwise"					
Jacobson ⁸	Same	Same	Same	Same	Not measured					
Jones-Lopez ⁹	Treatment completed and one negative culture on solid medium at the end of treatment	Completed 8 months of treatment and free of Tb symptoms at the first post- treatment follow-up visit		Patients culture positive at month 8 OR patients with no culture positive at month 5 and with no culture at month 8 and no confirmation that they were free of TB after the end of treatment						

Table 1Sd (continued): Summary of treatment outcome definitions used in studies included in individual patient data meta-analysis.

Note: "Same" means same as WHO reference definition.

IPD of INHR-TB - Supplemental Tables Table 1Sd (continued): Summary of treatment outcome definitions used in studies included in individual nations of

Study	Outcome definition								
Study	Cure	Treatment Completed	Lost to follow-up	Treatment Failure	Treatment Relapse				
Kim ¹⁰	Same	Same	Same	Same	Same				
Lee ¹¹	Same	Same	Same	Same	Same				
Munang ¹²	Combined with complete (see)	Patients were considered successfully treated if they completed a full course of prescribed treatment and had documented sputum culture conversion (for sputum culture-positive cases) or were discharged by their attending physician.	Same	Treatment failed if a case was smear- or culture- positive at month 5 or later during treatment.	Suspected OR bacteriologically confirmed tuberculosis after treatment success (cure or complete).				
Netherlands NTB ¹³	Negative sputum culture result after initial positive culture test.	Same	Same	Same	Not collected				
NYC TB ¹⁴	Same	Same	Lost to follow-up, adverse reaction that resulted in the discontinuation of treatment, or refusal of treatment	Positive culture after culture conversion	Treatment was restarted after treatment completion				
Ohkado ¹⁵	A sputum smear positive patient who has been completed treatment and is sputum smear negative in the last month of treatment and on at least one previous occasion.	Same	Same	A patient who is sputum smear-positive at five months or later during the treatment OR a sputum smear-negative patient who becomes smear- positive during the treatment.	Same				

 Table 1Sd (continued): Summary of treatment outcome definitions used in studies included in individual patient data meta-analysis.

 Outcome definition

Note: "Same" means : as WHO reference definition.

		Outcome definition									
Study	Cure	Treatment Completed	Lost to follow-up	Treatment Failure	Treatment Relapse						
Park ¹⁶	Same	Same	Same	Same	Same						
Quy ^{17,18}	Same	Same	Same	Positive smear at 5 months of later during treatment	Same						
Reves ¹⁹	Same	Same	Same	Treatment failure was suspected for a positive TB culture following 16 calendar weeks of treatment, and relapse was suspected for a positive TB culture within 2 years of treatment completion.	Relapse was suspected for a positive TB culture within 2 years of treatment completion.						
Romanowski ²⁰	Same	Same	Same	Same	Same						
Skrahina ²¹	Same	same	Same	Same	Same						
Swaminathan ²²	All cultures negative in the last 2 months of treatment	Clinical resolution with regression of nodes or radiographic clearance	Same	Same	Same						
Viiklepp ²³	Same	Same	Same	Same	Same						
Yoshiyama ²⁴	Same	Same	Same	Same	Same						
Note: "Same" mean	s : as WHO reference definition										

Table 1Sd (continued): Summary of treatment outcome definitions used in studies included in individual patient data meta-analysis.

Note: "Same" means : as WHO reference definition

IPD of INHR-TB - Supplemental Tables Table S1E: Assessment of Quality of the Included studies

	1	2. Ou	tcome measures			58.	Completeness o	f information (%)	
Study	I. Sampling method	Post-treatment Follow-up >=12mo (%)	Culture confirmed cure	3. Participation rate (%)	4. Lost to follow-up rate (%)	5. Age	6. HIV	7. Cavity	8. AFB	Overall Study Quality
Bang ¹	census	100	Yes	100	9.0	100	$21 \cdot 6^{a}$	6.3	100	High
Brazilian NTP ²	census	0	Yes	100	15.2	100	77·0 ^b	98.4	82.7	High
Cattamanchi ³	census	62	Yes	100	9.5	100	100	97.1	100	High
Chien ⁴	census	21	Yes	100	7.0	99.7	92.1	100	100	High
Cox ⁵	census	100	No	68	14.3	100	100	0	100	Moderate
Gegia ⁶	census	0	No	100	18.6	100	0 ^a	0	96.6	Moderate
Huyen ⁷	census	100	Yes	97.5	1.5	99.5	0 ^a	0	100	High
Jacobson ⁸	census	0	Yes	100	33.8	100	83.8	0	96.0	High
Jones-Lopez9	census	100	Yes	100	5.9	0	100	0	100	High
Kim ¹⁰	census	31	Yes	100	13.0	100	71.8 ª	100	100	High
Lee ¹¹	census	55	Yes	100	5.9	100	100	100	100	High
Munang ¹²	census	7	Yes	100	10.1	100	100	100	79.8	High
Netherland NTP13	census	0	No	100	10.9	100	9.6 ^a	0	52.2	Low
NYC ¹⁴	census	0	Yes	100	6.2	100	74·6 ^b	84.7	99.4	High
Ohkado ¹⁵	census	0	No	83.3	18.9	100	0 ^a	0	100	Moderate
Park ¹⁶	census	100	Yes	100	0	100	100	100	100	High
Quy ^{17,18}	census	0	No	95.8	6.7	100	100	0	100	Moderate
Reves ¹⁹	RCT	81	Yes	100	4.2	100	100	94.4	88.7	High
Romanowski ²⁰	census	43	Yes	100	8.0	99.5	99.5	96.5	100	High
Skrahina ²¹	census	0	Yes	100	10.3	100	100	100	100	High
Swaminathan ²²	RCT	100	Yes	57.8	7.4	100	100	100	100	High
Viklepp ²³	census	0	Yes	100	7.8	100	97.4	98.3	100	High
Yoshiyama ²⁴	census	100	Yes	100	15.0	100	0 ^a	0	100	High

Notes: a) HIV prevalence is reported to be less than 10% in TB cases in the Country of the study, therefore the reporting on HIV was considered of high quality. b) HIV prevalence is reported to be less than 1% in the general population in the Country of the study (i.e., low HIV prevalence), therefore the reporting on HIV was considered of high quality.

Definitions used for quality assessment:

Critical criteria:

1. What is the sampling method in the study: census (all patients), random sampling, or convenience sampling? (Must be census or random)

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2. Was end of treatment outcome "cure" confirmed with culture, or were at least 80% of patients with cure/complete outcome followed for at least 1 year for recurrence? (Must be yes to either).

Important criteria

- 1. Was the participation rate in the study >80%
- 2. Lost to follow-up rate defined as : LFU + transferred out (if in DOT or surveillance program, not counted if in tertiary hospital) + unknown outcome. LFU rate must be <=10%.
- 3. Was age reported in at least 90% of the participants?
- 4. Was HIV status reported in at least 80% of the participants? (If HIV prevalence is known to be less than 10% in TB cases, or less than 1% in the general population in the country (i.e., low HIV prevalence), this item will be considered acceptable even if HIV status for individuals is not reported)
- 5. Was cavity reported in at least 80% of the participants?
- 6. Was AFB reported in at least 80% of the participants?

High quality: Both critical criteria and at least 4 of the 6 important criteria.

Moderate quality: Both critical criteria and 3 of the 6 important criteria OR 1 critical criteria and at least 4 of the 6 important criteria. **Low quality**: all remaining.

First author	BanuRekha 2012 ²⁵	Bonnet 2011 ²⁶	Cegielski ²⁷	Escalante 2001 ²⁸	Garcia-Prats 2016 ²⁹	Gillespie 2014 ³⁰	Glynn 2015 ³¹	Merle 2014 ³²	Swaminathan 2011 ³³	Tabarsi 2009 ³⁴	Total
Country	India	Georgia	US (Texas)	US (Texas)	South Africa	Multiple	Malawi	Multiple	India	Iran	
Years	2004-06	2003-13	1984-2007	1990-97	2006-12	2013	1986-2015	2007	2006-08	2003-15	1984- 2015
Concentration used to define H resistance (µm/mL)	1.0	0.1	1.0	0.4	0.1	0.1	varied over time	0.2	1.0	0.2	
Regimen ^a	Random.	Indiv.	Indiv.	Indiv.	Indiv.	Random.	Stand.	Random.	Random.	Indiv.	
Duration (known vs planned)	Planned	Known	Known	Known	Known	Planned	Known	Planned	Planned	Known	
Age in years (median, IQR)	32 (27; 39)	43 (32; 52)	46 (29; 60)	39 (25; 49)	4 (2;7)	30 (24; 45)	37 (30; 45)	26 (23; 36)	35 (32; 35)	47 (34; 60)	35 (25; 48)
Sex female, %	27%	18%	24%	22%	58%	34%	37%	27%	40%	32%	34%
HIV positive, % of tested ^b	0%	na	8%	9%	22%	9%	35%	8%	100%	11%	14%
Past TB treatment, % ^b	3%	42%	39%	24%	29%	0%	23%	na	0%	84%	34%
Cavity on chest-x ray, % ^b	na	44%	na	65%	23%	71%	na	45%	na	74%	58%
Resistance to SM,% ^b	na	79%	24%	37%	11% ^b	27%	23%	14%	0%	41% ^c	38%
Analyzable population, N	30	59	43	51	51	127	201	68	5	127	762

Table S2a. Characteristics of 10 studies excluded from current IPD analyses. Note: studies were excluded, after the data was received, if no patients received any of the specific regimens of interest for the three research questions.

Notes:

a) Regimens were classified as "standardized" is standard regimen was given to all patients; "individualized" if regimens were tailored to individual patients' characteristics such as prior therapy, or drug susceptibility testing (DST) results; "randomized" if a standard regimens were given within a randomized clinical trial; b) percentage are on total available information. In some sites this information was available for less than 50% of the population

Abbreviations: DST: drug susceptibility test; H isoniazid; Individ. Individualized; IQR Interquartile range; na: information in not available for that database or if it is available in less than 10% of the population; Random. Randomized; SM streptomycin; Stand. Standardized.

Table	S2b:	Regimens	used in	ı the	10	excluded	studies
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Regimen	Ν
Total patients in the 10 studies	762
(H) REZ	261
- 6(H)R, 2E, 2Z	204
- unknown duration	57
REZ(H)-FQ	105
-4(H)R 2E, 2Z, FQ	46
-unknown duration	59
REZ(H)-SM	30
Other regimens	366
Included high dose isoniazid	35
Included Ethionamide/prothionamide or Cycloserine/Terizidone	66
Included Thioacetazone	63
Included Clofazimine	2
Other combinations of H, R, E, Z (other than HREZ)	11
Other combinations of H, R, E, Z, SM (other than HREZ-SM)	11
Used second line injectables	6
Used FQ and second line injectables	74
Used Other FQ-containing regimens	87
Used combinations of FQ and SM	11

Notes:

Abbreviations: H: Isoniazid, E: Ethambutol, FQ: fluoroquinolones; SM: Streptomycin; R: Rifampin; Z: pyrazinamide.

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Table S3	: Characteristics	of the popula	ations included	in analyses o	f success and ac	uired rifamp	oin resistance fo	r 6(H)REZ v	ersus >6(H)REZ ^a
								- ()	

Type of analysis	Analyses of Suc	cess (n=1350)	Analyses of Acquired Rifampin resistance (n=1160)		
Regimens compared	6(H)REZ	>6 (H)REZ	6(H)REZ	>6 (H)REZ	
Total N ^b	262	1088°	168	992°	
High Income Country, N(%)	260/262(99)*	397/1088 (36)	166/168 (99)*	338/992(34)	
Age (median, IQR)	42 (29; 58)*	37 (27; 50)	43 (30; 61)*	36 (27; 50)	
Sex, female, N /tot with info (%)	84/262 (32)	317/1088 (29)	53/168 (32)	286/992 (29)	
HIV: positive, N/tot with info (%)	7/221 (3)*	23/295 (8)	5/142 (4)	20/257 (8)	
on Antiretroviral therapy, N (% on HIV+)	1/7 (14)	1/23 (4)	0/5 (0)	1/20 (5)	
Diabetes, N/tot with info (%)	16/113 (14)	19/99 (19)	5/66 (8)	14/86 (16)	
Any Past TB treatment, N/tot with info (%)	44/260 (17)*	116/979 (12)	17/166 (10)	91/888 (11)	
Sputum smear positive, N/tot with info (%)	127/252 (50)*	853/1071 (80)	81/166 (49)*	780/976 (80)	
Cavity on chest X-ray, N/tot with info (%)	54/237 (23)*	115/366 (31)	27/164 (16)*	103/329 (31)	
Poly resistance (resistance to E, Z or SM if used), N /tot with info, %	2/262(1)	3/1088(0)	2/168 (1)	3/992 (0)	
Resistance to SM, N/total tested	63/209 (30)*	598/1053 (57)	51/165 (31)*	559/986 (57)	
Resistance to E, N/total tested	1/261(0)	3/1086 (0)	1/167 (1)	3/990 (0)	
Resistance to Z, N/total tested	1/224 (0.5)	0/325 (0)	1/138 (1)	0/273 (0)	
On DOT, N/tot with info(%)	81/162 (50)*	760/842(90)	25/68 (37)*	707/747(95)	
Duration in months, median (IQR): - Rifampin - Pyrazinamide	$6 \cdot 1 (6 \cdot 0; 6 \cdot 5)$ $6 \cdot 1 (6 \cdot 0; 6 \cdot 4)$	9.0 (9.0; 9.0) 9.0 (9.0; 9.0)	$\begin{array}{c} 6 \cdot 1 \ (6 \cdot 0; \ 6 \cdot 5) \\ 6 \cdot 1 \ (6 \cdot 0; \ 6 \cdot 5) \end{array}$	9.0 (9.0; 9.0) 9.0 (9.0; 9.0)	

Notes: * p<0. 05 for Chi Squared tests (or Fisher's exact test) for categorical variables, and from T Tests for continuous variables ;

a) Treatment was administered daily for all but 1 study (n=45 subjects) included in this analysis

b) A total of 13 children under 14 years old were treated in population analyzed for success and 9 in analyzed for acquired rifampin resistance;

c) Two patients took rifabutin and rifampin.

Abbreviations: DOT: directly observed therapy; IQR: Inter Quartile Range; E: Ethambutol; (H)= Isoniazid used in some, but not all regimens SM: Streptomycin; R: Rifampin; Z: pyrazinamide.

IPD of INHR-TB - Supplemental Tables Table S4: Characteristics of the population included in analyses of FQ added to $\geq 6(H)REZ$.

Type of analysis	Analyses of (n=20	Mortality ^h 598)	Analyses (n=1	of Success 1601)	Analyses of Acquired Rifampin resistance (n=1381)		
Regimens compared	≥6(H)REZ FQ	≥6 (H)REZ	≥6(H)REZ FQ	≥6 (H)REZ	≥6(H)REZ FQ	≥6 (H)REZ	
Total N	524ª	2174 ^b	251°	1350 ^d	221°	1160 ^d	
High Income Country, N(%)	513 (98)*	1449 (67)	241 (96)*	657 (49)	212 (96)*	504 (43)	
Age (median, IQR) ^e	48 (34; 63)*	37 (27; 52)	42 (32; 56)*	38 (27; 52)	43 (33; 58)*	37 (27; 51)	
Sex, female, N /tot with info (%)	179 (34%)	711 (33%)	82 (33)	401 (30)	72 (33%)	339 (29%)	
HIV: positive, N/tot with info (%)	62/428 (14)	106/884 (12)	17/203 (8)	30/516 (6)	14/191 (7%)	25/399 (6%)	
on ART, N (% on HIV+)	6/62 (10)	3/106 (3)	0/17 (0)	2/30 (7)	0/14 (0%)	1/25 (4%)	
Diabetes, N/tot with info (%)	27/185 (15)	67/385 (17)	8/82 (10)	35/212 (17)	8/80 (10%)	19/152 (13%)	
Any Past TB treatment, N/tot with info (%)	57/508 (11)	237/1978 (12)	27/247 (11)	160/1239 (13)	21/217 (10%)	108/1054 (10%)	
Sputum smear positive, N/tot with info (%)	286/482 (59)	1412/1997 (71)	154/245 (63)*	980/1323 (74)*	134/215 (62)*	861/1141 (75)	
Cavity on chest X-ray, N/tot with info (%)	113/471 (24)	260/959(27)	56/220 (25)	169/603 (28)	54/215 (25%)	130/493 (26%)	
Poly resistance (resistance to E, Z or SM if used), N/tot with info, %	38/524 (7)	26/2174 (1)	7/251 (3)*	5/1350 (0.4)*	5/221(2%)*	5/1160 (0%)	
Resistance to SM, N/total tested (%)	166/482 (34)	754/1607 (47)	82/236 (35%)*	661/1262 (53%)	70/213 (33%)*	610/1151 (53%)	
Resistance to FQ, N/total tested (%)	4/313 (1)	7/497 (1)	3/163 (2%)	3/346 (1%)	1/136 (1%)	3/306 (1%)	
on DOT, N/total tested,%	84/246 (34)*	956/1689(57)	31/114 (27)*	841/1004(84)	28/85 (33)*	732/815(90)	
Duration in months, median (IQR): - Rifampin - Fluoroquinolones - Pyrazinamide	$\begin{array}{c} 9{\cdot}0\ (6{\cdot}2;\ 11{\cdot}0)\\ 6{\cdot}6\ (3{\cdot}9;\ 9{\cdot}0)^{\rm f}\\ 7{\cdot}4\ (4{\cdot}1;\ 9{\cdot}5)\end{array}$	9.0 (6.0; 9.0) 8.0 (2.1; 9.0)	$\begin{array}{c} 9{\cdot}0\ (7{\cdot}2;\ 11{\cdot}2)\\ 6{\cdot}1\ (3{\cdot}5;\ 8{\cdot}4)^{\rm g}\\ 8{\cdot}9\ (6{\cdot}8;\ 10{\cdot}7) \end{array}$	9.0(8.3; 9.0) 9.0 (8.1; 9.0)	9.0 (7.7; 11.1) 5.7 (3.3; 8.1) 9.0 (7.0; 10.6)	9.0 (9.0; 9.0) 9.0 (8.9; 9.0)	

Notes: * p<0.05 for Chi Squared tests (or Fisher's exact test) for categorical variables, and from T Tests for continuous variables;

a) 19 patients took rifabutin and 26 patients took both rifampin and rifabutin b) 13 patients took rifabutin and 17 patients took both rifampin and rifabutin

c) Four patients took both rifampin and rifabutin d) Two patients took both rifampin and rifabutin

e) A total of 46 children under 14 years old were included in population analyzed for mortality; 16 in analyzed for success and 11 in analyzed for acquired rifampin resistance;

f) Duration may have been truncated by mortality.

g) Duration of FQ: 104 took FQ for 1-5 months, 137 took FQ for $\geq 6m$; 10 took FQ $\geq 1m$ (unknown duration, but at least one month).

Abbreviations: DOT: directly observed therapy; IQR: Inter Quartile Range: E: Ethambutol; FQ: fluoroquinolones; (H)= Isoniazid used in some, but not all regimens; ison screpted for publication; E: pyrazmanide Respiratory Medicine

Table S5: Characteristics of the population included in analyses of "FQ with short Z" question (i.e. Six months or more of RE plus 1-3 months of Z plus fluoroquinolone compared to 6 months or more of REZ - with or without isoniazid)

Type of analysis	Analyses of S	Juccess	Analyses of Acquired rifampin resistance		
	(n=1468	3)	(n=12)	73)	
Regimens compared	≥6(H)RE 1-3Z FQ	≥6 (H)REZ	≥(H)6RE 1-3Z FQ	≥6 (H)REZ	
Total N	118ª	1350 ^b	113ª	1160 ^b	
Age ^c (median, IQR)	56 (38; 69)*	38 (27; 52)	56 (38; 68)*	37 (27; 51)	
High income countries (N,%)	118 (100)*	657 (49)	113 (100)*	504 (43)	
Sex, female, N /tot with info (%)	39/118 (33)	401/1350 (30)	36 (32%)	339 (29%)	
HIV: positive, N/tot with info (%)	7/97 (7)	30/516 (6)	7/92 (8%)	26/399 (6%)	
On antiretroviral treatment, N (% on HIV+)	3/7 (43)*	2/30 (7)	3/7 (43%)*	1/25 (4%)	
Diabetes, N/tot with info (%)	10/51 (20)	35/212 (17)	8/48 (17%)	19/152 (13%)	
Any Past TB treatment, N/tot with info (%)	12/109 (11)	160/1239 (13)	10/104 (10%)	108/1054 (10%)	
Sputum smear positive, N/tot with info (%)	47/96 (49)*	980/1323 (74)	47/91 (52%)*	861/1141 (75%)	
Cavity on chest X-ray, N/tot with info (%)	28/115 (24)	169/603 (28)	27/110 (25%)	130/493 (26%)	
Poly resistance (resistance to E, Z or SM if used), N/tot with info, %	15/118 (13)*	5/1350 (0.4)	15/113 (13%)*	5/1160 (0%)	
Resistance to SM, N/total tested	37/113 (33%)*	661/1262 (52%)	37/110 (34%)*	610/1151 (53%)	
Resistance to FQ, N/total tested	1/66(2%)	3/346 (1%)	1/64 (2%)	3/306 (1%)	
on DOT, N/total tested,%	23/60 (38)*	841/1004(84)	21/55 (38%)*	732/815 (90%)	
Duration in months, median (IQR): - Rifampin - Fluoroquinolones - Pyrazinamide	$\begin{array}{c} 9{\cdot}6\;(8{\cdot}6;11{\cdot}9)\\ 7{\cdot}0\;(5{\cdot}0;9{\cdot}5)^{\rm d}\\ 2{\cdot}5\;(1{\cdot}9;3{\cdot}8)\end{array}$	$9.0 (8.3; 9.0) \\ \\ 9.0 (8.1; 9.0)$	9.5 (8.6; 11.8) 7.0 (5.0; 9.5) 2.5 (1.9; 3.8)	$9.0 (9.0; 9.0) \\ \\ 9.0 (8.9; 9.0)$	

Notes:

a) Three patients took both rifampin and rifabutin

b) Two patients took both rifampin and rifabutin

c) A total of 13 children under 14 years old were included in population analyzed for success; and 9 in population analyzed for acquired rifampin resistance. d) Duration of FQ: 31 had 1-5m of FQ; $71 \ge 6m$ and $16 \ge 1m$ (unknown duration, but at least one month).

Abbreviations: DOT: directly observed therapy; IQR: Inter Quartile Range; E: ethambutol; FQ: fluoroquinolones; (H)= isoniazid used in some, but not all Manusci SM: astroppedy for; pathlicrapionZatphazInamidet Respiratory Medicine

IPD of INHR-TB - Supplemental Tables **Table S6. Characteristics of the populations included in Streptomycin-related analyses.**

Type of analysis	Analysis of Mortality (n=3,026)		Analysis of S (n=1,675	uccess 5)	Analysis of Acquired rifampin resistance (n=1,218)		
Regimens compared	(H)REZ SM	(H)REZ	≥6(H)R(E) 1-3Z 1-3SM	≥6 (H)REZ	≥6(H)R(E) 1-3Z 1-3SM	≥6 (H)REZ	
Total N	763	2263ª	325	1350 ^b	58	1160 ^b	
Age ^c (median, IQR)	42 (32; 52)*	37 (27; 51)	42 (31; 51)	38 (27; 52)	35 (25; 40)*	37 (27; 51)	
High Income Countries, N(%)	52/763 (7)	1449/2263 (64)	13 (4)*	657 (49)	2 (3)*	504 (43)	
Sex, female, N /tot with info (%)	197/731 (27)*	739 (33)	84/300 (28%)	401/1350 (30)	10/32 (31%)	339 (29%)	
HIV: positive, N/tot with info (%)	33/495 (7)*	131/943 (14)	17/238 (7%)	30/516 (6)	12/42 (29%)*	25/399 (6%)	
On Antiretroviral treatment, N (% on HIV+)	3/33 (9)	3/131(2)	0/17 (0%)	2/30 (7)	0/12 (0%)	1/25 (4%)	
Diabetes, N/tot with info (%)	18/166 (11)	69/413 (17)	13/112 (12%)	35/212 (17)	0/4(0%)	19/152 (13%)	
Any Past TB treatment, N/tot with info (%)	235/627 (37)*	238/2033(12)	204/214 (95%)*	160/1239 (13)	55/56 (98%)*	108/1054 (10%)	
Sputum smear positive, N/tot with info (%)	705/744 (95)*	1486/2077 (72)	289/312 (93%)*	980/1323 (74)*	56/58 (97%)*	861/1141 (75%)	
Cavity disease at chest X-ray, N/tot with info (%)	107/172 (62)*	272/994(27)	76/113 (67%)*	169/603 (28)	2/5 (40%)	130/493 (26%)	
Poly resistance (resistance to E, Z or SM if used), N/tot with info, %	378/700 (54)*	36/2263(2)	131/281 (47)*	5/1350 (0.4)*	21/32 (66%)*	5/1160 (0%)	
Resistance to SM, N/total tested	375/700 (54)	799/1694 (47)	129/280 (46%)	661/1262 (53%)	20/32 (63%)	610/1151 (53%)	
Resistance to E, N/total tested	18/753 (2)*	23/2257 (1)	8/321 (2)*	4/1347 (0)	2/58 (3)*	4/1157 (0)	
on DOT, N/tot with info, %	286/346(83)	873/1037(84)	267/325(82)	841/1004(84)	58 (100%)*	732/815 (90%)	
Duration in months, median (IQR): - Rifampin - Pyrazinamide	6·0 (2·0; 8·0) 2·0 (2·0; 3·0)	9·0 (6·0; 9·0) 7·4 (2·0; 9·0)	8·0 (6·0; 8·0) 3·0 (2·0; 3·0)	9·0 (8·3; 9·0) 9·0 (8·1; 9·0)	8·0 (8·0; 8·0) 3·0 (3·0; 3·0)	9.0. (9.0; 9.0) 9.0 (8.9; 9.0)	

Notes: * p<0.05 for Chi-square test for differences of this characteristic in the two regimens;

a) Thirteen patients took rifabutin, 17 took both rifabutin and rifampin b) Two patients took both rifampin and rifabutin

c) A total of 37 children under 14 years old were included in population analyzed for mortality; 13 in analyzed for success and 9 in analyzed for acquired rifampin resistance.

Abbreviations: DOT: directly observed therapy; IQR: Inter Quartile Range; E : Ethambutol; FQ: fluoroquinolones; SM: Streptomycin; R: Rifampin; Z: Marinscript: accepted for publication at the Lancet Respiratory Medicine

Table S7. Results for analyses restricted to <u>high income countries only</u> – success, mortality and acquired rifampin resistance. Note: this analysis is not possible for SM-REZ regimens, because very few patients received this regimen in high-income countries

	Regimens:	N datasets	N of events/N on	N poirs used ^a	from Propensity Score matched Analysis ^b			
Outcome and comparison	0	included	treatment	N pairs used"	aOR (95% CI)	Risk Difference (per 1,000 treated with 95%CI)		
6 (H)REZ vs >6(H)REZ								
Success	6(H)REZ	12	252/260	260	0.7 (0.3; 2.2)	No difference (from 30 fewer to 30 more)		
Success	>6(H)REZ		387/397		1.0 (reference)	reference		
Acquired rifampin resistance	6(H)REZ	7	1/166	166	not estimable	No difference (from 120 fewer to 130 more)		
· I · · · · · ·	>6(H)REZ		1/338		$1 \cdot 0$ (reference)	reference		
>=6(H)REZ+FQ vs >=6(H)REZ								
Mortality	REZ FQ	12	25/531		0.7 (0.4; 1.1)	No difference (from 30 fewer to 30 more)		
wonanty	REZ		67/1449	513	$1 \cdot 0$ (reference)	reference		
Success	>=6(H)REZ FQ	12	237/241		2.3 (0.7; 7.6)	20 more (from 10 fewer to 50 more)		
Success	>=6(H)REZ		639/657	238	1.0 (reference)	reference		
A coving d rifemation register age	>=6(H)REZ FQ	7	0/212	210	not estimable			
Acquired manphi resistance	>=6(H)REZ		2/504		1.0 (reference)	reference		
>=6(H)RE 1-3Z FQ vs >=6(H)RE	Z							
Success	>=6(h)RE 1-3Z FQ	12	117/118		4.1 (0.4; 38.6)	30 more (from 30 fewer to 90 more)		
Success	>=6(H)REZ		639/657	110	1.0 (reference)	reference		
A convirad riferenzia register as	>=6(h)RE 1-3Z FQ	7	0/113	105	not estimable			
Acquired mampin resistance	>=6(H)REZ		2/504		1.0 (reference)	reference		

Notes:

a) Number of pairs used in propensity score matched analysis.

b) Estimates based on pairs matched for age, sex, HIV, past TB treatment, sputum AFB smear (positive vs negative) and resistance to other drugs besides isoniazid, if used.

Abbreviations: aOR: adjusted odds ratio; CI Confidence interval E: ethambutol; FQ: fluoroquinolones; (H)= isoniazid used in some, but not all regimens. SM: streptomycin; R: rifampin; Z: pyrazinamide.

Table S8. Results for analyses of Streptomycin restricted to low and middle-income countries only - success, mortality and acquired rifampin resistance.

Note: This analysis is possible only for SM-REZ based regimens, as other regimens are taken mostly in high-income countries

	Destaura	N dotosots	N of events/N on		from Propensity Score matched Analysis ^b			
Outcome and comparison	Kegimens:	included	treatment	N pairs used ^a	aOR (95% CI)	Risk Difference (per 1,000 treated with 95%CI)		
>=6(H) RE 1-3 Z 2SM vs >=6(H)								
Mortolity	(H)REZ SM	11	34/711	703	1.8 (1.0; 3.2)	40 more (from 20 more to 60 more)		
wonanty	(H) REZ		36/814		1.0 (reference)	reference		
Suggess	>-6(H) RE 1-3 Z 2SM	11	258/312	161	0.7 (0.4; 1.3)	50 fewer (from 120 fewer to 30 more)		
Success	>=6(H)REZ		614/693		1.0 (reference)	reference		
A convict difference and a second	>-6(H) RE 1-3 Z 2SM	3	6/56	23	not estimable			
Acquired mampin resistance	>=6(H)REZ		42/656		1.0 (reference)	reference		

Notes:

a) Number of pairs used in propensity score matched analysis.

b) Estimates based on pairs matched for age, sex, HIV, past TB treatment, sputum AFB smear (positive vs negative) and resistance to other drugs besides isoniazid, if used.

Abbreviations: aOR: adjusted odds ratio; CI Confidence interval E: ethambutol; FQ: fluoroquinolones; (H)= isoniazid used in some, but not all regimens. SM: streptomycin; R: rifampin; Z: pyrazinamide.

TABLE S9: Comparison of Outcomes in sub-group with cavitation status known, and with cavitation - vs all patients. (Notes: Analysis of patients who did not receive INH not shown because too few patients in sub-sample and the models did not converge; Analysis of acquired drug resistance not shown, because there was zero acquired resistance in one, or both groups in each analysis).

	Regimens:	N datasets included	N of events/N on treatment	N pairs used ^a	from Propensity Score matched Analysis ^b		
Outcome and comparison					aOR (95% CI)	Risk Difference (per 1,000 treated with 95%CI)	
Duration of REZ - all patients (with or without isoniazid)							
Success (all patients)	6(H)REZ	15	254/262	262	2.4 (1.0; 5.5)	40 more per 1,000 (from 0 difference to 80 more)	
	>6(H)REZ		999/1088		1.0 (reference)	(reference)	
Success (in subsample with CXR info - ALL)	6(H)REZ	11	230/237	235	0·4 (0·1; 1·7)°	20 fewer per 1,000 (from 60 fewer to 10 more)	
	>6(H)REZ		356/366		1.0 (reference)	(reference)	
Success (in subsample with cavity)	6(H)REZ	11	49/54	49	0.2 (0, 2.3)	70 fewer per 1,000 (from 220 fewer to 80 more)	
	>6(H)REZ		111/115		1.0 (reference)	(reference)	
Use of Fluoroquinolones - all patients (with or without isoniazid)							
Mortality (all durations)	(H)REZ FQ	15	25/524	522	0.7 (0.4; 1.1)	20 fewer per 1,000 (from 50 fewer to 0 difference)	
	(H)REZ		97/2174		1.0 (reference)	(reference)	
Mortality (all durations, in subsample with CXR info ALL)	(H)REZ FQ	12	24/471	470	0.6 (0.4; 1.0)°	0 difference per 1,000 (from 30 fewer to 30 more)	
	(H)REZ		51/959		1.0 (reference)	(reference)	
Mortality (all durations, in subsample with cavity)	(H)REZ FQ	12	0/113		^D	^D	
	(H)REZ		10/260	108	1.0 (reference)	(reference)	
Success	≥6(H)REZ FQ	15	245/251	248	2·8 (1·1 to 7·3)	50 more per 1,000 (from 0 difference to 90 more)	
	≥6(H)REZ		1253/1350		1.0 (reference)	(reference)	
Success (in subsample with CXR info)	≥6(H)REZ FQ	11	216/220	220	$2.0 (0.6 \text{ to } 6.9)^{\circ}$	20 more per 1,000 (from 10 fewer to 50 more)	
	≥6(H)REZ		586/603		1.0 (reference)	(reference)	
Success (in subsample with cavity)	≥6(H)REZ FQ	11	56/56		^D	^D	
	≥6(H)REZ		160/169	55	$1 \cdot 0$ (reference)	(reference)	

Notes at the end of the table (next page).

IPD of INHR-TB - Supplemental Tables **Table S9 continuation**

Outcome and comparison	Regimens:	N datasets included	N of events/N on treatment	N pairs used ^a	from Propensity Score matched Analysis ^b				
					aOR (95% CI)	Risk Difference (per 1,000 treated with 95%CI)			
Use of Fluoroquinolone with	Use of Fluoroquinolone with 1-3 months PZA - all patients (with or without isoniazid)								
Success (all FQ)	≥(H)6RE 1-3Z FQ	15	117/118	108	5·2 (0·6 to 46·7)	40 more per 1,000 (from 20 fewer to 90 more)			
	≥6(H)REZ		1253/1350		1.0 (reference)	(reference)			
Success (all FQ) in subsample with CXR info	≥(H)6RE 1-3Z FQ	11	114/115	108	$4.1 (0.4 \text{ to } 38.7)^{\circ}$	30 more per 1,000 (from 40 fewer to 10 more)			
	≥6(H)REZ		586/603		1.0 (reference)	(reference)			
Success (all FQ) in subsample with cavity	≥(H)6RE 1-3Z FQ	11	28/28		^D	^D			
	≥6(H)REZ		160/169	25	1.0 (reference)	(reference)			
Use of Streptomycin - all patients (with or without isoniazid)									
Mortality (all durations)	6(H)REZ + SM	23	40/763	756	0.9 (0.6 to 1.3)	10 fewer per 1,000 (from 30 fewer to 20 more)			
	6(H)REZ		103/2263		1.0 (reference)	(reference)			
Mortality (in subsample with CXR info)	6(H)REZ + SM	13	11/172	172	$1.0 \ (0.4 \text{ to } 2.4)^{\circ}$	0 difference per 1,000 (from 50 fewer to 60 more)			
	6(H)REZ		54/994		1.0 (reference)	(reference)			
Mortality (in subsample with cavity)	6(H)REZ + SM	13	5/107		1.3 (0.3, 6.3)	10 more per 1,000 (from 40 fewer to 60 more)			
	6(H)REZ		12/272	106	1.0 (reference)	(reference)			
Success	≥6(H)RE 1-3Z 2SM	23	271/325	296	0·4 (0·2 to 0·7)	120 fewer per 1,000 (from 190 fewer to 60 fewer)			
	≥6(H)REZ		1253/1350		1.0 (reference)	(reference)			
Success (in subsample with CXR info)	≥6(H)RE 1-3Z 2SM	13	94/113	113	$0.1 (0.0 \text{ to } 0.5)^{c}$	140 fewer per 1,000 (from 220 fewer to 70 fewer)			
	≥6(H)REZ		586/603		1.0 (reference)	(reference)			
Success (in subsample with cavity)	≥6(H)RE 1-3Z 2SM	13	63/76	76	0·3 (0·1 to 0·9)	120 fewer per 1,000 (from 230 fewer to 10 fewer)			
	≥6(H)REZ		160/169		1.0 (reference)	(reference)			

Notes:

a) Number of pairs used in propensity score matched analysis.

b) Estimates based on pairs matched for age, sex, HIV status, past TB treatment, sputum AFB smear (positive vs negative) and resistance to other drugs besides isoniazid, if used. Percentage of patents missing information for these variables: past TB treatment: 8%; AFB smear: 2%; HIV 8%, polyresistance, age and sex: 0%. HIV status was missing, but assumed to be negative in 3 studies (n =720 patients) in settings where the prevalence of HIV co-infection rate in patients with active TB was <5% based on WHO surveillance data.

c) Estimates in subsample with CXR info are based on pairs matched also for cavity, in addition to other covariates used (i.e. age, sex, HIV status, past TB treatment, sputum AFB smear (positive vs negative) and resistance to other drugs besides isoniazid, if used.

d) Models did not converge, and/or zero outcomes for one group in this analysis

Abbreviations: aOR: adjusted odds ratio; CI Confidence interval; CXR: Chest-x ray; E: ethambutol; (H)= isoniazid used in some, but not all regimens SM: Maptusycipt accepted to Z pp/blicitationdeatFlue fluoncettiRespiratory Medicine

	Regimens: FQ Comparator	N datasets included	N of events/N on treatment	N pairs used ^c	from Propensity Score matched Analysis ⁴	
Outcome and comparison					aOR (95% CI)	Risk Difference (per 1,000 treated with 95%CI)
Analyses in all patients (with or without isoniazid)						
Success (All duration of FQ, REZ for ≥6months)	≥6(H)REZ FQ	15	245/251	248	2·8 (1·1 to 7·3)	50 more per 1,000 (from 0 difference to 90 more)
	≥6(H)REZ		1253/1350		1.0 (reference)	(reference)
Success: in subsample FQ 1- 5months	≥6(H)REZ 1-5FQ	15	106/108	108	4·2 (0·9 to 20·9)	70 more per 1,000 (from 10 fewer to 150 more)
	≥6(H)REZ		1253/1350		1.0 (reference)	(reference)
Success: in subsample FQ ≥6months	≥6(H)REZ ≥6FQ	15	129/133	131	2·1 (0·6 to 7·1)	30 more per 1,000 (from 20 fewer to 90 more)
	≥6(H)REZ		1253/1350		1.0 (reference)	(reference)
Acquired rifampin resistance	≥6(H)REZ FQ	10	1/221 ^b	220	0·1 (0·0 to 1·2)	30 fewer per 1,000 (from 60 fewer to 0 difference)
	≥6(H)REZ		44/1160 ^b		1.0 (reference)	(reference)
Acquired rifampin resistance: in subsample FQ 1-5months	≥6(H)REZ 1-5FQ	15	0/ 106		not estimable	not estimable
	≥6(H)REZ		44/1160		1.0 (reference)	(reference)
Acquired rifampin resistance: in subsample FQ ≥6months	≥6(H)REZ ≥6FQ	15	1/107	107	0.2 (0.0 to 2.3)	30 fewer per 1,000 (from 10 fewer to 30 more)
	≥6(H)REZ		1253/1350		$1 \cdot 0$ (reference)	(reference)

TABLE S10. Duration of use of fluoroquinolones and treatment success, or acquired rifampin resistance.

Notes:

a) Of the 165 treated, 67 received isoniazid for one month or more and 98 did not receive any Isoniazid;

b) Number treated is less than in success analysis because patients with fail/relapse but no acquired drug resistance or with non-rifampin acquired resistances were excluded from this analysis.

c) Number of pairs used in propensity score matched analysis.

d) Estimates based on pairs matched for age, sex, HIV status, past TB treatment, sputum AFB smear(positive vs negative) and resistance to other drugs besides ISONIAZID, if used. Percentage of patents missing information for these variables: past TB treatment: 8%; AFB smear: 8%; HIV 8%, polyresistance, age and sex: 0%. HIV was missing, but assumed to be negative in 3 studies (n=1164 patients) in settings where the prevalence of HIV coinfection rate in patients with active TB was <5%, based on WHO surveillance data.

Abbreviations: aOR: adjusted odds ratio; CI Confidence interval E: ethambutol; (H)= isoniazid used in some, but not all regimens; SM: streptomycin; R: rifampin; Z: pyrazinamide; FQ: fluoroquinolone.

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