

Comments about Antitrypanosomal Medicines section review.

There are currently 4 drugs for treating African Trypanosomiasis: melarsoprol and suramin sodium on the regular list and eflornithine and pentamidine on the complementary list. The proposal is to keep these 4 drugs on the Model List but to move pentamidine and eflornithine to the core list from the complementary list.

The proposal presents much data on the usage of these drugs in the treatment of trypanosomiasis and clearly the two drugs on the complementary list are widely used. The current (6th edition, 2005) of Mandell, Bennett, and Dolin list pentamidine first and eflornithine second as useful for first stage of *T. b. gambiense* infection and eflornithine first and melarsoprol second for treating the second stage. Suramin and pentamidine are the drugs listed for first stage and only melarsoprol for the second stage of *rhodesiense*.

Two recent comparative studies cited (Balasegaram, 2006 and Chappuis, 2005) both find eflornithine to be better than melarsoprol for treating second stage gambien disease. Since recent work shows eflornithine is preferred for second stage gambien disease, I recommend it be moved to the core list. Since melarsoprol is the recommended drug for second stage rhodesien disease, I recommend that it be moved to the core list. I thus support the proposals in this drug section review.

The dosage regimens in the textbooks I reviewed differ from those in the proposal. I urge that the treatment regimens and dosage recommendations be further reviewed prior to publishing them in the WHO Model Formulary.