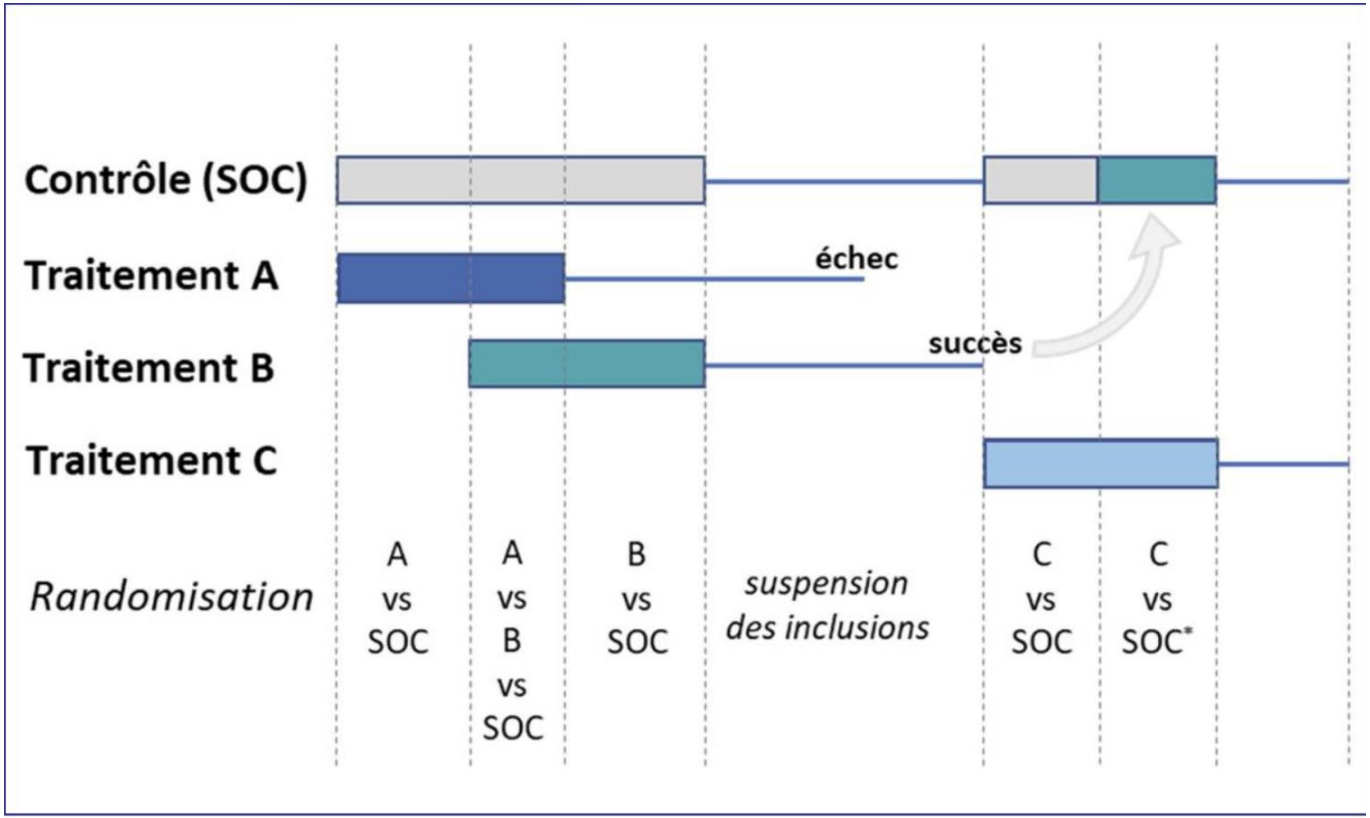
26es JNI 2025 TOURS
et la région Centre - Val de Loire VINCI
Journées Nationales d'infectiologie
du mercredi 11 juin 2025 au vendredi 13 juin 2025
Journée Nationale de Formation des Paramédicaux en Infectiologie
Jeudi 12 juin 2025

ROADMAP TRIAL

Joshua Davis

RandOmised Arthroplasty infection worlDwide Multidomain Adaptive Platform trial

J. Courjon, A. Dinh, pour les CRIOAc et le RENARCI



Roustit et al. Therapies 2023

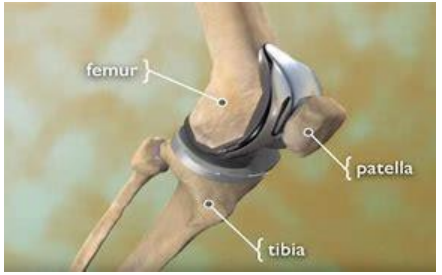
No. of Participants Recruited

4600

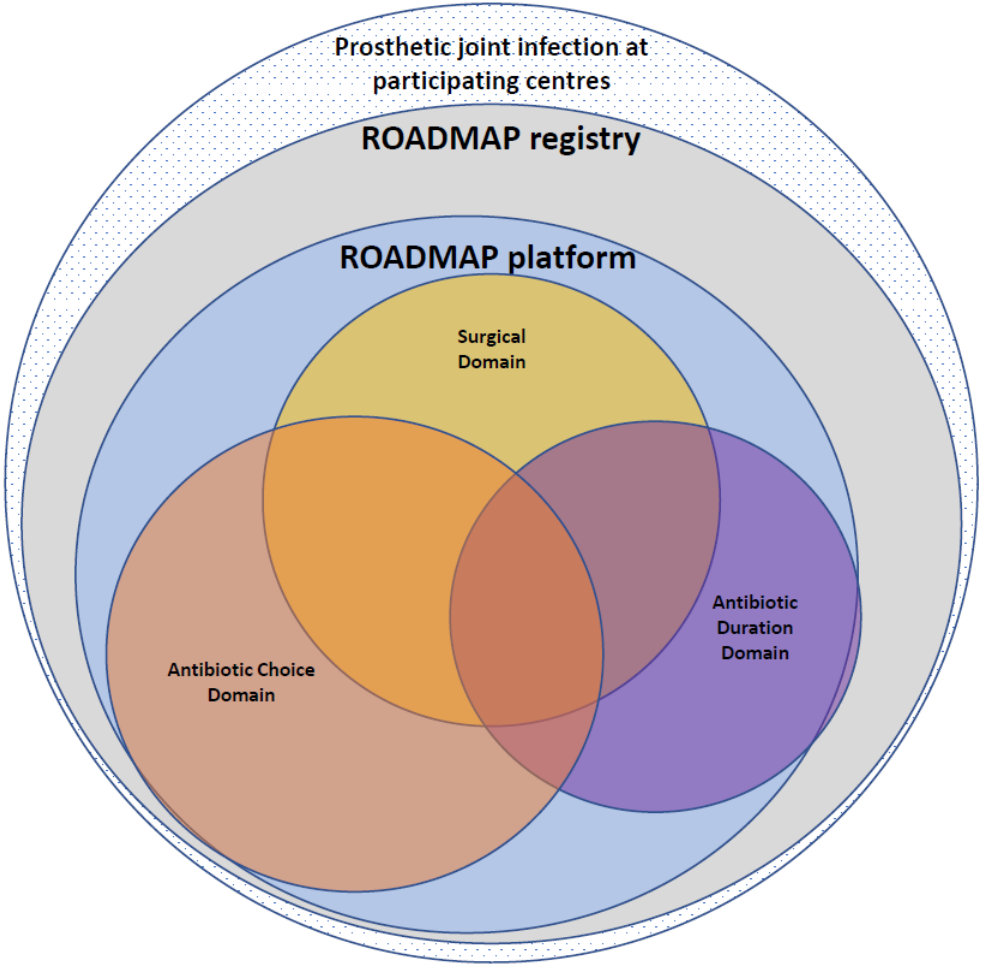
FIRST PATIENT RECRUITED - 17 FEBRUARY 2022

ROADMAP design

SILOS	DOMAINS		
	Surgical management	**Antibiotic duration**	**Antibiotic type**
Early PJI	Clinicians' choice (DAIR recommended)	For DAIR – Clinicians' choice (12 weeks recommended) For one stage: Total 6 weeks versus 12 weeks For two-stage – 7 days versus 12 weeks post 2nd stage	Backbone antibiotic regimen with adjunctive rifampicin versus Backbone antibiotics alone
Late acute PJI	DAIR versus revision		
Chronic PJI	Clinicians' choice (Revision recommended)		



- Nested within an observational registry
- Participants can be in one or more domains



Core eligibility criteria

- Inclusion
  - "Current" PJI as per EBJIS criteria
- Exclusions

1) Known previous participation in the randomised ROADMAP platform for the index joint
2) Treating clinician believes that death is imminent and inevitable
3) Treatment is not with curative intent
4) Patient is not classifiable into one of the three defined silos
5) Unlikely to be accessible for follow up over the 12 months following platform entry
6) Treating team deems enrolment to any domain of the platform is not in the best interests of the patient

Core primary outcome measure

- **"Treatment success" at 12 months** post platform entry, defined as all of:

  i) Alive;

  ii) Clinical cure (no clinical or microbiological evidence of infection);

  iii) No ongoing use of antibiotics for the index joint; and

  iv) "Destination prosthesis" (the prosthesis present after the initial management strategy is complete) still in place

Core secondary outcome measures

1. A “desirability of outcome ranking”
2. Patient-reported joint function (Oxford hip or knee score) at 12 months.
3. Patient-reported quality of life (EQ5D5L) at 12 months.
4. Direct health care costs.
5. All-cause mortality at 12 months after platform entry.
6. Microbiological relapse
7. Microbiological reinfection

Rank	Alive	Joint Function	Treatment Success	QoL
1	Yes	Good	Yes	Tiebreaker based on the EQ5D5L
2	Yes	Good	No	
3	Yes	Poor	Yes	
4	Yes	Poor	No	
5	No	N/A	N/A	

Enjeux Réflexions

- Ne pas regarder le train passer
- Positionnement européen
- Prioriser les essais français en cours
- Accès aux données françaises
- Challenger certaines pratiques

Premiers échanges avec 17 centres

- Amiens
- Besançon
- Bordeaux
- Brest
- Cochin AP-HP
- Lyon
- Marseille
- Nancy
- Nantes
- Nice
- Poitiers
- Raymond-Poincaré AP-HP
- Rennes
- Strasbourg
- Toulouse
- Tourcoing Lille
- Tours

	Lettre d’intention	Dossier complet déposé	Résultats
PHRC-N 2024	√	√	?
ANRS-MIE	√	√	?

Merci

Table 2. Recommended "backbone" antibiotic therapy

	Intravenous phase	Oral phase
Single pathogen		
MSSA	Preferred - Cefazolin Alternate – (Flu)cloxacillin	Preferred - Cefalexin Alternate - Doxycycline
MRSA	Preferred - Vancomycin Alternate – Daptomycin	Preferred - Doxycycline Alternate - Cotrimoxazole