

Advancing tuberculosis drug resistance diagnosis with targeted next-generation sequencing

Nelly Badalato R&D Department Manager nelly.badalato@genoscreen.fr



Global TB burden

10,8 M incident TB cases	400 000 incident DR-TB cases
the states the states of the s	DR-TB cases detected
Out of 10 people with drug-resistant TB	4 diagnosed and enrolled on treatment



Current TB diagnostic assays



- Low sensitivity and specificity
- No information on resistance



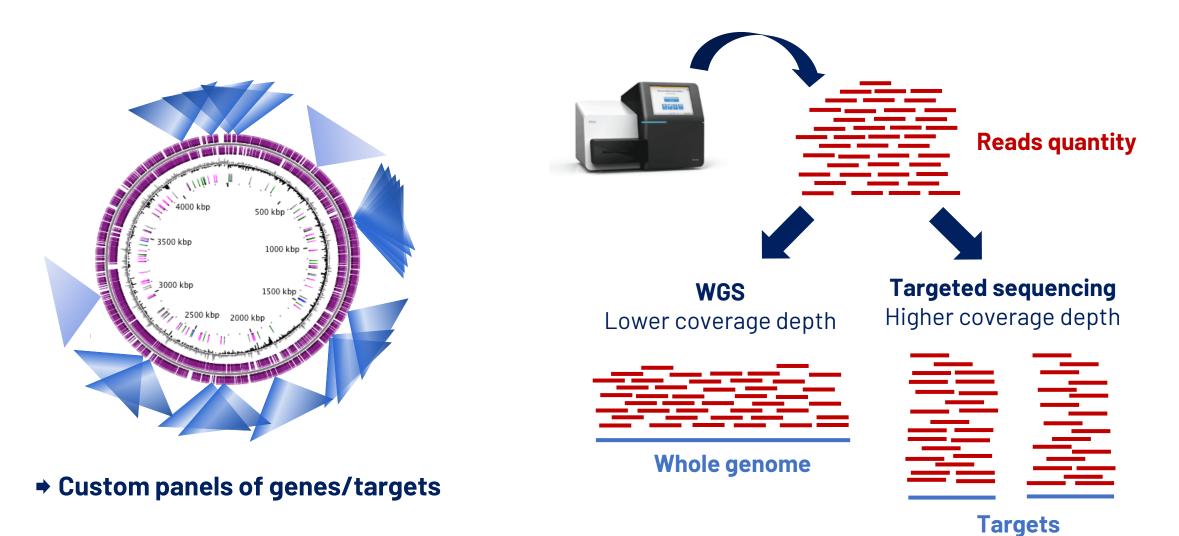
- Slow (~7 weeks)
- Multiple tests needed for ID
 and DST

<image>

• Only few common variants in few genes

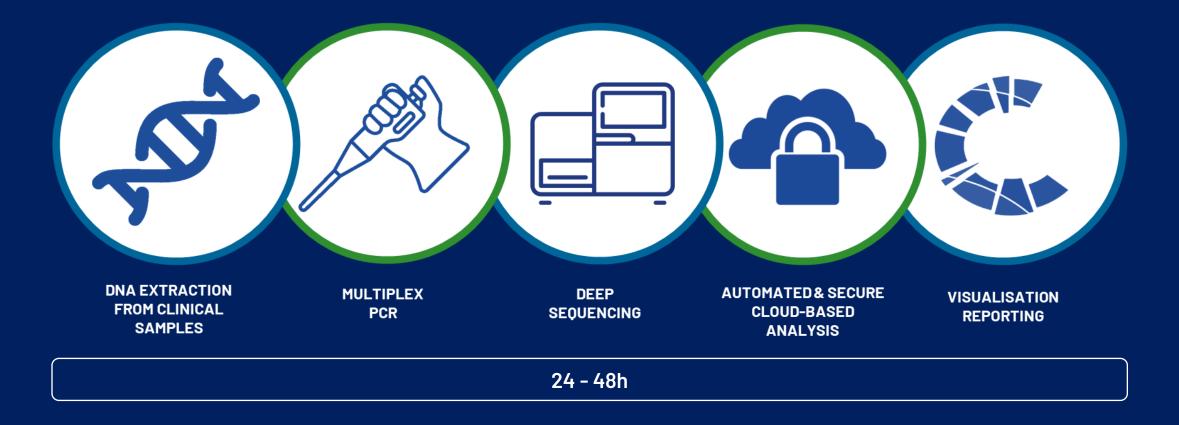


Targeted sequencing to detect antimicrobial resistance



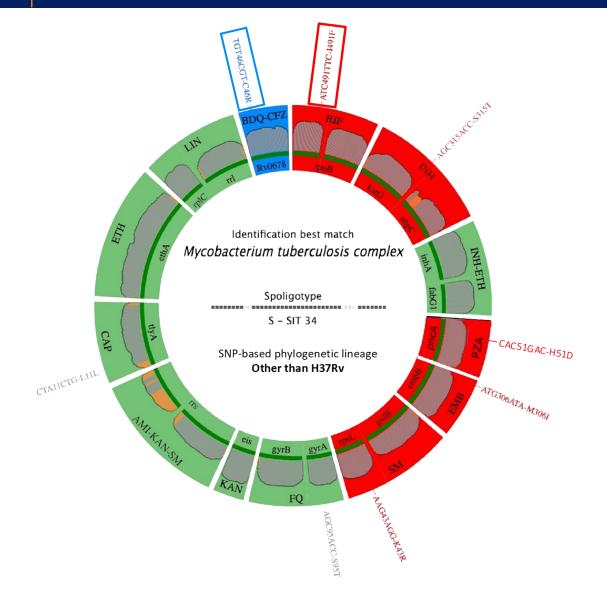


Flexible & streamlined workflow





For resistance surveillance



THE LANCET Infectious Diseases

ARTICLES | VOLUME 18, ISSUE 12, P1350-1359, DECEMBER 01, 2018

Outbreak of multidrug-resistant tuberculosis in South Africa undetected by WHO-endorsed commercial tests: an observational study

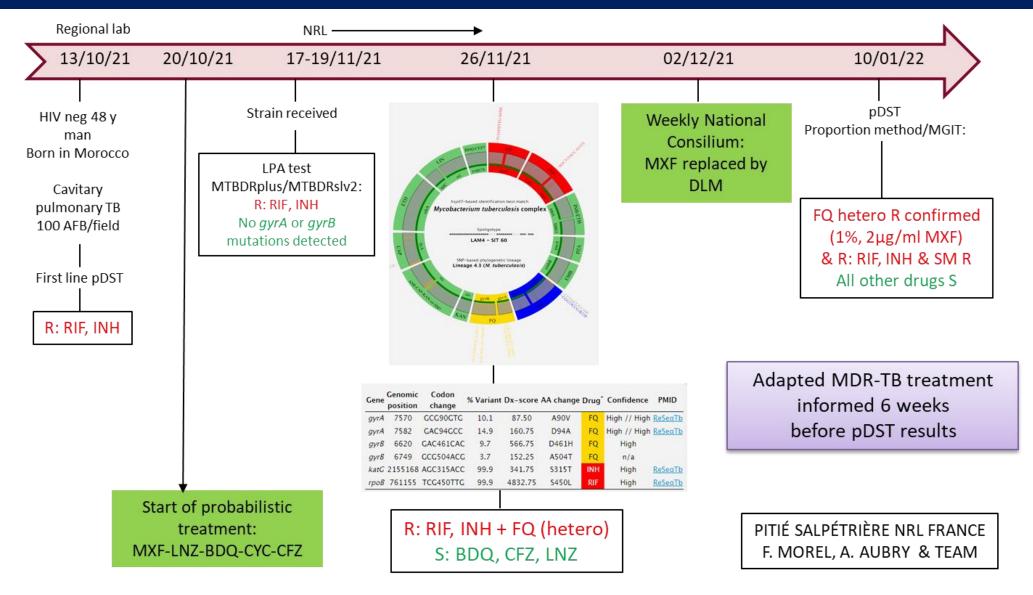
Ndivhuho A Makhado, MSc Edith Matabane, MSc Mauro Faccin, PhD Claire Pinçon, PhD Agathe Jouet, PhD Fairouz Boutachkourt, BSc et al. Show all authors Show footnotes

Retrospective screening of 249 isolates reported as INH-mono R from 4 South African provinces :

- 37(15%) with *RpoB* I491F RIF R mutation missed by conventional tests, reclassifying them as MDR
- Additional genotypic resistance to EMB and PZA
- Most with same genotype, also detected in e-Swatini isolates
- Multiple mutations in BDQ resistance associated target *Rv0678*
- Clonal outbreak confirmed by WGS, indicating positive selection on BDQ target



For routine diagnostics



20+ PUBLICATIONS

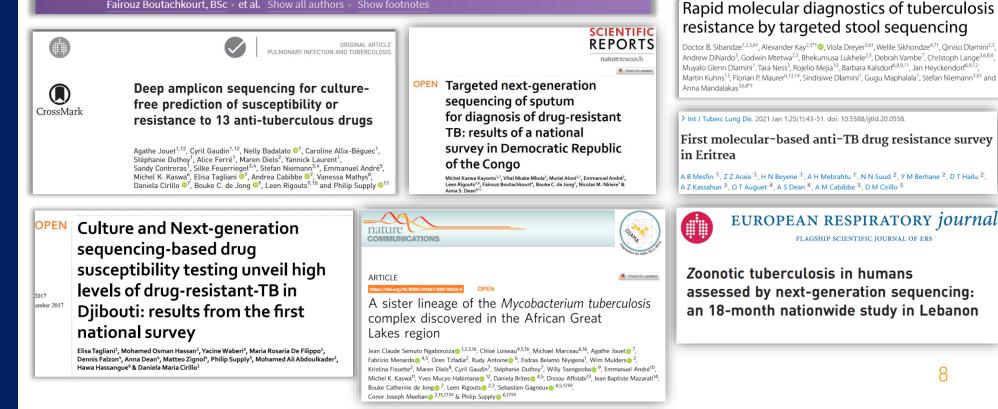
Track record

THE LANCET Infectious Diseases

ARTICLES | VOLUME 18, ISSUE 12, P1350-1359, DECEMBER 01, 2018

Outbreak of multidrug-resistant tuberculosis in South Africa undetected by WHO-endorsed commercial tests: an observational study

Ndivhuho A Makhado, MSc Edith Matabane, MSc Mauro Faccin, PhD Claire Pinçon, PhD Agathe Jouet, PhD Fairouz Boutachkourt, BSc et al. Show all authors Show footnotes



Philip Supply, Stefan Niemann

EUROPEAN RESPIRATORY *journal*

Genome Medicine

Rapid genomic first- and second-line drug resistance prediction from clinical *Mycobacterium*

tuberculosis specimens using Deeplex®-MvcTB

Silke Feuerriegel, Thomas A. Kohl, Christian Utpatel, Sönke Andres, Florian P. Maurer, Jan

Heyckendorf, Agathe Jouet, Nelly Badalato, Lynda Foray, Rashidatu Fouad Kamara, Osman S. Conteh,



Independent evaluation

WHO endorsement

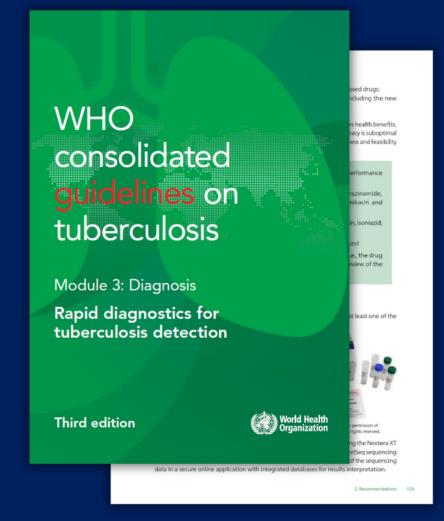
tNGS found to be:

- Accurate
- Cost-effective
- Acceptable and implementable under routine conditions

"Innovative diagnostic options for people with drugresistant TB, such as targeted NGS, are increasing thanks to manufacturer engagement and research generating new evidence," said Dr Tereza Kasaeva, Director of WHO's Global TB Programme.

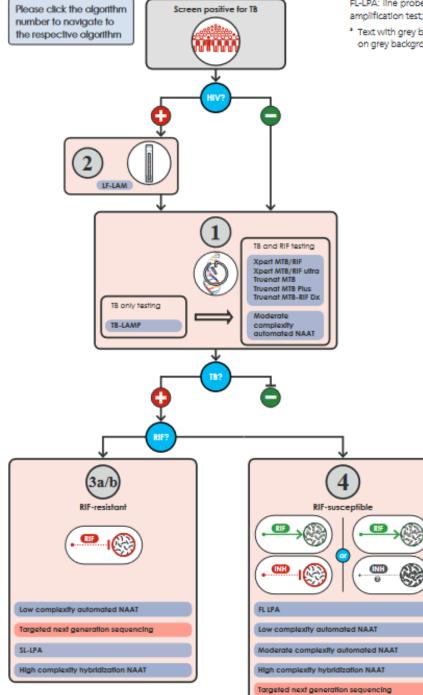
"Ensuring that everyone in need can obtain a rapid and accurate diagnosis of drug resistant TB will save lives and reduce suffering"





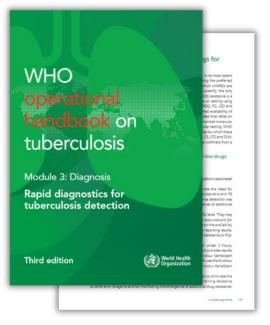


Model algorithms



FL-LPA: line probe assay for first-line drugs; INH: isoniazid; LF-LAM: lateral flow lipoarabinomannan assay; NAAT: nucleic acid amplification test; RIF: rifampicin; SL-LPA: line probe assay for second-line drugs; TB: tuberculosis.

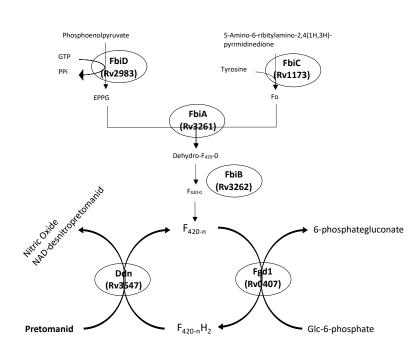
* Text with grey background: currently recommended tests, text with orange background: newly recommended tests. Numbers on grey background refer to the model algorithms.

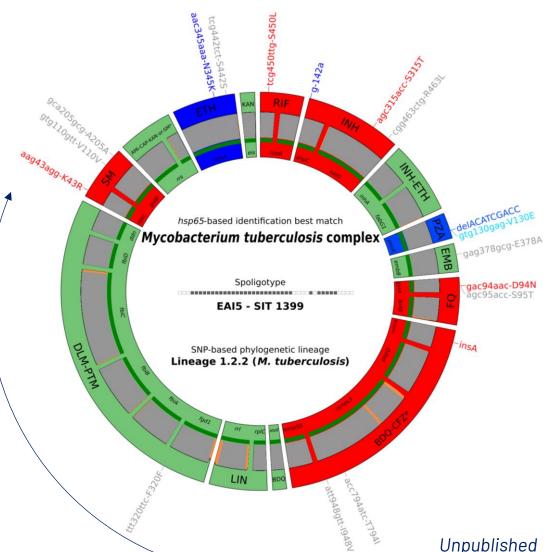




tNGS as an adaptable technology

- Entire coding sequences of *ddn*, ٠ fbiA-D and fqd1 plus (part of) promoter regions
- Mutation catalogue integrating ٠ knowledge on mode of action





11



Rapid and comprehensive knowledge of drug resistance / susceptibility is key to optimize treatment

Reflex test after TB/RR-MDR diagnosis

- Fast / reliable / comprehensive drug resistance and susceptibility prediction
- For optimized treatment decision guidance
- For drug resistance surveillance

Technology applicable to other challenging pathogens and adaptable

- Mycobacterium leprae and Helicobacter pylori
- New design for TB to include additional targets (new drugs)
- Evolving mutation catalogues