

Genotypic prediction of tuberculosis drug resistance and implementation of effective MDR-TB management:

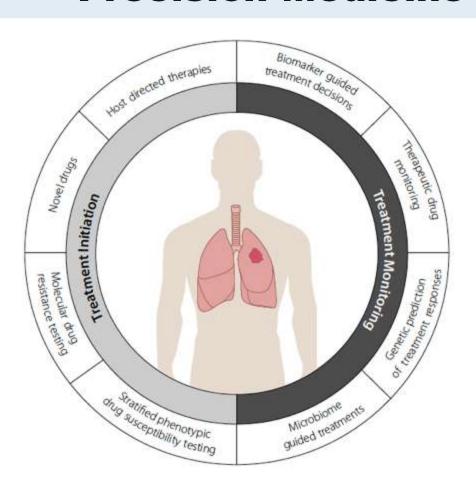
Results from the CARE project and future perspectives

Jan Heyckendorf Research Center Borstel



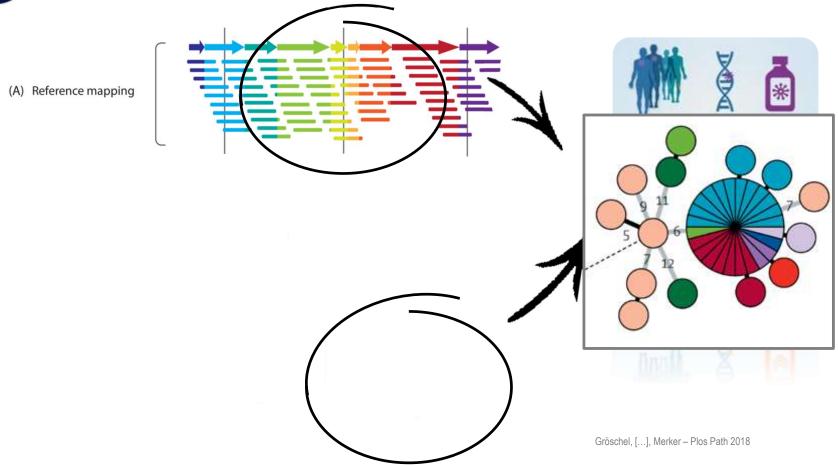


Precision Medicine



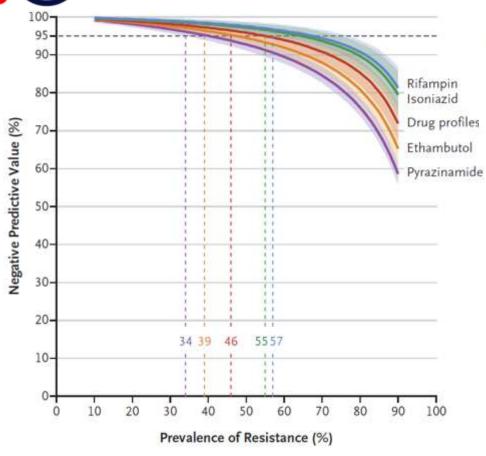


Geno2pheno pipeline





Prediction of first-line drug susceptibility





WHO target product profile: 90% sensitivity 95% specificity

source: Cryptic consortium - NEJM 2018

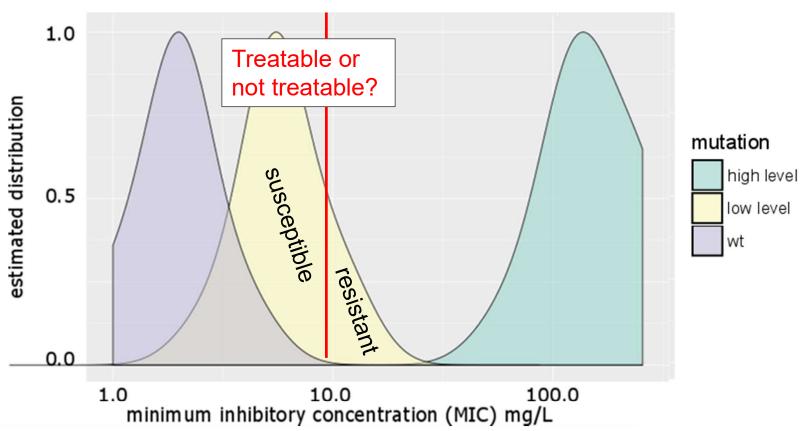
Analysis and Drug	Sensitivity (95% CI)	Specificity (95% CI)	PPV	NPV	
			(95% CI)	(95% CI)	

percent

97.1	99.0	97.9	98.6
(96.5–97.7)	(98.7–99.2)	(97.4–98.4)	(98.3–98.9)
97.5	98.8	97.0	99.0
(96.9–98.1)	(98.5–99.0)	(96.3–97.6)	(98.7–99.2)
94.6	93.6	75.1	98.8
(93.3–95.7)	(93.0–94.1)	(73.0–77.0)	(98.5–99.1)
91.3	96.8	80.9	98.7
(89.3–93.0)	(96.3–97.2)	(78.4–83.2)	(98.4–99.0)
	(96.5–97.7)	(96.5–97.7) (98.7–99.2)	(96.5–97.7) (98.7–99.2) (97.4–98.4)
	97.5	97.5 98.8	97.5 98.8 97.0
	(96.9–98.1)	(96.9–98.1) (98.5–99.0)	(96.9–98.1) (98.5–99.0) (96.3–97.6)
	94.6	94.6 93.6	94.6 93.6 75.1
	(93.3–95.7)	(93.3–95.7) (93.0–94.1)	(93.3–95.7) (93.0–94.1) (73.0–77.0)
	91.3	91.3 96.8	91.3 96.8 80.9



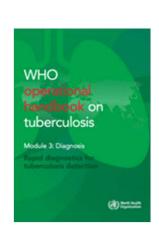
What is resistance?

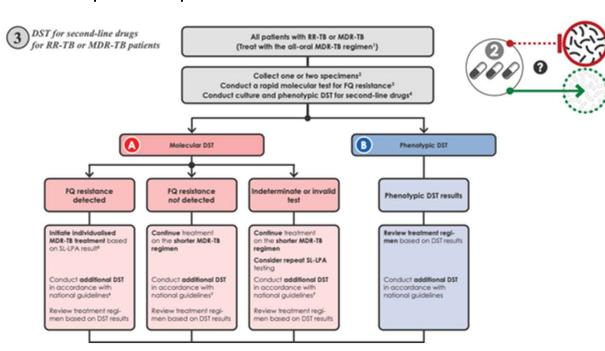




How to evaluate geno2pheno?

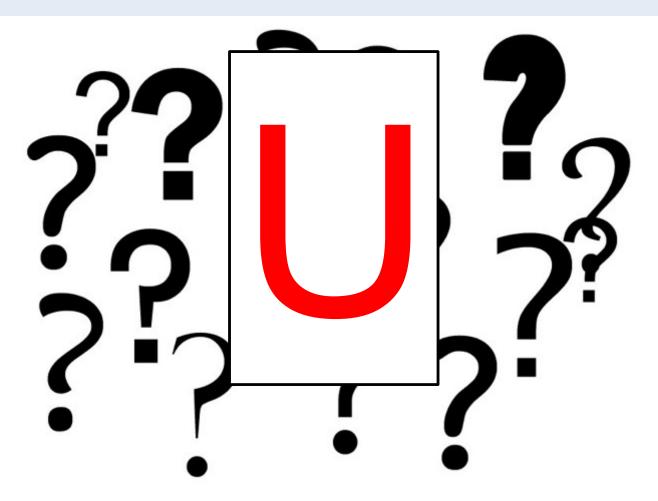
- Phenotypic DST is not the Gold-Standard!
- TB reference labs consider molecular and phenotypic data
- We need a consensus/expert interpretation as Gold-Standard!





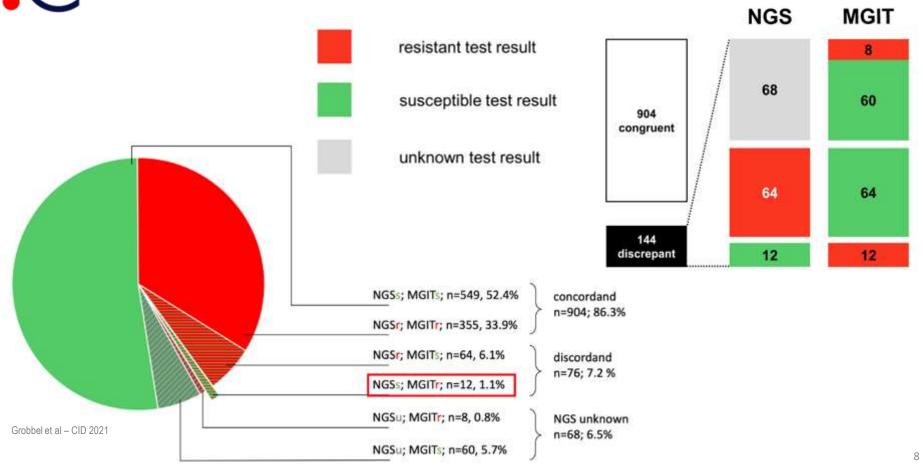


Unknown mutations



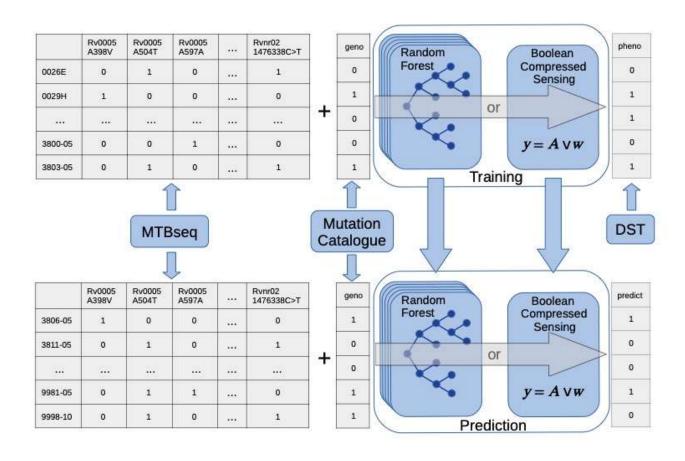


Unknown = Susceptible?

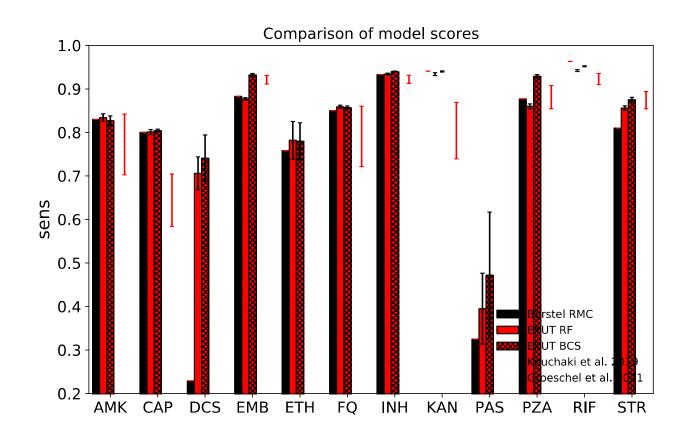




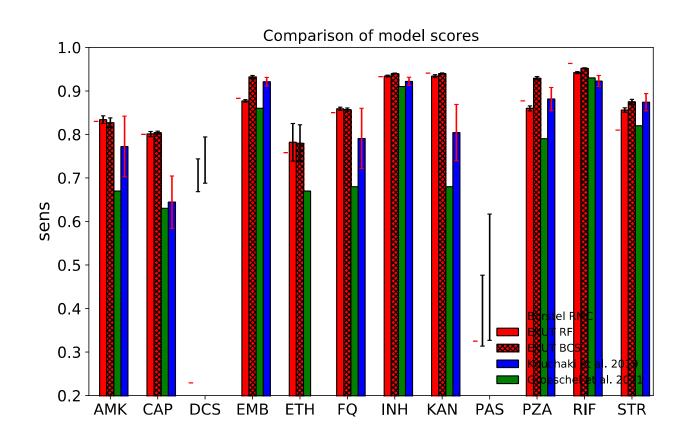
Methods



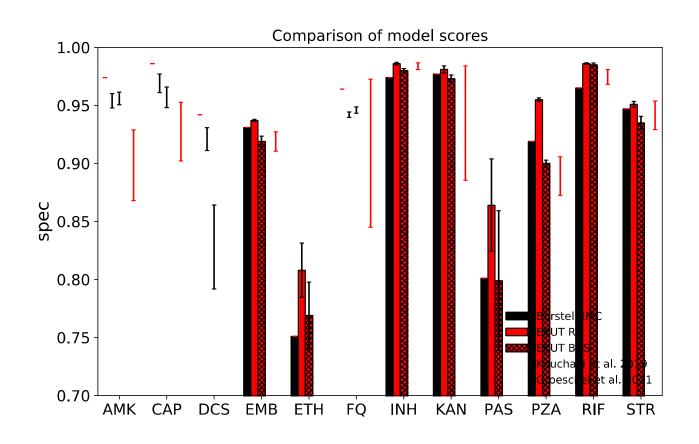




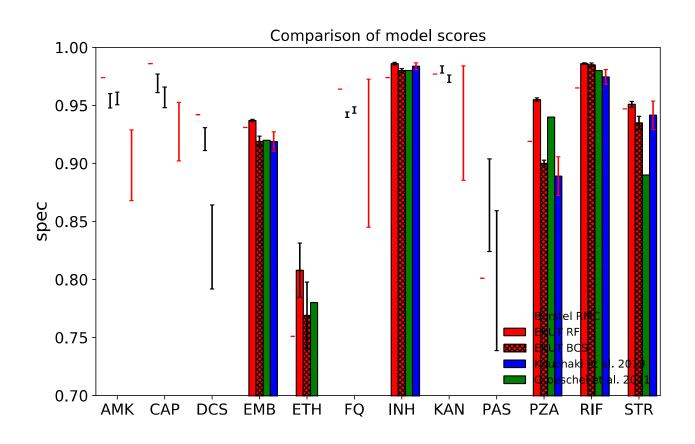










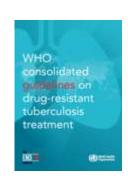


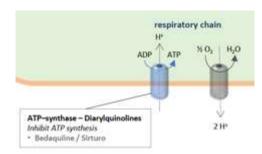


Emergence of BDQ resistance



Groups & steps	Medicine	
Group A: Include all three medicines	levofloxacin OR moxifloxacin	Lfx Mfx
	bedaquiline ^{2,1}	Bdq
	linezolid*	Lzd
Group B:	clofazimine	Clz
Add one or both medicines	cycloserine <i>OR</i> terizidone	Cs Trd
Group C:	ethambutol	E
Add to complete the regimen and when medicines from Groups A and B cannot be used	delamanid ¹³	Dim
measures that strongs it and a control of about	pyrazinamide ⁶	Z
	imipenem-cilastatin OR meropenem³	lpm-Clr Mpm
	amikacin (OR streptomycin) ⁸	Am (S)
	ethionamide OR prothionamide ⁸	Eto Pto
	p-aminosalicylic acid ⁹	PAS

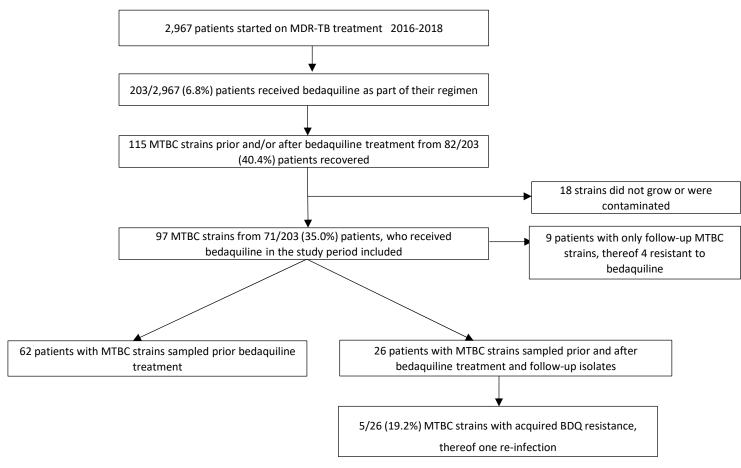




No commercial molecular DST testing available



Emergence of BDQ resistance





Emergence of BDQ resistance

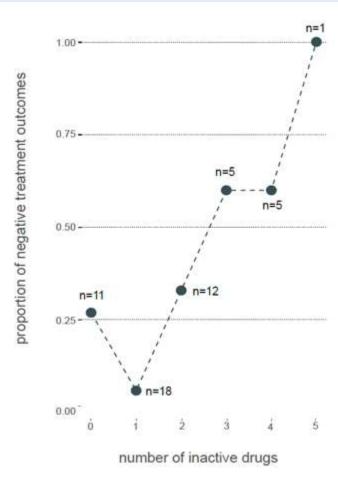
Bedaquiline resistance emerged in >15% of *Mycobacterium tuberculosis* complex strains obtained from follow-up isolates of MDR-TB patients in Moldova (Rv0678, atpE)

Insufficient backbone regimens and cavitary disease associated with treatment failure and death.

BDQ (CFZ/LZD)-DST established in Moldova (in collaboration with FZB TB reference centre)

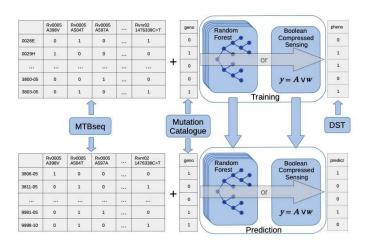
Also BDQ needs a functional drug regimen!

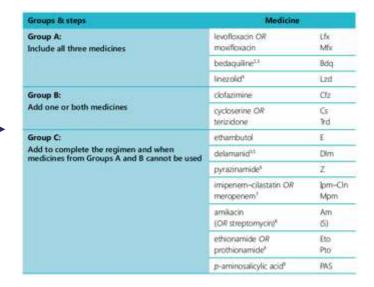
Chesov et al – ERJ in major revision





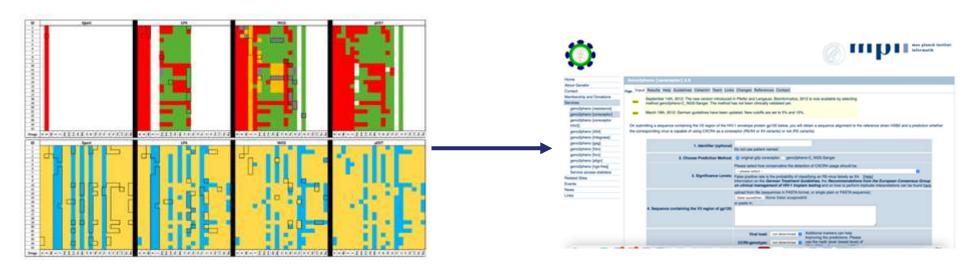
Next Steps







Next Steps



Heyckendorf et al., AAC 2018

https://coreceptor.geno2pheno.org

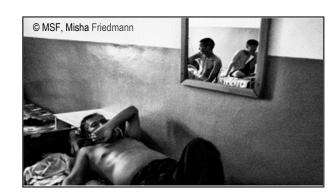


Personalized medicine

Knowledge Transfer vs. Technique Transfer
Centralized (specialized) diagnostic vs local (rapid) diagnostic
Resistance councils vs standardized treatment regimens









WP3 Summary

Patient cohorts/WGS data:

Moldova: 71/203 patients who received bedaquiline (2016-2018), and from whom *M. tuberculosis* isolates could be recovered, Chesov et al (in revision)

Moldova: 299 MDR-TB patients (2013-2018), ~50 *M. tuberculosis* isolates/year, data analysis ongoing (population genomics, resistance evolution)

St. Petersburg: 121 M/XDR-TB patients with *M. tuberculosis* WGS data, "catalogue-based" resistance prediction currently aligned with phenotypes (17/121, 14.0% with predicted BDQ resistance)

Geno2Pheno:

public WGS datasets included for machine learning training datasets Set-up of a first working model of a geno2pheno[TB] tool in progress

