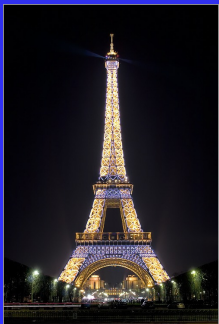




NAT versus combo Ag/Ab testing performance for reducing the HCV window phase

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Background

- HCV Ag/Ab combos (or HCV Ag assays) an alternative for ensuring the blood safety in countries where HCV NAT cannot be introduced:

40 to 50% of HCV-RNA pos /HCV Ab neg samples, positive with HCV combos assays

Laperche S, et al J. Clin Microbiol 2005

Laperche S, et al Transfusion 2005

Dean L, UK Health Protection Agency, Feb 2007

Tuke et al. Transfusion 2008

BUT

- The cut off viremia level detected by combo assays in the window phase is unclear
- Many studies have been done in genotype 1a SC panels from the US

Objectives

Through an international collaboration

- Part 1 :
Establish the **differences in the sensitivity** between
HCV combo assays
HCV antigen assays
NAT blood screening systems
in the detection of viremia during the WP **according to the genotype and the VL** by testing random subsets of the observed HCV NAT yield cases from different regions of the world.
- Part 2:
Evaluate the **analytical sensitivity** of HCV combo assays and NAT systems in dilutions of high viral load HCV NAT WP samples of genotypes: 1a, 1b, 2a, 2b, 3a and 4.

Participating laboratories

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Part 1 : Detection of early infection

Samples : HCV NAT yield donations

Minimum 2ml with known genotype and determined VL

Country	N samples	Genotypes
Egypt	17	1,3,4
France	5	1,3,4
Germany	26	1,2,3,5
Japan	35	1,2
Lithuania	19	1,3
Poland	70	1,3,4
USA	166	1, 2, 3, 4
TOTAL	338	

Part 1 : Detection of early infection

Assays

- HCV Combos (INTS)
 - ◆ Monolisa HCV Ag/Ab Ultra (BioRad)
 - ◆ Murex HCV Ag/Ab Combination (Abbott)

- HCV Ag (PEI)
 - ◆ Architect HCV Ag (Abbott)

Part 1 : Detection of early infection

Method

HCV Combos (INTS)

- ◆ Monolisa HCV Ag/Ab Ultra (BioRad)
- ◆ Murex HCV Ag/Ab Combination (Abbott)

		Combo 2		Single testing	
Result		Neg	$0.9 < S/CO < 2$	≥ 2	
Combo 1	Neg	NEGATIVE	<i>Testing in duplicate</i>	<i>Testing in duplicate</i>	
	$0.9 < S/CO < 2$	<i>Testing in duplicate</i>	<i>Testing in duplicate</i>	<i>Testing in duplicate</i>	
	≥ 2	<i>Testing in duplicate</i>	<i>Testing in duplicate</i>	POSITIVE	
Single testing	Neg	<i>Testing in duplicate</i>	<i>Testing in duplicate</i>	<i>Testing in duplicate</i>	
	$0.9 < S/CO < 2$	<i>Testing in duplicate</i>	<i>Testing in duplicate</i>	<i>Testing in duplicate</i>	
	≥ 2	<i>Testing in duplicate</i>	<i>Testing in duplicate</i>	POSITIVE	

S/CO Mean value

Part 2 : Analytical sensitivity

Samples

■ Dilution panel (DDL)

Samples used for preparation of HCV dilution panels:

Panel number	origin	gen	IU/ml
P01	Egypt	1a	6,26E+05
P02	Egypt	1a	1,17E+06
P03	Japan	1b	6,90E+07
P04	Japan	1b	2,90E+07
P05	Japan	2a	1,70E+07
P06	Japan	2a	4,90E+07
P07	Japan	2b	7,40E+06
P08	Japan	2b	1,60E+06
P09	Lithuania	3a	3,00E+06
P10	Lithuania	3a	2,00E+07
P11	Egypt	4	1,08E+06

Panel 1 :

half log dilutions from 3×10^7 to 3×10^5 IU/ml

Panel 2 :

half log dilutions from 1×10^5 to 3×10^3 IU/ml

Panel 3 :

half log dilutions from 1×10^3 to 10^{-1} IU/ml

- HCV RNA WHO, Eurohep and Hiroshima chimpanzee infectivity standards

Part 2 : Analytical sensitivity

Method (1)

■ Panel 1 in duplicate

- ◆ Monolisa HCV Ag/Ab Ultra (BioRad) (INTS)
- ◆ Murex HCV Ag/Ab Combination (Abbott) (INTS)
- ◆ Architect HCV Ag (Abbott) (PEI)

➤ *Cut off level of combos for each genotype*

■ Panel 2 + standards in duplicate

- ◆ Combos (INTS)
- ◆ Architect HCV Ag if the last dilution sample of panel 1 positive (PEI)
- ◆ bDNA (Berkeley, USA)
- ◆ Cobas Taq Man (Roche Molecular Systems) (INTS)

➤ *Cut off level of combos for each genotype
cross VL calibration*

■ Panel 3 + reference standards in 12 replicates

- ◆ Procleix Ultrio on Tigris IDT (Poland)
- ◆ Taq Screen MPX on S201 system IDT (PEI)

➤ *Cut off level of NAT for each genotype*

Part 2 : Analytical sensitivity

Method (2)

- ◆ The cut off crossing point of combo ELISA expressed as IU/ml or copies/ml will be determined by regression analysis after logit log transformation of the response curves. The cut off will be compared with the 95% and 50% detection limits found with NAT screening systems and will be expressed in IUs and copies/ml according to calibration in the bDNA 3.0 assays as the reference method and the Roche TaqMan assay for comparison.
- ◆ Assuming that for each genotype the viral doubling time of HCV is comparable (0.45 days) the time difference between the 50% hit rate seroconversion point for Ultrio ID, Ultrio MP-NAT (1:8) and TaqScreen MP-NAT (1:6), the HCV Ag and combo ELISA cut off crossing points will be extrapolated for each genotype from the results of the dilution panels.

Preliminary results

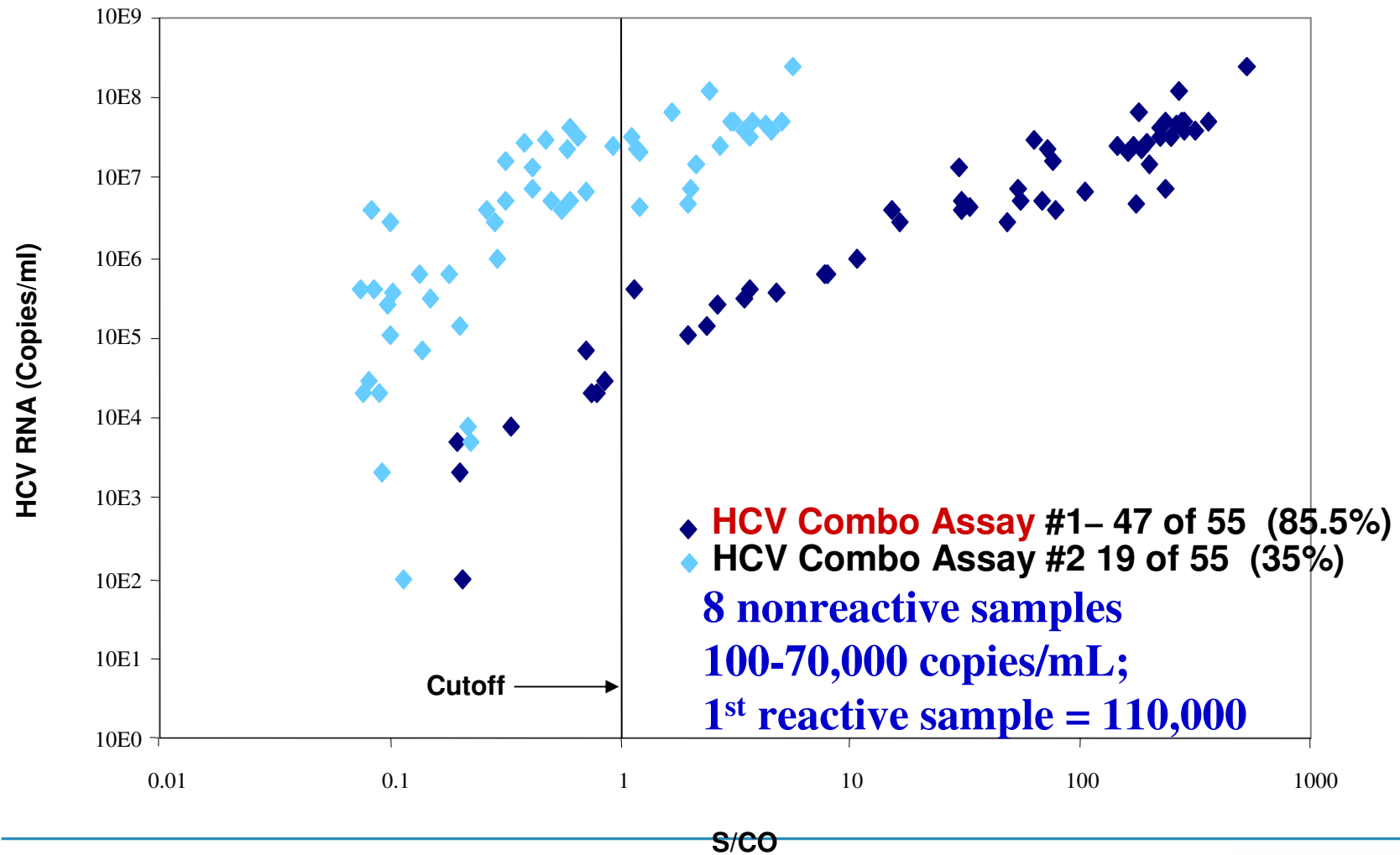
Country	N	Monolisa screening * N positive
Egypt	17	6 (35.3%)
France	5	1 (20%)
Germany	26	12 (46%)
Japan	35	22 (63%)
Lithuania	19	3 (15.8%)
Poland	70	19 (27.1%)
USA	166	67 (40.4%)
TOTAL	338	130 (38.5%)

* Including grey zone (0.9-1), to be confirmed by repeat testing for some samples

ARC Study (2006) of Monolisa HCV Ag/Ab Ultra (BioRad)

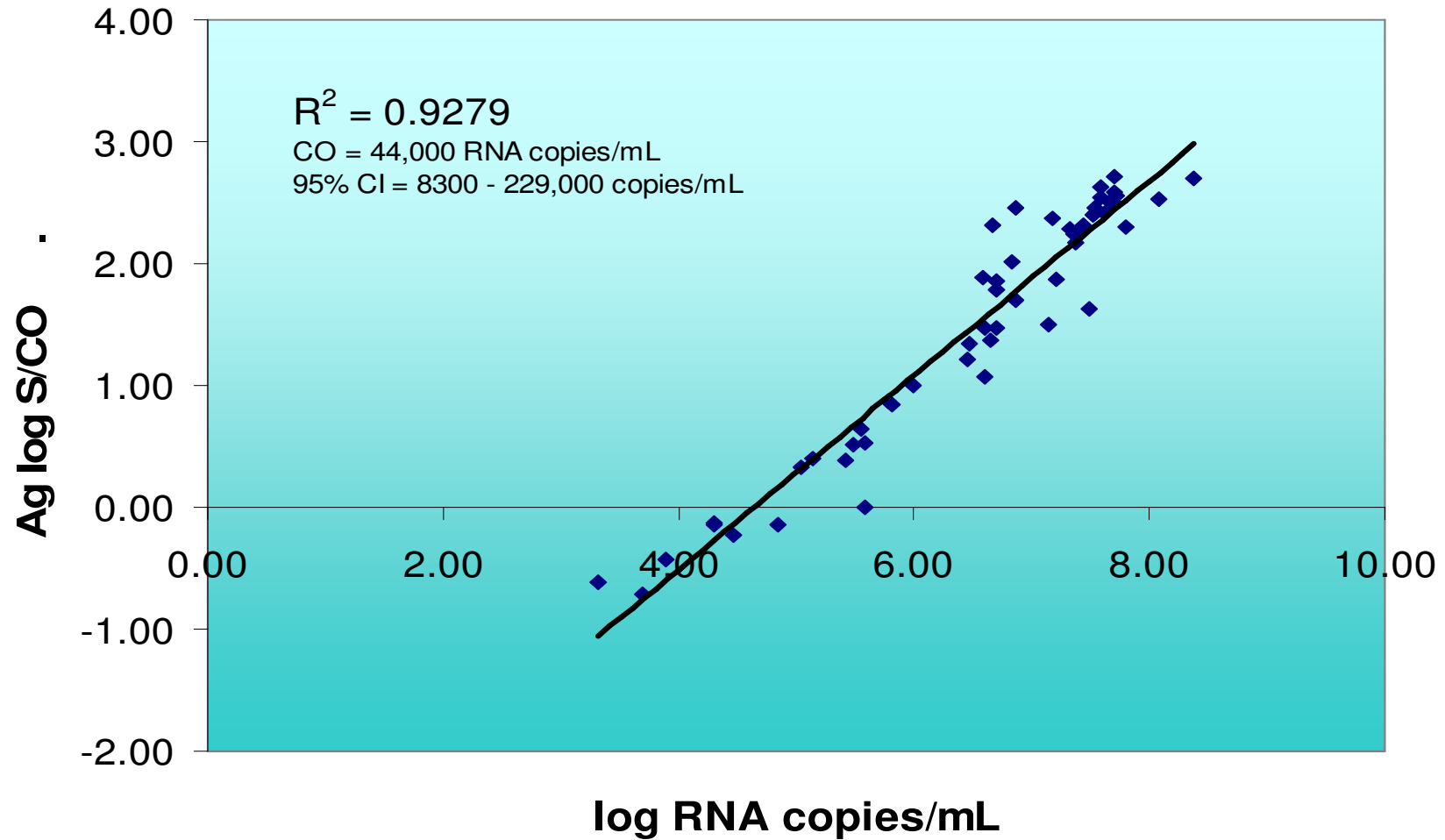
HCV Sample Type	No. Reactive		Viral Loads (Copies/mL)
	1.0 cutoff	0.5 cutoff	
17 RNA +/Ab -	7 (41%)*	8 (47%)*	Rx = 4.3-50x10 ⁶ +/- = 640,000 NonRx = 18,000- 333,000 (1 @ 2.5x10 ⁶)
50 RNA +/Ab +	50	50	>10 ⁶
20 RNA -/Ab -	0	0	NA

Evaluation of HCV NAT Positive/Anti-HCV Antibody Negative Samples - samples identified by MP-NAT in blood donors from U.S.



Research HCV Combo Assay

Correlation with HCV RNA titer



Perspectives

1. Include additional samples to constitute an international panel of HCV NAT Yield samples
2. Establish cost effectiveness ratio of each method
3. Extend the study to HIV NAT yield samples

Sponsorship

- **Abbott** providing
Murex HCV Ag/ Ab Combination and Architect Ag assays.
- **Biorad** providing
Monolisa HCV combo Ag/Ab Ultra assays
- **CHIRON-Novartis** providing
Ultrio and Procleix assays
a grant to INTS for the study
a support for the preparation and shipment of samples