5th HEPATITIS C TECHNICAL ADVISORY GROUP TAG Meeting

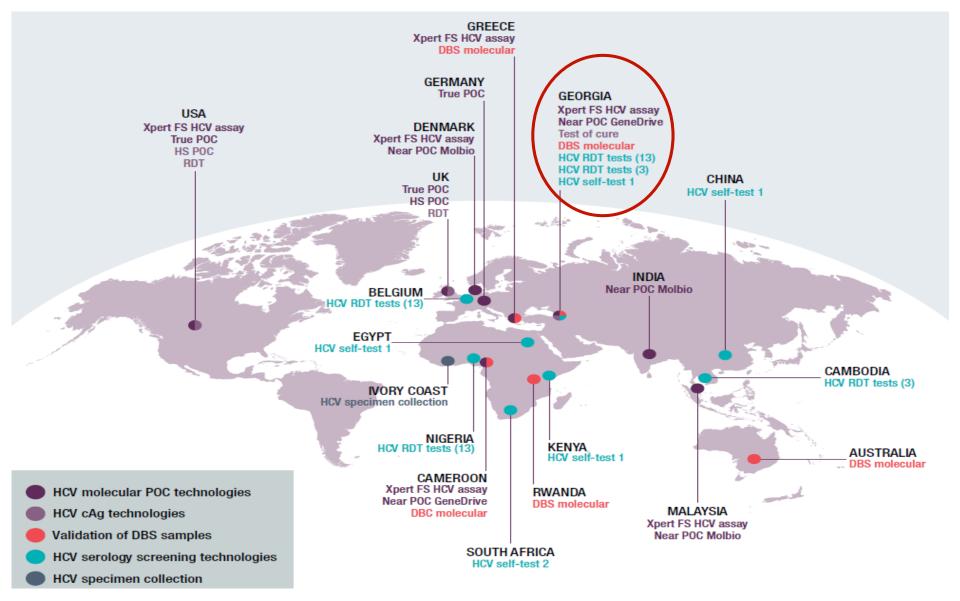
EVALUATION STUDY OF HCV RAPID DIAGNOSTIC TESTS (RDTS), DRY BLOOD SPOTS FOR HCV RNA TESTING, AND THE GENEDRIVE® HCV ID KIT IN GEORGIA

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Output 1 projects, trials, studies









HCV Rapid Diagnostic Test Evaluation Studies

Evaluation studies of HCV rapid diagnostic tests

Study I

Laboratory evaluation of 13 HCV RDTs on

archived plasma samples

(60% of samples HIV co-infected)

Aim: Evaluate which HCV RDTs meet the

World Health Organization criteria

Study sites and sample origins:

Georgia

Cambodia

Nigeria

Belgium

Study II

Field evaluation of 3 HCV RDTs on

freshly collected whole blood, plasma and serum samples

Aim: Generate data for HCV RDT World

Health Organization pre-qualification

application

Study sites:

Georgia

Cambodia

Timeframe: Oct 2018 – March 2019

Timeframe: Aug 2019 - ongoing

World Health Organization HCV RDT criteria

An HCV RDT receiving WHO pre-qualification should have....

- ≥ 98% sensitivity
- ≥ 97% specificity
- <5% operational variation



Study I: Archived sample evaluation of 13 RDTs SETUP

Study design

- Retrospective cross-sectional study using archived plasma samples to evaluate 13 RDTs against a reference standard
- Total sample numbers in statistical analysis: 1'500

HCV+ve 648 (264 HIV co-infected) HCV-ve 852 (646 HIV co-infected)

Study partners

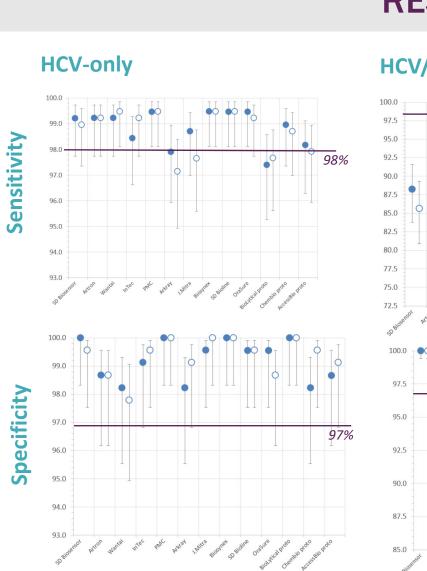
samples per county

- National Centre for Disease Control, 354 samples, 24%
 Tbilisi, Georgia
- Nigerian Institute for Medical Research, 568 sample, 38% Lagos, Nigeria
- Sihanouk Hospital Centre of HOPE, 458 sample, 31% Phnom Penh, Cambodia (tested in Belgium)
- Institute of Tropical Medicine, Antwerp, 120 sample, 8% Belgium

RDTs evaluated

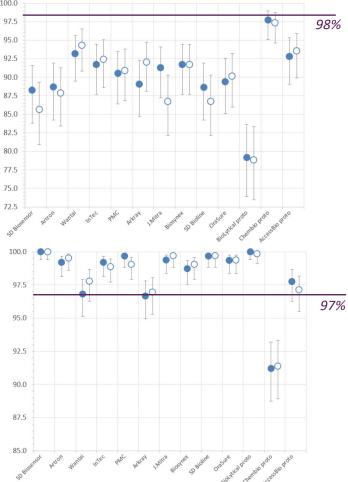
Test name	Manufacturer
Standard Q HCV Ab	SD Biosensor
HCV Antibody Test	Artron Laboratories
HCV-Ab Rapid Test	Beijing Wantai
Rapid Anti-HCV Test	InTec
First Response HCV	Premiere Medical Corp.
Signal HCV Ver 3.0	Arkray healthcare
TRI DOT HCV	J. Mitra & Co
HCV-only Antibody Test	Biosynex SA
SD Bioline HCV	Abbott Diagnostics
OraQuick HCV	OraSure
Prototype HCV Antibody Test*	bioLytical
Prototype DPP HCV*	Chembio Diagnostic
Prototype CareStart HCV*	Access Bio

Study I: Archived sample evaluation of 13 RDTs RESULTS



Lot 1 o Lot 2

HCV/HIV co-infected



- Majority of RDTs met WHO criteria in HCV-only samples
- RDT sensitivity was below WHO criteria in HIV co-infected samples
- Further evaluation showed that false negative were mostly found in samples without detectable viral load
- All RDTs met WHO operational criteria (data not shown)

Study II: Fresh sample evaluation on 3 HCV RDTs SETUP

Study design

- Prospective cross-sectional study on fresh whole blood, plasma and serum samples to evaluate 3 RDTs against a WHO-PQed RDT and a reference method
- Total sample numbers: 1'540 HCV+ve 440 HCV-ve 1'100

RDTs under evaluation

Manufacturer
Beijing Wantai
Premiere Medical
Corp.
Access Bio

*under development

Study partners

participants per county

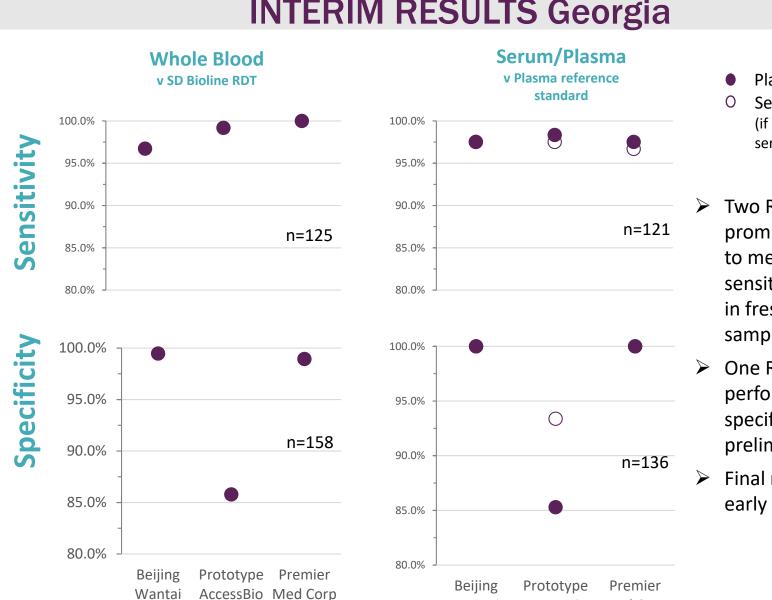
- National Centre for Disease Control, 770 sample, 50%
 Tbilisi, Georgia
- Sihanouk Hospital Centre of HOPE, 770 sample, 50%
 Phnom Penh, Cambodia (tested in Belgium)

Currently recruited 511 participants

Currently recruited 457 participants

Study II: Fresh sample evaluation on 3 HCV RDTs **INTERIM RESULTS Georgia**

Wantai



- Plasma
- Serum (if invisible: value for serum=plasma)
- Two RDTs show promising performance to meet WHO criteria for sensitivity and specificity in freshly collected samples
- One RDT has a weaker performance in specificity in this limited preliminary sample set
- Final results expected in early 2020

Med Corp

AccessBio

Conclusions

- ➤ Independent performance evaluations are important to verify RDT performance in samples from a range of different regions and with HIV co-infection
- Many RDTs have the potential to meet WHO PQ criteria in archived plasma samples
- Performance evaluations in freshly collected in whole blood, serum and plasma are important to reflect expected field performance of HCV RDTs



Multicenter clinical trial to assess the performance of centralized assays for hepatitis C virus RNA detection from Dried Blood Spot (DBS) samples





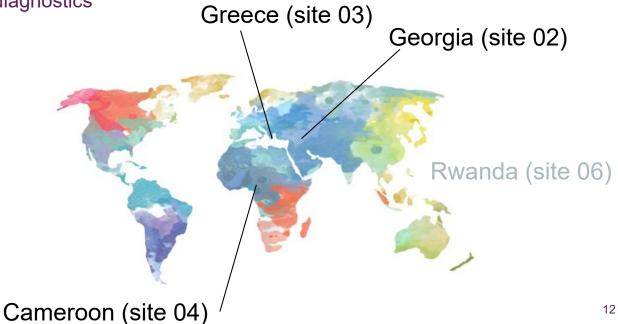
Prospective cross-sectional multicentre diagnostic accuracy study

Multicenter clinical trial to assess the performance of centralized assays for hepatitis C virus RNA detection from **Dried Blood Spot (DBS) samples**

Protocol Number 8160-2/1

Evaluate performance of centralised HCV VL on DBS/PSC and paired plasma

■ To facilitate WHO PQ for HCV VL testing on plasma and DBS/PSC and increase global HCV diagnostics





Manufacturers and platforms

■ Abbott Molecular, USA

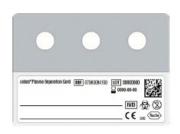
Abbott M2000 (DBS) All clinical sites, NRL Australia for plasma





■ Roche Diagnostics, Switzerland

COBAS® AmpliPrep/COBAS® TaqMan® (DBS) and Roche cobas® 4800/6800 (PSC and DBS) NRL Australia







■ Hologic, USA

Hologic Panther (DBS) NRL Australia







■ Primary Objective:

➤ To evaluate the performance of centralized HCV viral load (VL) assays from DBS and/or PSC specimens, against HCV VL test used as a standard of care at the clinical site

Secondary objectives:

- To evaluate the performance of centralized HCV VL assays from DBS and/or PSC specimens against the same assay performed from a paired plasma specimen
- To assess the operational characteristics of centralized HCV VL assays, including invalid and indeterminate rate, throughput, number of steps, time-to-result
- For Central Laboratory only: to evaluate the performance of three centralized HCV VL assays from plasma specimens against the performance of Roche cobas® 6800 HCV VL assay



Overall trial flow

Recruitment site: SCREENING FOR ELIGIBILITY INFORMED CONSENT Sample collection Required minimal volume of non-haemolysed blood collected? **SCREEN FAILURE** YES **CRF** completion - Demographic information - Risk factor exposure - Medical history - HBV, HIV test results (if avaiable) Sample processing: plasma separation Clinical trial sites: Index and Reference testing: Abbott m2000 Send samples to the Central Laboratory Central Laboratory: Australia Index and Reference testing: - Roche 4800 - Roche 6800 - Hologic Panther

SUBSTUDY

Georgia, Cameroon

200UL of plasma: POC HCV Test



Eligibility criteria - Population group

□HCV SEROPOS: Individuals at risk of having HCV infection based on documented positive HCV serology test results

- Reached the age of an adult as defined in Georgia
- Able to understand the trial and provide informed consent
- Documented positive results of HCV serology test

□HCV RISK: Individuals at risk of having HCV infection based on past and/or current exposure to risk factors

- Reached the age of an adult as defined in Georgia
- Able to understand the trial and provide informed consent
- Past and/or current exposure to one of the high-risk factors as defined by WHO and CDC guidelines
- □HCV TREAT: Individuals diagnosed with chronic HCV infection who initiated or completed the anti-HCV treatment with direct acting antivirals (DAA) presenting at the clinical site for treatment monitoring or test of cure (i.e. sustained virological response)
 - Reached the age of an adult as defined in Georgia
 - Able to understand the trial and provide informed consent
 - Initiated on DAA treatment (regardless the type of a DAA regimen) within 12 months prior to the enrolment to the trial

	Georgia	Cameroon	Rwanda	Greece
HCV RNA Pos	120	100	100	100
HCV RNA Neg	150	150	100	120
Total participants	270	250	200	220



Progress Timeline

Georgia: Site initiation in May 2019 Data checks and data cleaning ongoing. Close out visit first week of November 2019













Recruitment from May 2019 — September 2019 Partial data analysis started.

Final result set should be end of November 2019





Genedrive® HCV ID kit in Georgia



Genedrive

CE-IVD certification4th September 2017

■ Portable, simple platform

Qualitative nucleic acid detection

■ Uses 30µL of plasma

Result available in 90 minutes

Run Positive and negative plasma control daily







Prospective diagnostic accuracy study

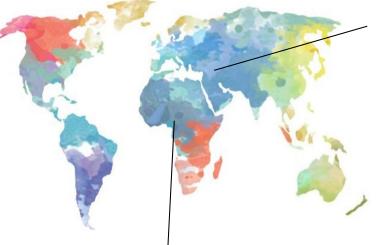
■ Prospective evaluation of the Genedrive® HCV ID kit in Georgia and Cameroon

Protocol Number 8160-2/1

Objectives:

■ To evaluate the sensitivity and specificity, negative predictive value and positive predictive value of the Genedrive® HCV ID kit for the detection of HCV

To assess the usability of the Genedrive® HCV ID kit in a real-life settings



Georgia (site 02)

Cameroon (site 04)



Prospective diagnostic accuracy study

	Georgia	Cameroon
HCV RNA detectable	120	100
HCV RNA non-detectable	150	52
Total	270	152

Subjects who consented to participate in the Parent Trial were invited to participate in this substudy.

The performance of the Genedrive will be measured against the results of Abbott RealTime HCV VL assay obtained in the Parent Trial.

Procedure	Day 1	End of the study
Informed consent	X	
HCV RNA testing on Genedrive®	V	
Instrument	^	
Genedrive® usability questionnaire,		Χ
error rate review		



Progress Timeline as at November 2019

Georgia: Site initiation in May 2019

Data checks and data cleaning ongoing. Close out visit first week of November 2019













Recruitment from May 2019 — September 2019 Partial data analysis started.

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Acknowledgements

- **FIND**
- NCDC/Lugar Center
- ■Hepa+
- Center of Mental Health and Prevention of Addiction
- ■ALL participants

