

UvA-DARE (Digital Academic Repository)

Utilization of molecular resistance test results as tools to support public health efforts for improved control of rifampicin-resistant tuberculosis

Ng, K.C.S.

Publication date 2020 Document Version Other version License Other

Link to publication

Citation for published version (APA):

Ng, K. C. S. (2020). Utilization of molecular resistance test results as tools to support public health efforts for improved control of rifampicin-resistant tuberculosis. [Thesis, fully internal, Universiteit van Amsterdam].

General rights

It is not permitted to download or to forward/distribute the text or part of it without the consent of the author(s) and/or copyright holder(s), other than for strictly personal, individual use, unless the work is under an open content license (like Creative Commons).

Disclaimer/Complaints regulations

If you believe that digital publication of certain material infringes any of your rights or (privacy) interests, please let the Library know, stating your reasons. In case of a legitimate complaint, the Library will make the material inaccessible and/or remove it from the website. Please Ask the Library: https://uba.uva.nl/en/contact, or a letter to: Library of the University of Amsterdam, Secretariat, Singel 425, 1012 WP Amsterdam, The Netherlands. You will be contacted as soon as possible.

Chapter 3

Xpert Ultra can unambiguously identify specific rifampicin resistance-conferring mutations

Kamela C. S. Ng,^a Armand van Deun, ^{a,b} Conor J. Meehan,^a Gabriela Torrea,^a Michèle Driesen,^a Siemon Gabriëls,^a Leen Rigouts,^{a,c} Emmanuel André,^{d*} Bouke C. de Jong^{a*}

Unit of Mycobacteriology, Department of Biomedical Sciences, Institute of Tropical Medicine, Antwerp, Belgium^a; International Union Against Tuberculosis and Lung Disease, Paris, France^b; Department of Biomedical Sciences, University of Antwerp, Antwerp, Belgium^c; Laboratory of Clinical Bacteriology and Mycology, KU Leuven, Leuven, Belgium^d

* joint final authors

Journal of Clinical Microbiology 2018, 56:e00686-18. https://pubmed.ncbi.nlm.nih. gov/29925643

INTRODUCTION

The deluge of data produced by XpertMTB/RIF (Cepheid) can help improve global rifampicin-resistant tuberculosis (RR-TB) control strategies through molecular epidemiological surveillance (1, 2). Recently, a new version of the test – Xpert Ultra (hereinafter called Ultra) was released (3). Determining the relationship between RR-conferring *rpoB* mutations, Ultra probes, and melting temperature shifts (Δ Tm) – the difference between mutant and wildtype melting temperatures – allows Ultra results to be utilized for rapid detection of RR-TB strains and related underlying *rpoB* mutations.

METHODS

To validate the usefulness of Ultra results for predicting specific mutations, we analyzed 10 RS-TB and 107 RR-TB strains from the Belgian Coordinated Collections of Microorganisms in the Institute of Tropical Medicine, Antwerp, Belgium. These strains harbor 36 unique RR-conferring mutations determined by *rpoB* sequencing.

RESULTS

Overall, 31/32 (97%) mutations inside the Rifampicin Resistance Determining Region (RRDR) were correctly identified by Ultra. Of concern, mutation His445Arg gave a "RIF Resistance INDERTERMINATE" result among 3/4 strains tested while it was reported as RR in the initial validation study (3). The silent mutation Thr444Thr was not reported as RR (Figure 1). The RR-conferring mutations on codons 170, 250, 299, 482, and 491 situated outside the RRDR were not detected.

The probe reactions observed were largely in agreement with previous results (3) albeit we noted that mutations Met434Val, Met434Thr and those in codon 435 were captured only by probe rpoB2; Ser450Leu and Ser450Trp were captured by both probes rpoB3 and rpoB4a, His445Arg was captured only by probe rpoB3; and Lys446Gln was captured only by probe rpoB4.



Figure 1. Overview of Xpert Ultra test results. The observed probe reactions for each RRDR mutation were laid over the claimed probe coverage (light gray). Shown in black are probe reactions concordant with manufacturer claims, in blue are probe reactions missed by one probe but captured by another probe, and in red is a probe reaction representing a "RIF Resistance Indeterminate" result from 3 out of 4 strains tested. Results in the hatched pattern were superimposed for greater visibility.

All mutations except those in codon 450 were associated with a negative Δ Tm (Figure 2). The combination of Δ Tm values with the capturing probes enabled to differentiate mutations in codons 428, 430, 431, 432, 434, 435, 441, 445, 446, and 452, including disputed mutations (4) (Table 1). Mutation Asp435Tyr was unambiguously distinguished from Asp435Val through probe rpoB2| Δ Tm|, while mutations Ser441Gln and Ser441Leu were discriminated from the rest by | Δ Tm| values of probes rpoB2 and rpoB3. Mutations His445Asp and His445Tyr were distinguished from disputed mutations His445Leu and His445Asn through probe rpoB3 | Δ Tm|. Ser450Leu was distinguished from Ser450Trp by probe rpoB4A | Δ Tm| except for one strain with an outlier rpoB4A Tm of 70.9°C in contrast to the other 13 strains with rpoB4A Tm of 73.3-73.8°C. The indeterminate result associated with His445Arg may be caused by its | Δ Tm|=1.8°C compared with | Δ Tm| typically exceeding 2°C for other mutations.



Figure 2. Melting temperature shifts (Δ Tms) observed upon detection of a rifampin resistance (RR)-conferring rpoB mutation in the RR-determining region (RRDR) by Xpert Ultra. The y axis reflects the melting temperature difference (Δ Tm) between mutant and wild-type probe-amplicon hybrids, while the x axis shows the mutations that we tested. The data points on the graph are Δ Tm values grouped by their associated Ultra probes (differentiated by color), which correspond to a specific rpoB mutation. x axis labels in brown are disputed mutations.

CONCLUSIONS

Our findings confirm the ability of Ultra to unambiguously identify a wide range of RRDR mutations. With the unprecedented roll-out of XpertMTB/RIF and associated connectivity solutions, such as DataToCare (Savics, Belgium) and GXAlert (SystemOne, USA) (2), Ultra results may be exploited to rule-out transmission between RR-TB patients in a specific setting, distinguish relapse from reinfection, and resolve discordance between an RR Ultra result and a low-level RS phenotypic result due to a disputed mutation. For such applications, it is key that ΔTm values are included in the exported results.

Acknowledgement

This work was supported by Erasmus Mundus Joint Doctorate Fellowship grant 2016-1346 to KCSN.

Mutation(s) ^b	strains	Nucleotide	Xpert Ultra	Wild-typeT _m range(s)	Mutant T rango(c)	$ \Delta T_m $ mean(s)
Withation(s)-	lesteu	change(s)	probe(s)	(mean[s])	Mutant 1 _m range(s)	or range(s)
vall/UPhe	3	GIC→IIC	ND	ND	ND	ND
Glu250Gly*	2	GAG→GGG	ND	ND	ND	ND
Arg299Cys"	1	CGC→IGC	ND	ND	ND	ND
*Leu430Pro	8	CTG→CCG	rpoB1	69.1-69.5 (69.3)	63.0-63.4	5.9-6.3
Leu430Pro + *Met434lle	1	$CTG \rightarrow CCG;$	rpoB1;	69.1-69.5 (69.3);	63.2;	6.1;
		ATG→ATA	rpoB2	72.8-73.2 (73)	69.8	3.2
Leu430Pro + Met434Val	1	$CTG \rightarrow CCG;$	rpoB1	69.1-69.5 (69.3)	63.0	6.3
		ATG→GTG				
Leu430Pro + His445Gln	1	$CTG \rightarrow CCG;$	rpoB1;	69.1–69.5 (69.3);	63.5;	5.8;
		CAC→CAG	rpoB3	75.5-76.0 (75.75)	72.2	3.6
Leu430Pro + His445Gln	1	$CTG \rightarrow CCG;$	rpoB1;	69.1-69.5 (69.3);	63.1;	6.2;
		CAC→CAA	rpoB3	75.5-76.0 (75.75)	71.7	4.1
Asp435Gly + Met434Thr	1	GAC→GGC;	rpoB2	72.8-73.2 (73)	69.7	3.3
		ATG→ACG				
*Asp435Phe	1	GAC→TTC	rpoB2	72.8-73.2 (73)	67.7	5.3
*Asp435Tyr	11	GAC→TAC	rpoB2	72.8-73.2 (73)	68.6-69.0	4.0-4.4
Asp435Tyr + Asn437Asp	1	GAC→TAC;	rpoB2	72.8-73.2 (73)	66.6	6.4
		AAC→GAC				
Asp435Tyr + Met434lle	1	$GAC \rightarrow TAC;$	rpoB2	72.8-73.2 (73)	68.5	4.5
		ATG→ATT				
*Asp435Val	5	GAC→GTC	rpoB2	72.8-73.2 (73)	69.3-69.5	3.5-3.7
Asp435Val + GIn432Glu	1	GAC→GTC;	rpoB2;	72.8-73.2 (73);	70.5;	2.5;
		CAA→GAA	rpoB1	69.1-69.5 (69.3)	65.9	3.4
*Ser441Gln	1	TCG-CAG	rnoB2:	728-732 (73)	68.3	4 7.
		red verto	rpoP2	75 5 76 0 (75 75)	72.5	72
*6	1	TCC TTC	rpob5	73.9 73.2 (73).	70.0:	2.5
Ser44 ILeu			TPOBZ,	/2.8-/3.2 (/3),	70.0,	3.0,
		616 666	rpoB3	/5.5-/6.0 (/5./5)	/3.5	2.3
HIS445GIY	1	CAC→GGC	rpoB3	/5.5-/6.0 (/5./5)	70.9	4.9
His445Thr	1	CAC→ACC	rpoB3	75.5–76.0 (75.75)	70.9	4.9
His445Ser	1	CAC→AGC	rpoB3	75.5–76.0 (75.75)	71.1	4.7
His445Ser + *Lys446Gln +	1	$CAC \rightarrow TCC;$	rpoB4B	67.0-67.6 (67.3)	62.3	5.0
Thr444Thr		AAG→CAG;				
Lis 445 Arm	2	CAC	- D2	75 5 76 0 (75 75)	71 0 72 1	27.20
HIS445ASP	5	CAC	гровз	75.5-76.0 (75.75)	71.9-72.1	3.7-3.9
HIS445Leu	2	CAC->CIC	rpoB3	75.5-76.0 (75.75)	72.2-72.3	3.5-3.6
HIS445Asn	2	CAC→AAC	rpoB3	/5.5-/6.0 (/5./5)	/2.3-/2.4	3.4-3.5
<u>His445Asn</u> + *Asp435Glu	1	$CAC \rightarrow AAC;$	rpoB3;	75.5-76.0 (75.75);	72.4;	3.4;
		GAC→GAA	rpoB2	72.8-73.2 (73)	70.2	2.8
His445Tyr	4	CAC→TAC	rpoB3	75.5-76.0 (75.75)	72.5-72.6	3.2-3.3
*His445Arg	4	CAC→CGC	rpoB3	75.5-76.0 (75.75)	73.9	1.9
His445Arg + Ser428Arg	1	CAC→CGC;	rpoB1	69.1-69.5 (69.3)	65.8	3.5
	1.00	AGC→AGG			100000 No.	1.11111111
Ser450Phe	1	TCG→TTC	rpoB3	75.5–76.0 (75.75)	71.8	4.0
*Ser450Leu	14	TCG→TTG	rpoB3;	75.5–76.0 (75.75);	72.9–73.3;	2.5-2.9;
			rpoB4A	67.0-67.6 (67.3)	73.3-73.8	6.0-6.5
Ser450Leu + Thr482Asn	2	$TCG \rightarrow TTG;$	rpoB2;	72.8-73.2 (73);	69.2-69.5;	3.5-3.8;
		ACC->AAC	rpoB3;	75.5-76.0 (75.75);	73.1-73.3:	2.5-2.7;
			rpoB4A	670-676 (673)	736-737	63-64
Ser450Leu + IIe491Val	2	TCG-TTG:	rnoB2:	728-732 (73)	70.0:	3.0.
Sci4Socca + ne491var	2	ATC CTC	1002,	75 5 76 0 (75 75).	72 2 72 2.	25 26.
		AICHOIC	TPOBS;	/3.3-/0.0 (/3./3);	73.2-73.3;	2.3-2.0;
*6 450 T	-	TCC TCC	гровая	07.0-07.0 (07.3)	/3.0-/3./	0.3-0.4
"Ser4501rp	3	ICG→IGG	rpoB3;	/5.5-76.0 (75.75);	/3.1–/3.5;	2.3-2.7;
			rpoB4A	67.0-67.6 (67.3)	70.6-71.0	3.3-3.7
Ser450Trp + *Ser431Gly	1	TCG \rightarrow TGG;	rpoB3;	75.5-76.0 (75.75);	73.2;	2.6;
		AGC→GGC	rpoB4A;	67.0-67.6 (67.3);	70.7;	3.4;
			rpoB1	69.1-69.5 (69.3)	66.4	2.9
*Leu452Pro	12	CTG→CCG	rpoB4B	67.0-67.6 (67.3)	61.2-61.6	5.7-6.1
lle491Phe	10	ATC→TTC	ND	ND	ND	ND

Table 1. Xpert Ultra raw results^a

No. of

⁶Capturing probes, wild-type melt peak temperature (T_m) ranges and means, mutant T_m ranges, and absolute values of melting temperature shift (ΔT_m) ranges associated with specific *rpoB* mutations in the strains tested and the corresponding nucleotide changes. ND, strains that harbored corresponding mutations outside the RDDR yielded a "RIP Resistance Not Detected" result. *, rifampin resistance-determining region (RRDR) mutation unambiguously identified by unique combinations of Ultra probes and ΔT_m s, including disputed ones (in tailics). *, rifampin exceptible according to phenotypic testing. ^bFor double mutants, the high-confidence RR-conferring mutations are underlined (6, 7).

^{*a*}Capturing probes, wild-type melt peak temperature (*Tm*) ranges and means, mutant *Tm* ranges, and absolute values of melting temperature shift (ΔTm) ranges associated with specific *rpoB* mutations in the strains tested and the corresponding mucleotide changes. ND, strains that harbored corresponding mutations outside the RRDR yielded a "RIF Resistance Not Detected" result. *, rifampin resistance-determining region (RRDR) mutation unambiguously identified by unique combinations of Ultra probes and ΔTms , including disputed ones (in italics). #, rifampin susceptible according to phenotypic testing.

^bFor double mutants, the high-confidence RR-conferring mutations are underlined (6, 7).

REFERENCES

- Andre E, Isaacs C, Affolabi D, Alagna R, Brockmann D, de Jong BC, Cambau E, Churchyard G, Cohen T, Delmee M, Delvenne JC, Farhat M, Habib A, Holme P, Keshavjee S, Khan A, Lightfoot P, Moore D, Moreno Y, Mundade Y, Pai M, Patel S, Nyaruhirira AU, Rocha LE, Takle J, Trebucq A, Creswell J, Boehme C. 2016. Connectivity of diagnostic technologies: improving surveillance and accelerating tuberculosis elimination. Int J Tuberc Lung Dis 20:999-1003.
- Ng KC, Meehan CJ, Torrea G, Goeminne L, Diels M, Rigouts L, de Jong BC, Andre E. 2018. Potential Application of Digitally Linked Tuberculosis Diagnostics for Real-Time Surveillance of Drug-Resistant Tuberculosis Transmission: Validation and Analysis of Test Results. JMIR Med Inform 6:e12.
- 3. Chakravorty S, Simmons AM, Rowneki M, Parmar H, Cao Y, Ryan J, Banada PP, Deshpande S, Shenai S, Gall A, Glass J, Krieswirth B, Schumacher SG, Nabeta P, Tukvadze N, Rodrigues C, Skrahina A, Tagliani E, Cirillo DM, Davidow A, Denkinger CM, Persing D, Kwiatkowski R, Jones M, Alland D. 2017. The New Xpert MTB/RIF Ultra: Improving Detection of Mycobacterium tuberculosis and Resistance to Rifampin in an Assay Suitable for Point-of-Care Testing. MBio 8.
- 4. Van Deun A, Aung KJ, Bola V, Lebeke R, Hossain MA, de Rijk WB, Rigouts L, Gumusboga A, Torrea G, de Jong BC. 2013. Rifampin drug resistance tests for tuberculosis: challenging the gold standard. J Clin Microbiol 51:2633-40.

SUPPLEMENTARY INFORMATION

Supplemental methods. Processing of rifampicin-resistant tuberculosis thermolysates for Xpert Ultra

testing: methodological details.

Figure S1. Interpreting Xpert Ultra ΔTm plus probe reactions observed in 2 rifampinresistant tuberculosis patients for evaluation of a potential transmission event.

FigureS2. Interpreting Xpert Ultra ΔTm plus probe reactions observed in 2 rifampinresistant tuberculosis patients for identification of relapse cases.

https://jcm.asm.org/highwire/filestream/123403/field_highwire_adjunct_ files/0/zjm999096071s1.pdf