

Droplet Digital PCR, the new tool in HIV reservoir quantification?

Ward De Spiegelaere

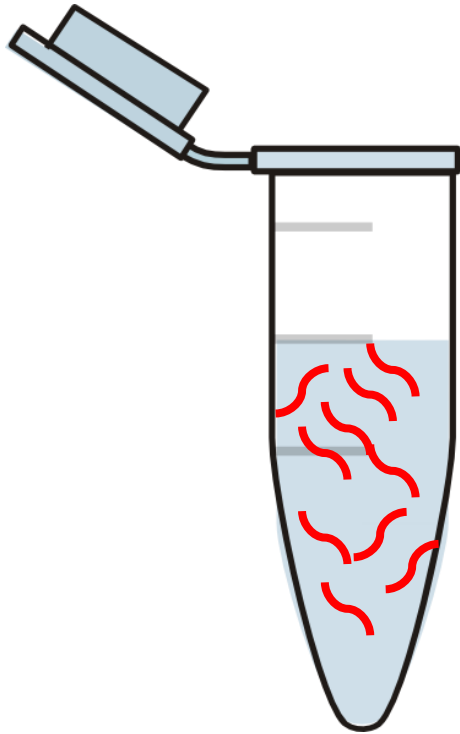
Droplet Digital PCR, the new tool in HIV reservoir quantification?

Content:

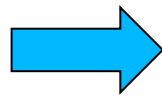
- **Digital PCR**
- Applications
 - Total HIV DNA
 - 2LTR
 - CA HIV RNA
- Conclusions

What is digital PCR (dPCR)?

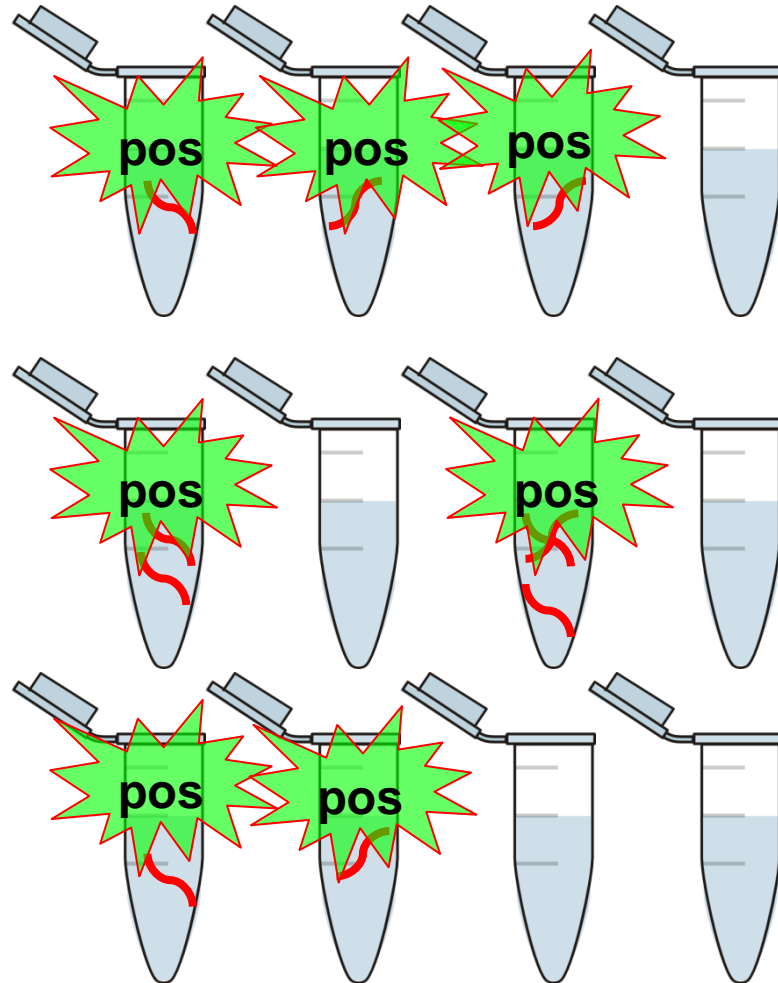
qPCR



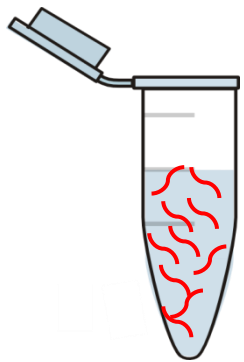
10 amplicons



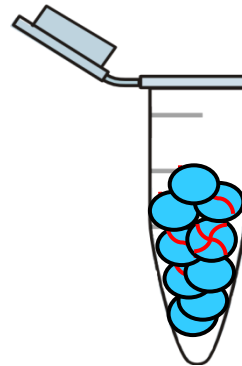
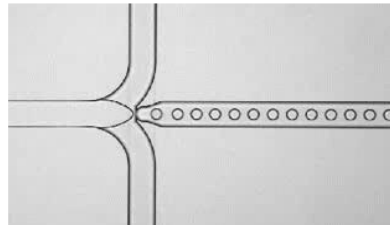
dPCR



Droplet digital PCR (ddPCR)



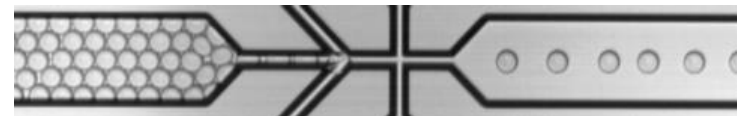
20 µl



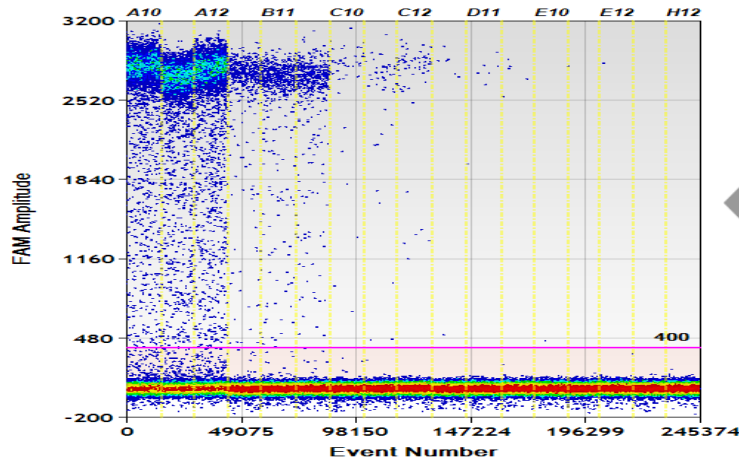
20,000
reactions



PCR



fluorescent read-out



Advantages of digital PCR

Direct absolute quantification:

- No standard curve
- LOD = LOQ

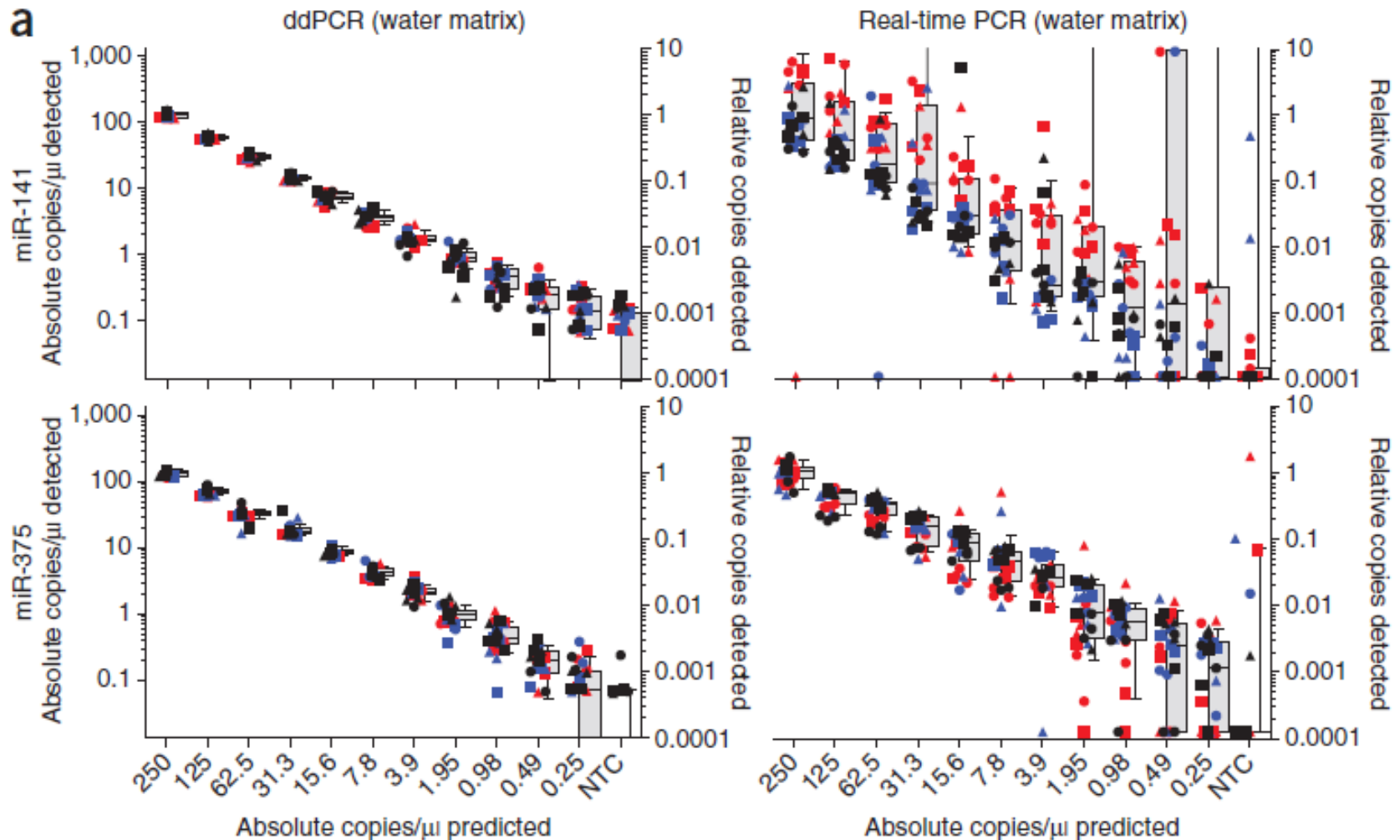
End point PCR:

- Less susceptible to inhibition
 - input \uparrow
 - mismatches
- Higher flexibility in assay design

Low level detection

- Higher accuracy vs qPCR
- Not higher sensitivity

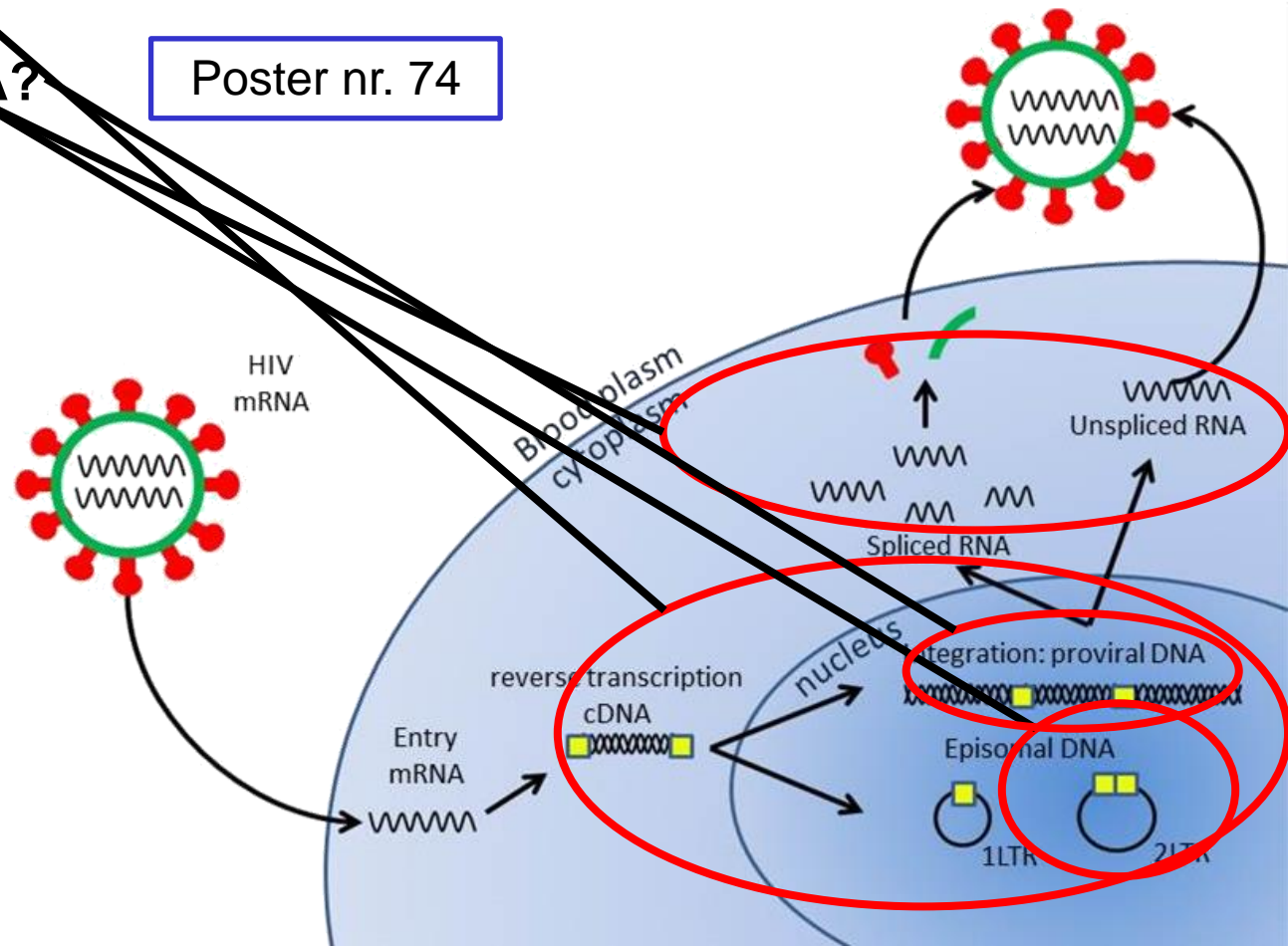
Accuracy of ddPCR for DNA quantification



Implementing PCR-based HIV reservoir diagnostics on the ddPCR platform

- Total HIV
- 2LTR
- HIV RNA
- Integrated HIV DNA?

Poster nr. 74



Pitfalls

Maximal amount of total DNA input

False positive droplets

Threshold setting

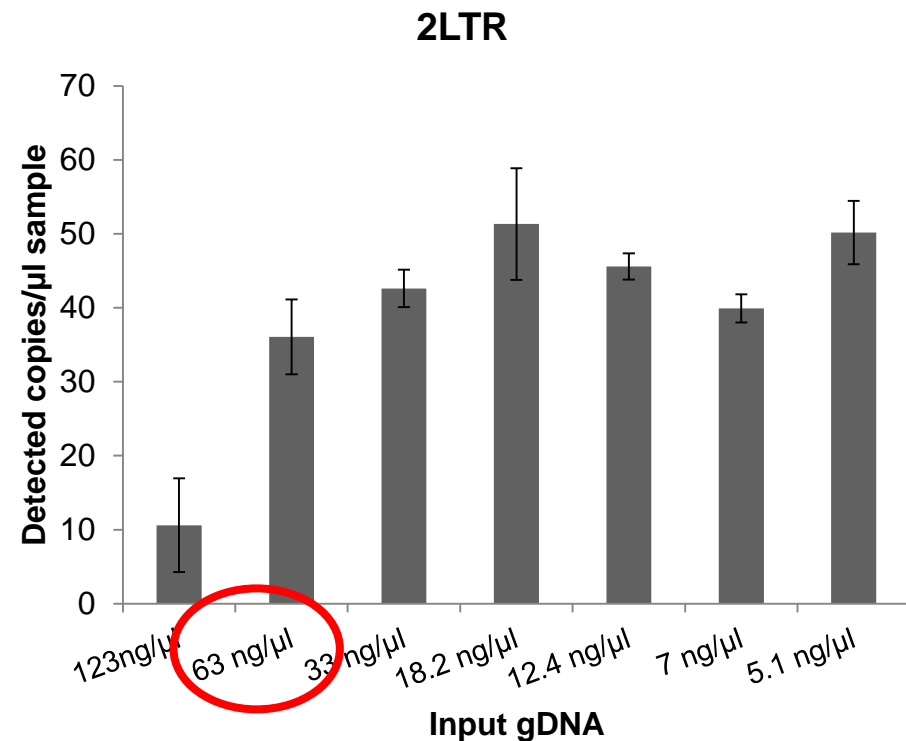
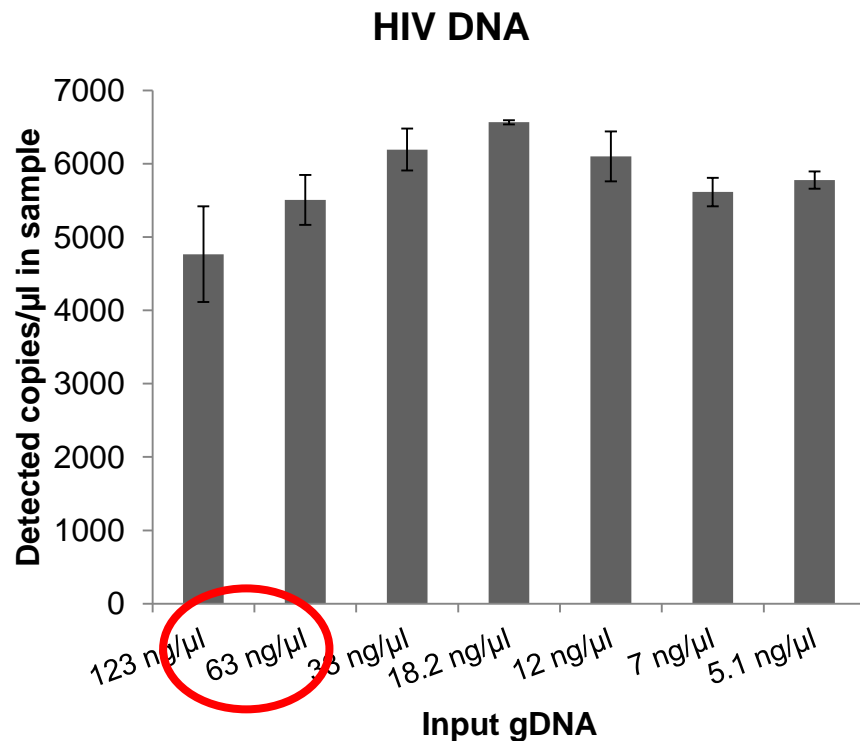
Qualitative assessment of droplets

- raw ddPCR data needed
- droplet loss

Molecular dropout: failed amplification in some droplets

Maximal input gDNA

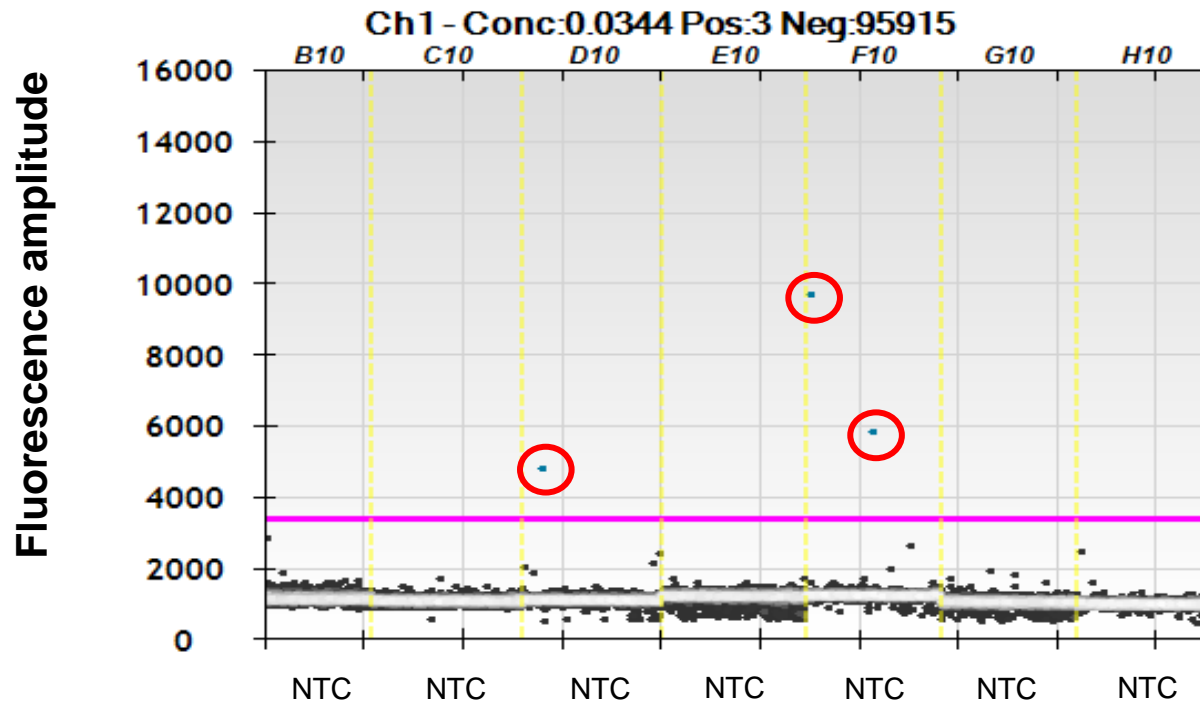
Different total gDNA amounts



Limited to < 200,000 cell equivalents/20μl reactions

Solution? Pool droplets from separate wells

False positives



Frequency of occurrence: 1/3 or <1/10 wells

Maximally 3 droplets/well

LOD \neq LOQ

Pooling data from multiple wells is not possible

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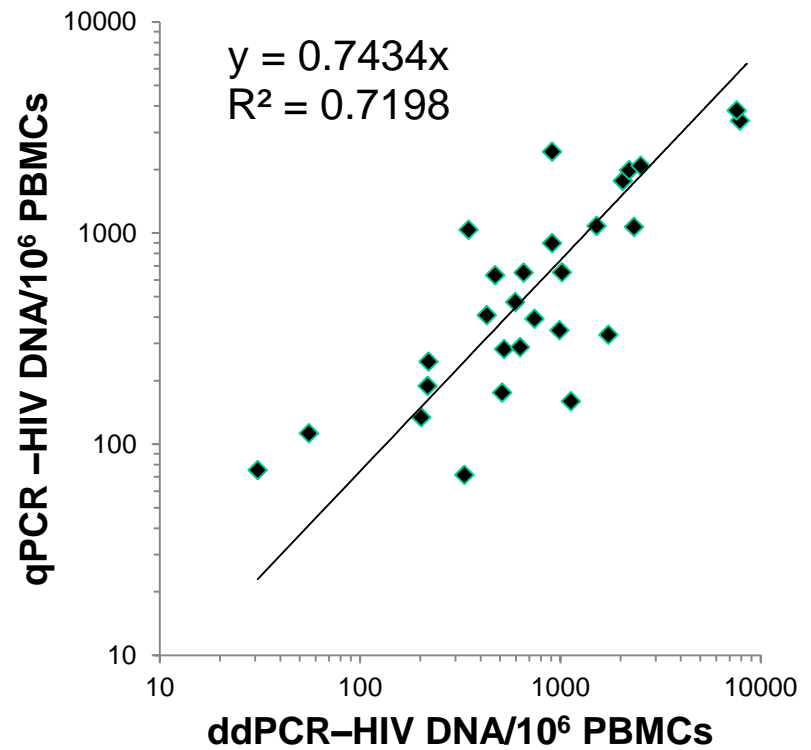
HIV DNA

Good correlation

Slight overestimation with ddPCR compared to qPCR

Possibly due to mismatches in patient samples

Patient samples



n=28

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2LTR

Low abundance of 2LTR!



Plasmid purification:

Pro:

- High cellular input

Contra:

- Loss of low abundant episomal DNA?
- Normalization strategy?

Total gDNA

Pro:

- Internal reference gene

Contra:

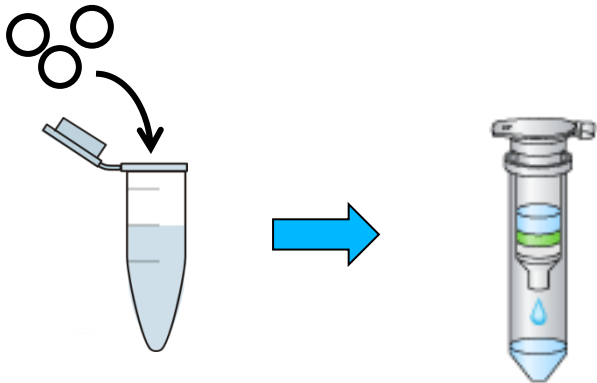
- High DNA content: inhibition?

Plasmid pur vs gDNA

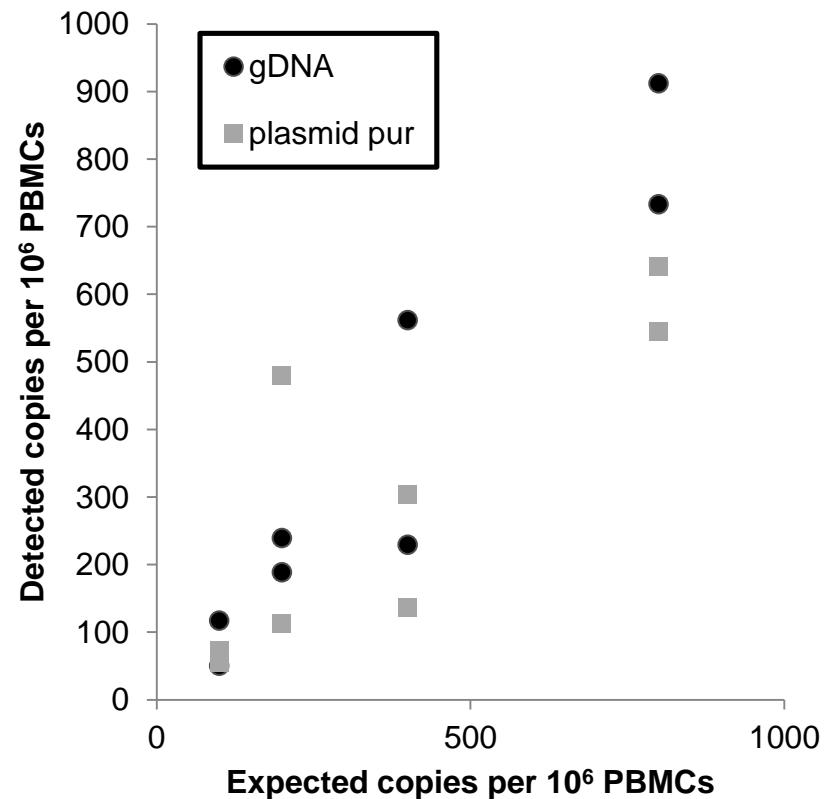
Modified plasmid purification

Addition of a non HIV reference plasmid before plasmid pur

pSIF (6.3 kb)
FIV-based



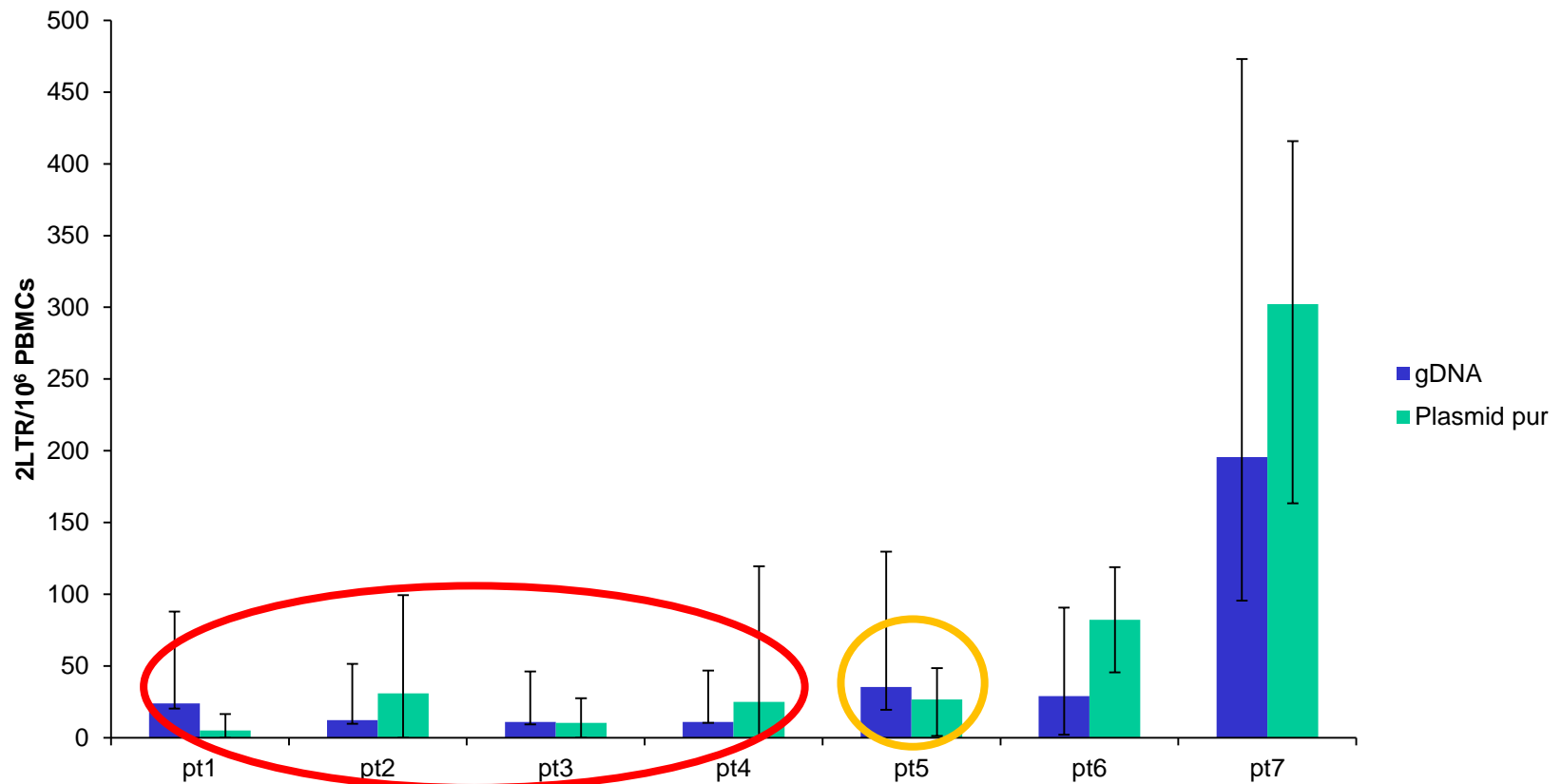
Serial dilution of infected cells in 10^7 PBMCs



Patient derived PBMCs

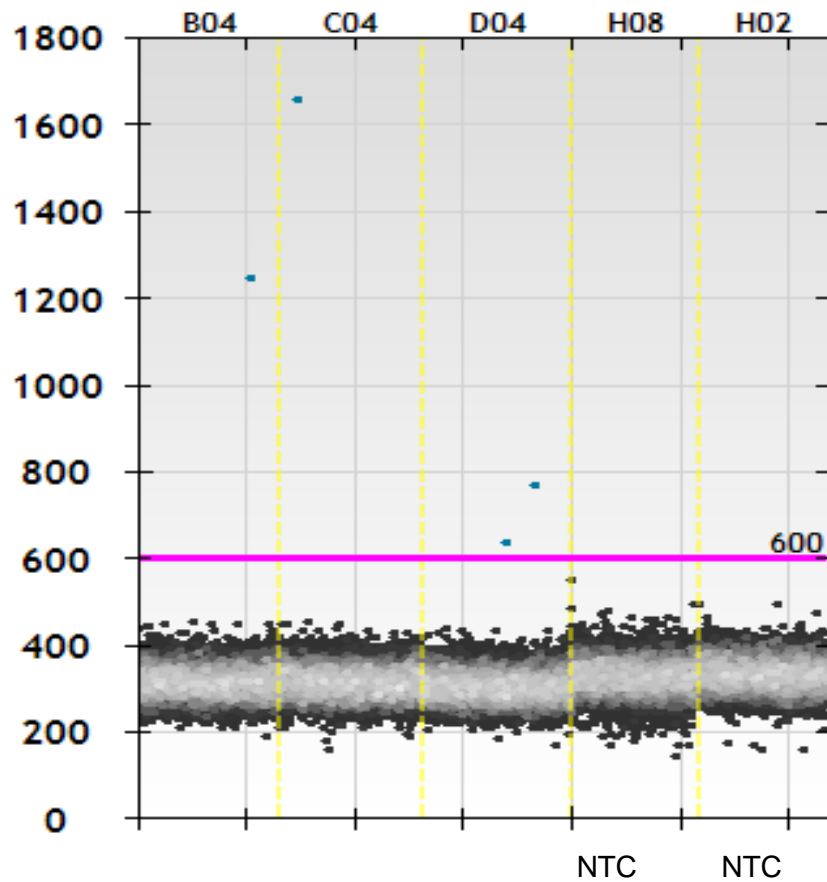
gDNA: $< 2 \times 10^5$ cells/reaction

Plasmid pur: $2 \times 10^5 - 10^7$ cells/reaction

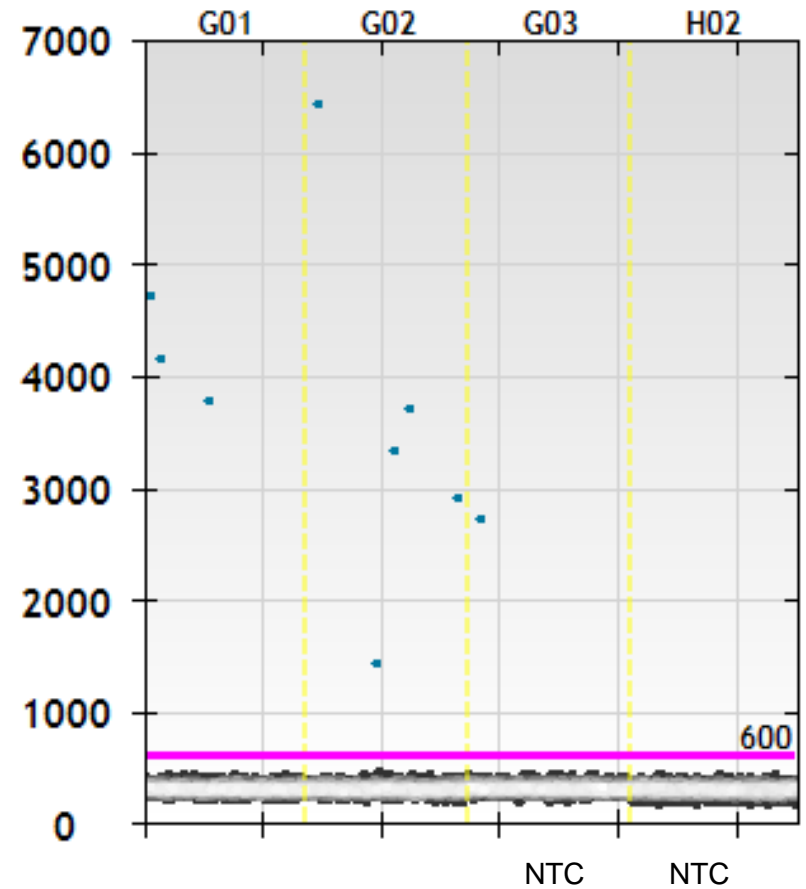


Raw data pt5

gDNA

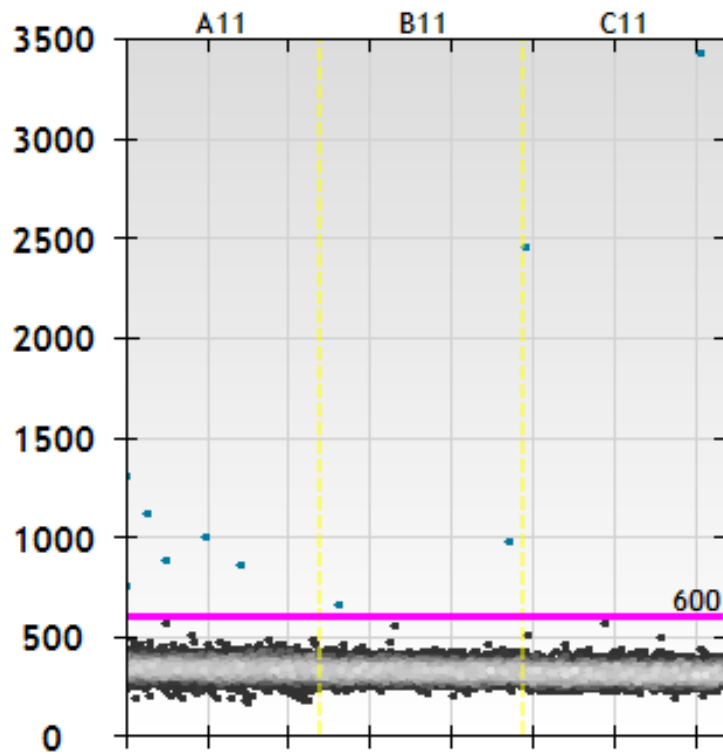


Plasmid purified DNA

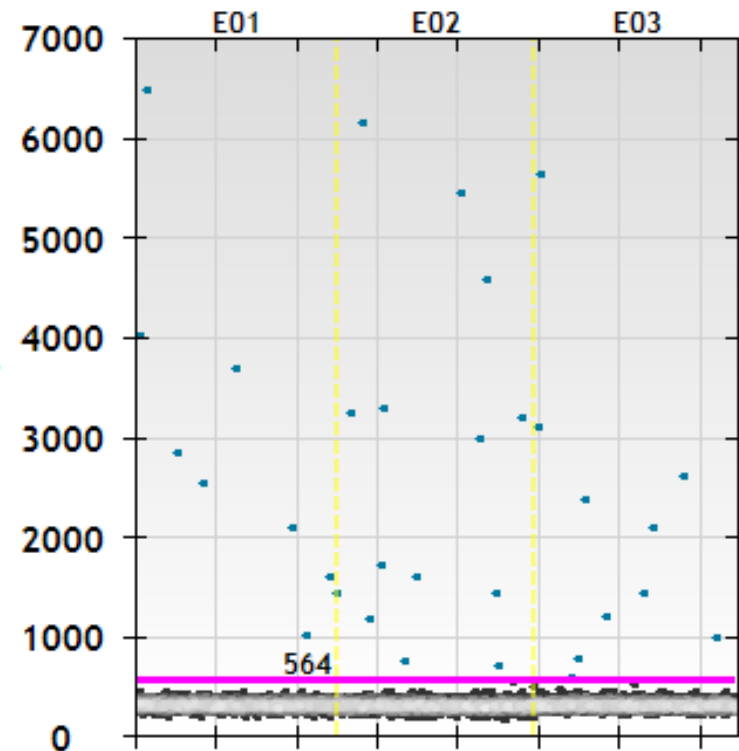


Raw data: pt6

gDNA



Plasmid purified DNA



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CA HIV RNA

DdPCR vs seminested PCR

RNA-cDNA conversion

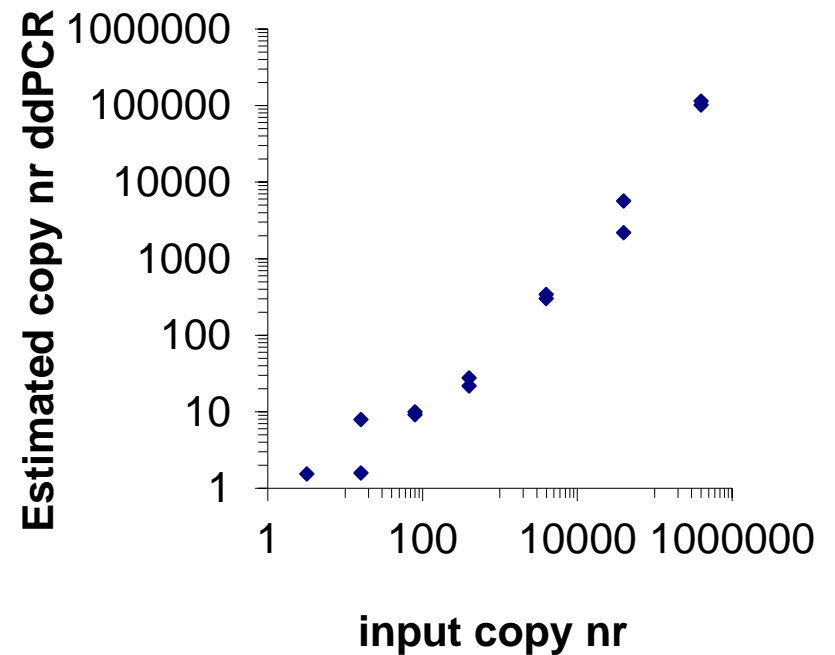
slope: 0.1015

10-fold underestimation

Need for conversion factor!

Standard Dilution series

usRNA



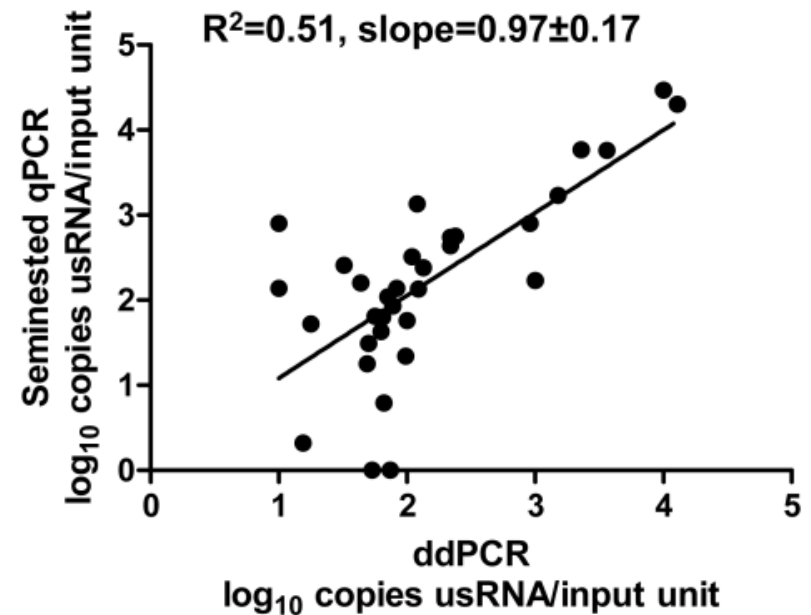
CA HIV RNA (ddPCR vs seminested PCR)

Patient samples

Good correlation in higher ranges

Sample error in low abundant samples

Unspliced HIV RNA



n=34

CA HIV RNA (ddPCR vs seminested PCR)

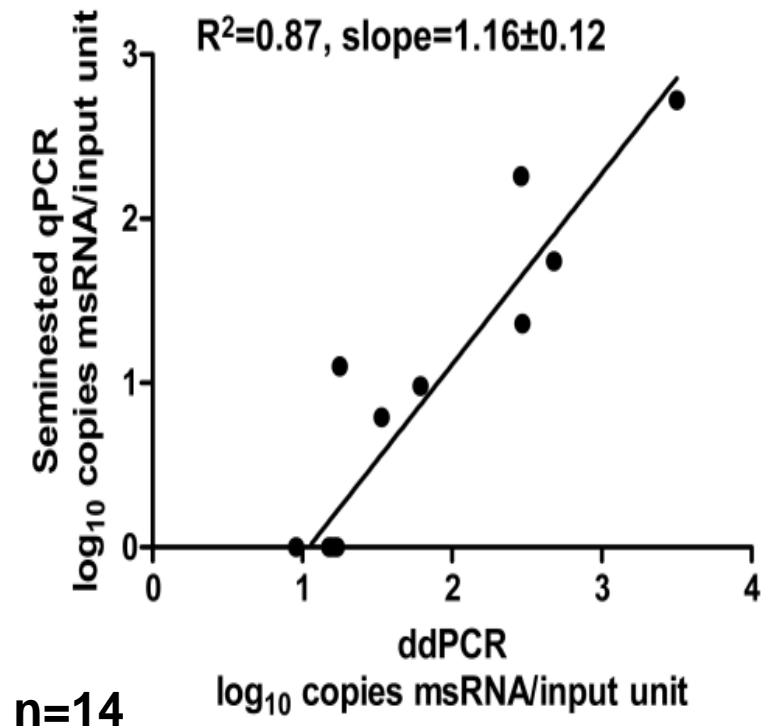
Patient samples

Good correlation in higher ranges

Higher estimation with ddPCR

→ mismatches

Multiple spliced HIV RNA



Summary

	Total HIV	2LTR	RNA
Comparison with qPCR	+	+	+
Pre PCR processing?			
Effect of false positives			
Sequence variation			
Standard required			

Conclusion

advantages over qPCR:

- Accuracy
- Mismatches
- Inhibition

But suffers drawbacks

- False positives
- Maximal input

Guidelines for reporting ddPCR methods
are required!

Guidelines

To improve interpretation and reproducibility

- Number of replicates
- Template input/sample
- Normalization strategy

- **Raw data**
 - Number of droplets assessed/sample
 - Number of droplets found positive
 - Level of False positives

Guidelines should be set-up and adopted
by the community!

Acknowledgements

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amfAR[™]
AIDS RESEARCH



2LTR droplet count

