P13 Increasing the performance of a fully automated quantitative assay for the detection of circulating HBV pregenomic RNA



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1. Background

Hepatitis B virus pregenomic RNA (HBV pgRNA) has been proposed as a potential circulating biomarker for the activity of covalently closed circular DNA (cccDNA) that is present in infected hepatocytes of HBV patients. HBV RNA is of particular interest in patients who are on nucleos(t)ide analog therapy as HBV DNA is generally low or undetectable in these patients [1]. There are an increasing number of studies [2-4] showing the utility of HBV RNA quantitation in monitoring the effectiveness of both experimental and standard of care therapies and it is being investigated as an endpoint for clinical trial effectiveness and therapy removal. We have previously reported on the development of a fully automated dualtarget, quantitative assay for the measurement of HBV pgRNA (v1.0) with a lower limit of quantitation (LLOQ) of 1.65 log U/mL (~152 copies/mL) [5]. Here we report on a modified assay (v2.0) with increased overall precision, sensitivity (15-fold), and a limit of detection of ~10 HBV RNA copies/mL. Quantitated HBV RNA levels with the v2.0 assay were indistinguishable from v1.0.

2. Methods

- A Research Use Only (RUO) fully automated real-time PCR assay for the detection and quantitation of HBV RNA (v1.0) was developed for the Abbott m2000 (Abbott Molecular Diagnostics, Des Plaines, IL, USA) platform and previously described [5]. Briefly, targets in conserved regions of the HBV x and core genes are used to ensure robust detection in the presence of mutations, and the assay is standardized against a WHO secondary DNA standard. An internal control is included to detect PCR interference. Assay LLOQ was measured by Probit analysis to be 1.65 log U/mL (~152 copies/mL) using a 0.2 mL sample volume input and 95% detection threshold.
- Modifications were made to the reagent formulation, cycling parameters, and sample input volumes (0.6 mL) which improve analytical performance. Performance (linearity, sensitivity, standard deviation, and concordance) of the new assay (v2.0) was compared to v1.0. A patient sample with high levels of HBV RNA was selected from which a panel of 11 serial dilutions into negative human plasma was made. Target HBV RNA concentrations ranged from 1.00E6 log U/mL (~3.41E6 copies/mL) down to 3.13 U/mL (~10-111 copies/mL) and either 3 or 20 replicates at each dilution were tested with both assays. Longitudinal samples from 3 on-therapy patients were also tested.

Table 1: Comparison of precision and reported results with v1.0 and v2.0					
	Expected Concentration (log U/mL)	v1.0 Stdev (log U/mL)	v2.0 Stdev (log U/mL)	∆v1.0-v2.0 Reported Result (log U/mL)	
	6.00	0.13	0.07	0.05	
	5.00	0.04	0.03	0.25	
	4.00	0.13	0.04	-0.05	
	3.00	0.13	0.03	0.01	
	2.30	0.20	0.04	-0.05	
	2.00	0.21	0.06	0.00	
	1.70	0.28	0.09	-0.14	
Standard doviation is lower with v2.0 and reported results are within					

Standard deviation is lower with v2.0 and reported results are within v1.0 standard deviation

3. Results



An HBV clinical sample was serially diluted to the expected concentrations shown on the x-axis and tested with (A) HBV RNA v1.0 and (B) HBV RNA v2.0 with the measured concentrations reported on the y-axis. Numbers above each concentration indicate the number of positive detections at each tested concentration.







Longitudinal HBV RNA results from 3 individual patients who were tested with HBV RNA v1.0 (green) and v2.0 (blue). Horizontal lines indicate v1.0 and v2.0 limits of detection.

4. Conclusions

- HBV RNA v2.0 is ~15 fold more sensitive than v1.0 and detected 100% (20/20) of tested replicates at 10 copies/mL concentration.
- Reported results are linear (R^2=0.9995) across the dynamic range of the v2.0 assay.
- Results reported by v2.0 are within the standard deviation of those reported by v1.0 showing good concordance between assay versions.
- Increased sensitivity of the HBV RNA v2.0 (0.6 mL) assay yields tangible increases in detected and quantifiable results in low RNA copy samples from patients on therapy.
- Increased precision of HBV RNA v2.0 leads to more granular visibility into HBV RNA changes in longitudinal samples.

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