



Development of the ResistancePlus GC Test to Inform Ciprofloxacin Treatment of Gonorrhoea

Litty Tan

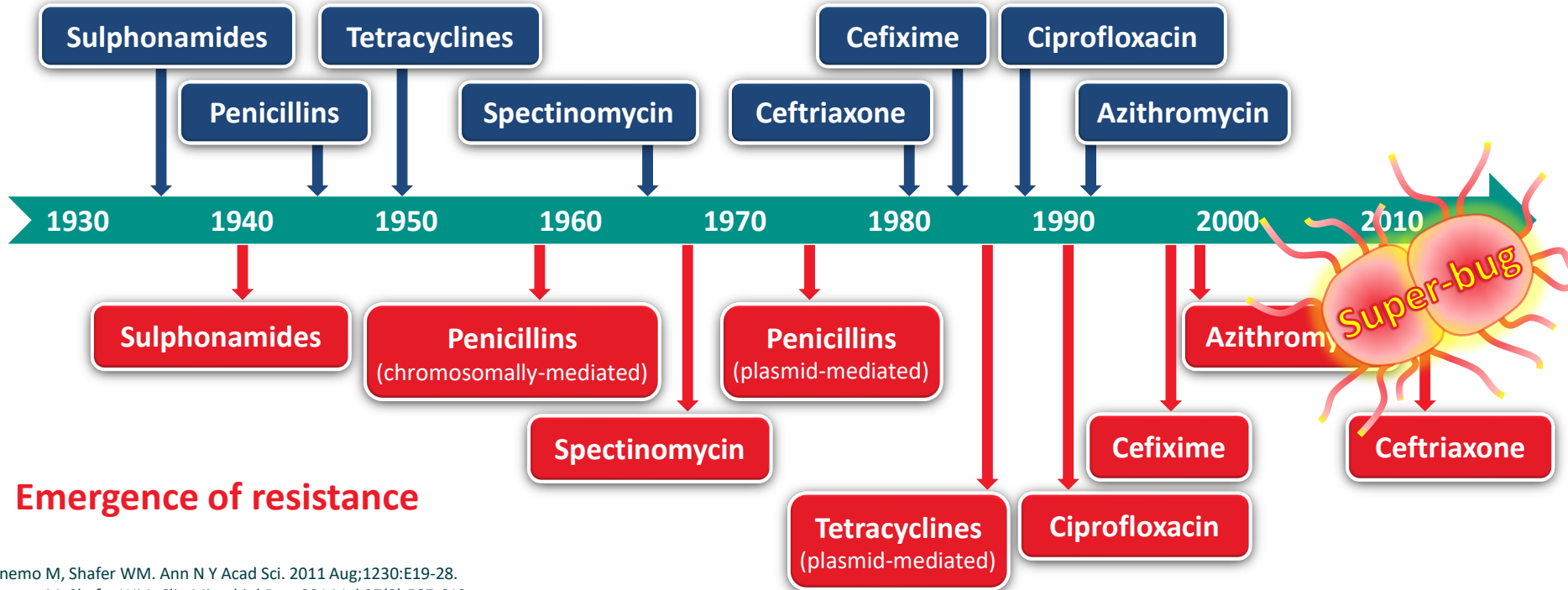
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Evolution of Antimicrobial Resistance (AMR) in *Neisseria gonorrhoeae* (GC)



Antibiotics used for treatment



Emergence of resistance

WHO Global Action Plan for AMR GC



- 🧬 Increase awareness on correct antibiotic use
- 🧬 Effective prevention, diagnosis and control
- 🧬 Monitor treatment failures
- 🧬 Strengthen AMR surveillance
- 🧬 Effective drug regulations and prescription policies

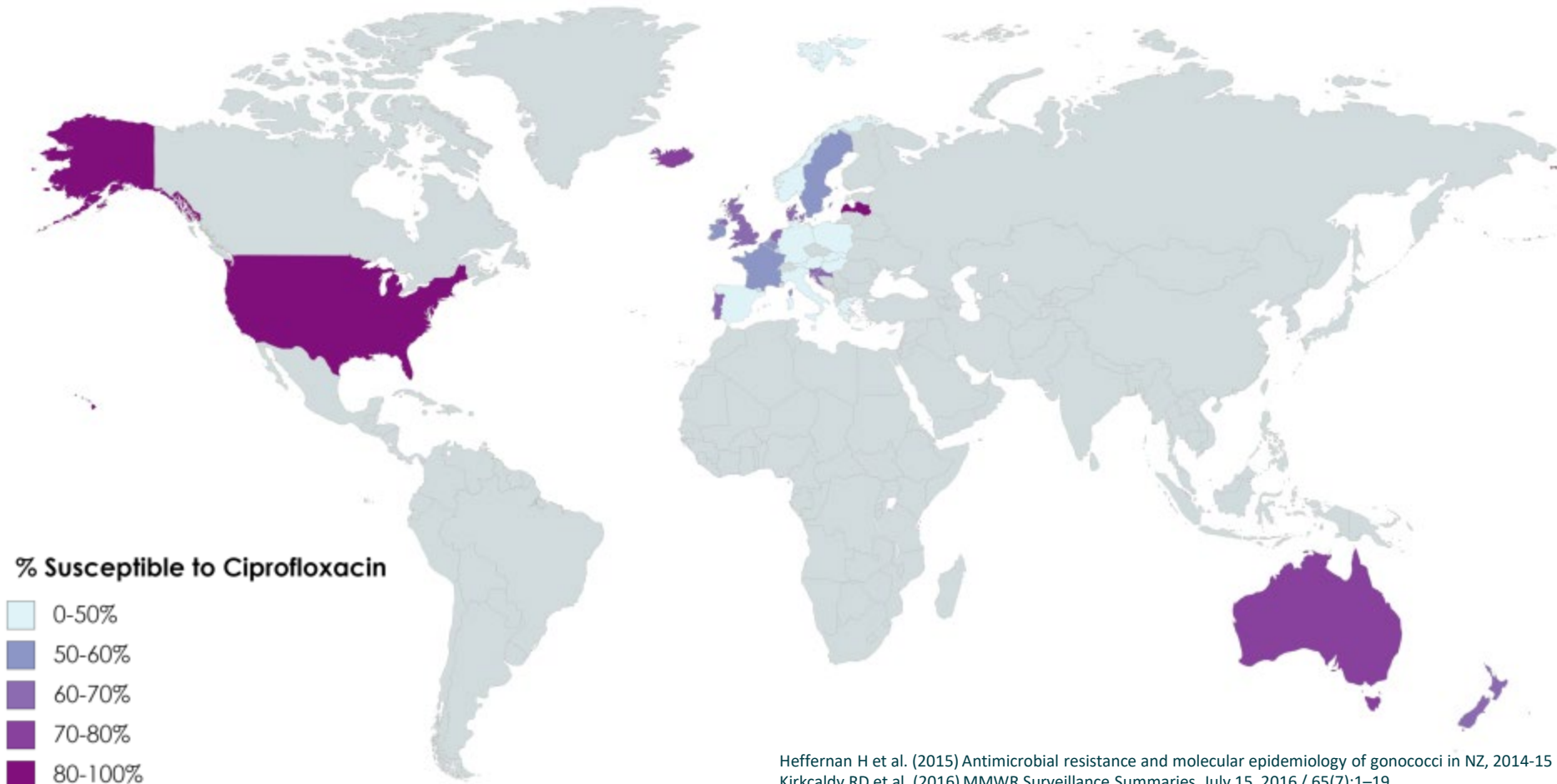
Global action plan
to control the spread and impact of
antimicrobial resistance in *Neisseria gonorrhoeae*



- 🧬 Newer molecular methods for monitoring and detecting AMR
- 🧬 Alternative effective treatment regimens

Molecular detection of genetic markers for resistance/susceptibility could allow 'older' drugs to be used for gonorrhoea treatment

GC Susceptibility to Ciprofloxacin



% Susceptible to Ciprofloxacin

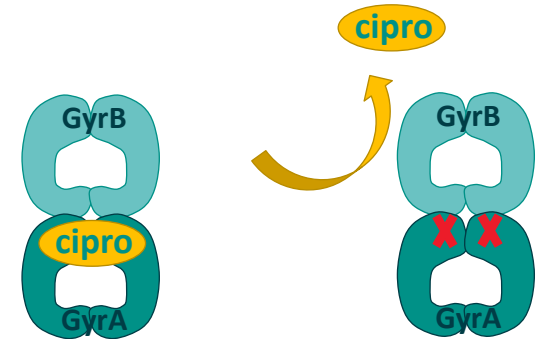
- 0-50%
- 50-60%
- 60-70%
- 70-80%
- 80-100%

Heffernan H et al. (2015) Antimicrobial resistance and molecular epidemiology of gonococci in NZ, 2014-15
Kirkcaldy RD et al. (2016) MMWR Surveillance Summaries. July 15, 2016 / 65(7);1-19
Lahra MM et al. (2017) Australian Gonococcal Surveillance Programme Annual Report, 2017

GC Mechanisms of Fluoroquinolone Resistance



- Fluoroquinolones were predominant GC treatment in 1990s
 - 2007 - No longer recommended
- Quinolones act by inhibition of DNA gyrase and topoisomerase IV
 - DNA gyrase – heterotetramer of GyrA and GyrB
 - Topoisomerase IV – heterotetramer of ParC and ParE
- Bacteria develop resistance through mutations in the QRDR (quinolone resistance determining region)
 - GC: GyrA (aa positions 91, 95) and ParC (87)

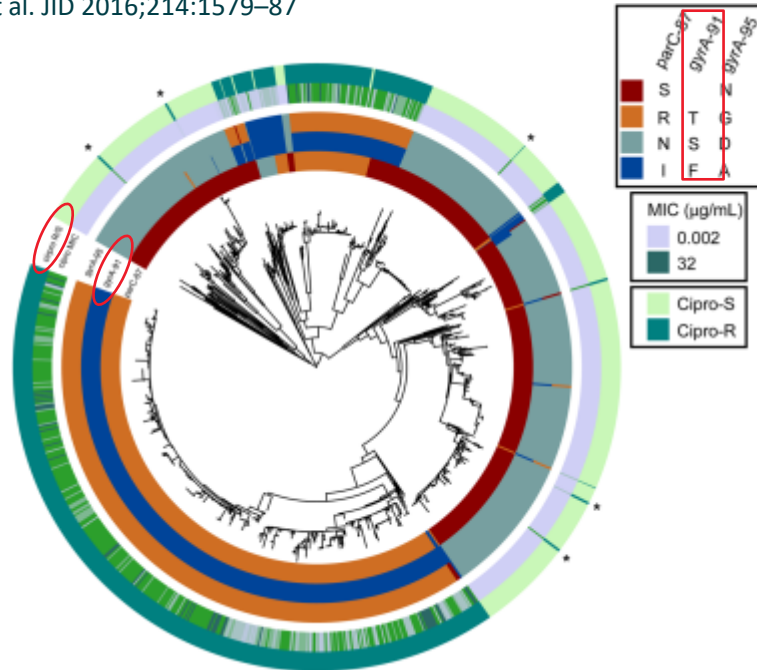


GyrA Genotype Predicts Cipro Resistance in GC



Genomic Epidemiology in US, 2000-2013 isolates

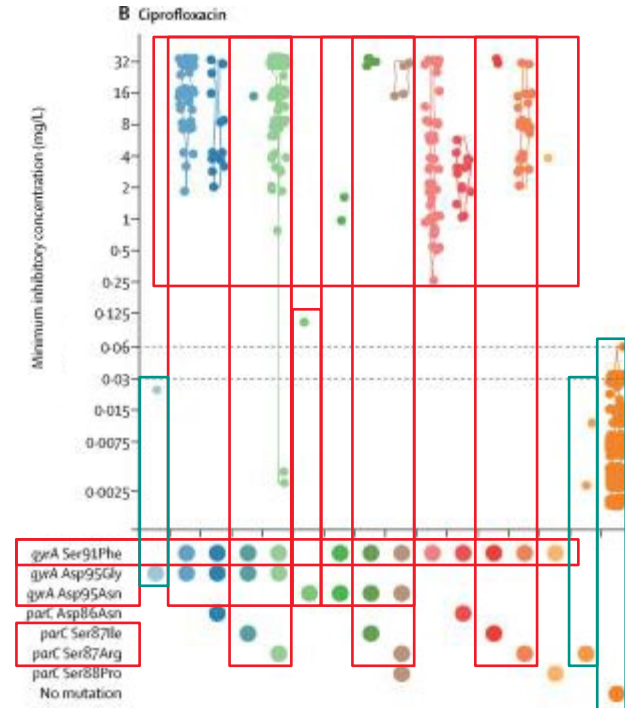
Grad et al. JID 2016;214:1579-87



GyrA Genotype	Predictive Value
S91F	PPV of Ciprofloxacin Resistance = 98%
S91 WT	NPV of Ciprofloxacin Susceptibility = 99%

Genomic Survey in Europe, 2013 isolates

Harris et al. Lancet Infect Dis, published online May 15, 2018

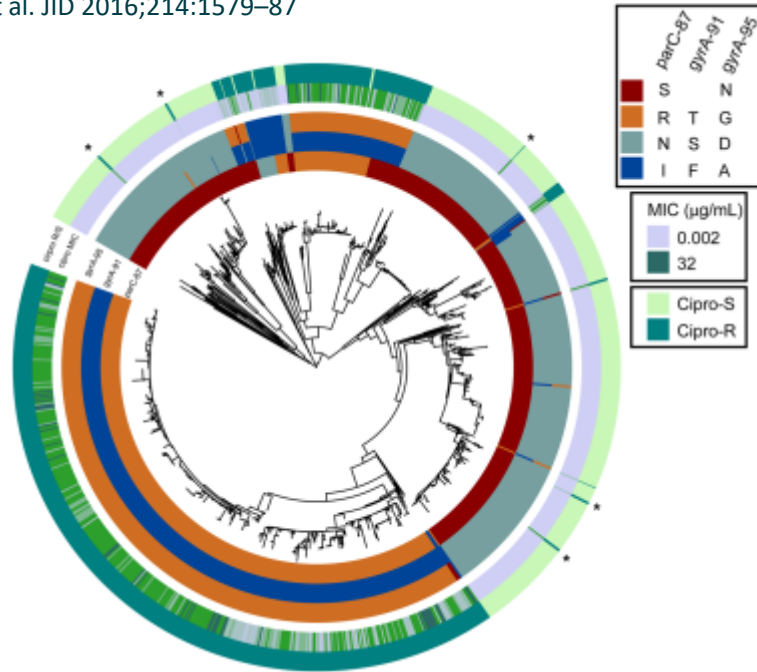


GyrA Genotype Predicts Cipro Resistance in GC



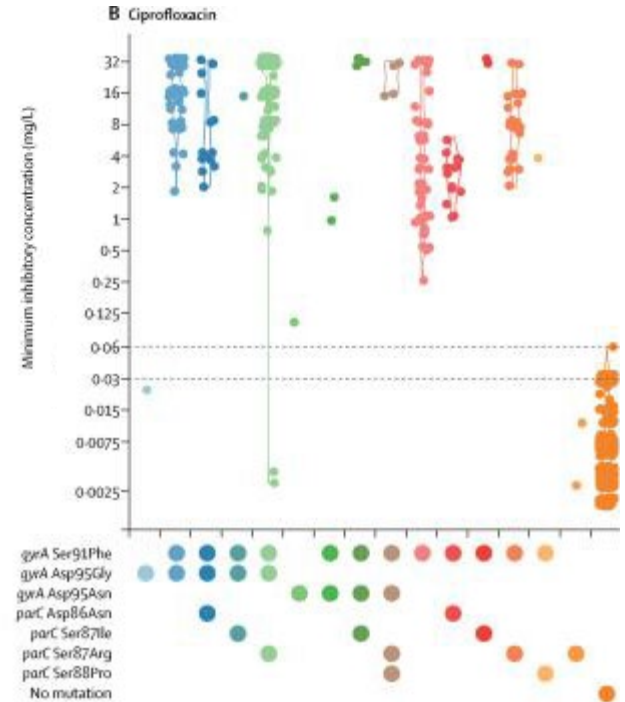
Genomic Epidemiology in US, 2000-2013 isolates

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GyrA S91/S91F is highly predictive of ciprofloxacin susceptibility/resistance

GC Molecular Diagnostics With *gyrA* Genotyping SpeedX Can Guide Ciprofloxacin Treatment

Advantages

- Oral treatment preferred
- Antibiotic stewardship of ceftriaxone
- Utilize existing drug while new drugs are still in development

Pooled estimate of real-time PCR *gyrA* genotyping tests for predicting GC susceptibility to ciprofloxacin

Allan-Blitz et al. Sex Transm Dis. 2017 May;44(5):261-265.

- Sensitivity: 98.2% (95% CI, 96.5–99.1%), Specificity: 98.6% (95% CI, 97.0–99.3%)

UCLA Health System has implemented a *gyrA* molecular assay to identify patients for ciprofloxacin treatment

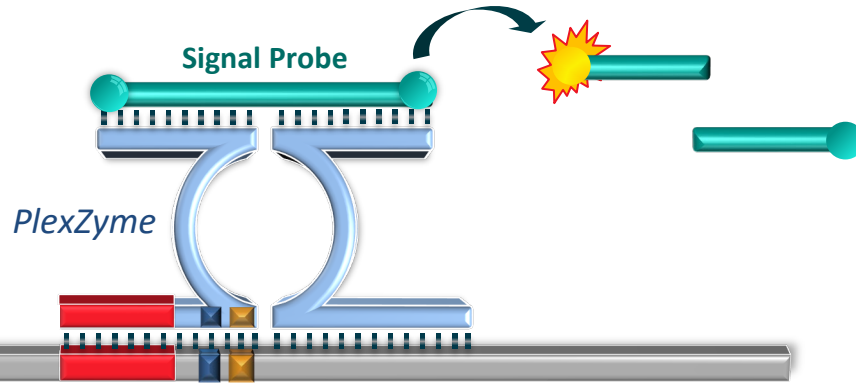
Allan-Blitz et al. Sex Transm Dis. 2018 Apr;45(4):e18.

- 100% Ciprofloxacin cure rate for *gyrA* WT (n=25; 7 urethral, 7 pharyngeal, 7 rectal, 4 genital)

PlexPCR[®] Technical Advantages



 Specific amplification and detection



 Universal probe for easy multiplexing

 Maintains sensitivity

Tan et al PLoS ONE (2017) and Patent: WO 2013/123552

Ideal molecular diagnostic technology for multiplexed detection of resistance/susceptibility markers

ResistancePlus GC



GC detection and ciprofloxacin resistance/susceptibility information

Rapid qPCR format (<1.5 hours)

Direct from clinical specimens

Specimen Types





Urine, Swabs

	Channel	Target
1 Well	1	<i>N. gonorrhoeae</i> (opa)
	2	<i>N. gonorrhoeae</i> (porA)
	3	gyrA S91 wild type
	4	gyrA S91F mutation
	5	Internal Control

ResistancePlus GC is a molecular diagnostic test for ciprofloxacin resistance/susceptibility

Not available for sale in the USA

ResistancePlus GC (beta) Analytical Performance

-  Analytical sensitivity
 - GC gyrA S91 wildtype – 15 geq/reaction
 - GC gyrA S91F mutant – 15 geq/reaction
-  Inclusivity
 - WHO strains (B, C, F, G, K, L, M, N, P), H041, FC428, A8806
-  Analytical specificity
 - 100% specificity:
 - *Neisseria spp.* and other organisms found in genital/throat/rectal sites
-  Interference
 - No interference at 3x LOD in the presence of *Neisseria spp.*

Not available for sale in the USA

ResistancePlus GC (beta) on GC Clinical Isolates



 Australian isolates (top 70 most common genotypes from 2012)

		WGS	
		S91F mut	S91 WT
SpeedX	S91F mut	28	0
	S91 WT	0	42
	Total	28	42
Sensitivity		100.0% (95% CI 87.7-100.0%)	
Specificity		100.0% (95% CI 91.4-100.0%)	

		Ciprofloxacin AST	
		Resistant (R)	Susceptible (S)
SpeedX	S91F mut	27	1*
	S91 WT	0	42
	Total	27	43
Sensitivity		100.0% (95% CI 87.7-100.0%)	
Specificity		97.7% (95% CI 87.7-99.9%)	

* LS – less susceptible (S91F mutation by WGS)

High concordance to gyrA genotype & ciprofloxacin R/S phenotype

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ResistancePlus GC (beta) Clinical Performance



- University of Queensland Centre for Clinical Research (Brisbane, Australia)
- Cobas specimens from 2014-2017
 - 361 genital swabs
 - 191 pharyngeal swabs

	Cervical	Vaginal	Penile	Urethral	Genital ns	Pharyngeal	Total
Male			27	49		27	312
Female	166	106			13	163	239
Unknown						1	1
Total	166	106	27	49	13	191	552

ns – not specified

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ResistancePlus GC (beta) Clinical Performance



GC detection

Genital Swabs		GC Clinical Results	
		+	-
SpeedX	GC gyrA S91F Mut	35	0
	GC gyrA S91 WT	117	0
	GC Indeterminate	20	0
	GC Negative	7	180
	Total	179	180
Sensitivity		96.1% (95% CI 92.1-98.4%)	
Specificity		100.0% (95% CI 97.9-100.0%)	

Pharyngeal Swabs		GC Clinical Results	
		+	-
SpeedX	GC gyrA Mut	20	0
	GC gyrA WT	49	0
	GC Indeterminate	11	1
	GC Negative	1	109
	Total	81	191
Sensitivity		98.8% (95% CI 93.3-100.0%)	
Specificity		99.1% (95% CI 95.0-100.0%)	

SpeedX GC indeterminate rate: ~11% for genital and ~14% for pharyngeal swabs

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ResistancePlus GC (beta) Clinical Performance

GC gyrA detection



Genital Swabs		In-house gyrA qPCR	
		Mutant	WT
SpeedDx	GC gyrA S91F Mut	33	0
	GC gyrA S91 WT	0	110
	GC Indeterminate	0	13
	GC Negative	0	0
	Total	33	123
Sensitivity		100.0% (95% CI 89.4-100.0%)	
Specificity		100.0% (95% CI 96.7-100.0%)	

Pharyngeal Swabs		In-house gyrA qPCR	
		Mutant	WT
SpeedDx	GC gyrA S91F Mut	12	0
	GC gyrA S91 WT	0	39
	GC Indeterminate	0	0
	GC Negative	0	0
	Total	12	39
Sensitivity		100.0% (95% CI 73.5-100.0%)	
Specificity		100.0% (95% CI 91.0-100.0%)	


§ Prevalence GC gyrA mutation: ~21% in female and ~22.5% in male patients


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ResistancePlus GC (beta) Clinical Performance



Additional specimen types


-  45 GC positive urine (18 female, 27 male)
 - GC detection: 100.0% sensitivity
 - gyrA detection: 100.0%/97.1% sensitivity/specificity (n=5+34)


-  16 GC positive rectal swabs (1 female, 15 male)
 - GC detection: 93.8% sensitivity
 - gyrA detection: 100.0%/100.0 % sensitivity/specificity (n=4+10)

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ResistancePlus GC – Future work



-  Expected date for CE-IVD (Sept 2018)
 - Cobas extracts, Aptima Sample, BD Viper sample
 - Not available for sale in the USA

-  GRAND2 – GC clinical study

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Potential Implementation Pathways



Screening or postal service

Asymptomatic
Test CT/GC

Confirm GC
ResistancePlus GC

GC + gyrA wild type
Treat with cipro

GC + gyrA mutant
Treat with ceft+azo

Partner testing

Partner test
ResistancePlus GC

GC + gyrA wild type
Treat with cipro

GC + gyrA mutant
Treat with ceft+azo

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