

Diagnostik multiresistenter Erreger

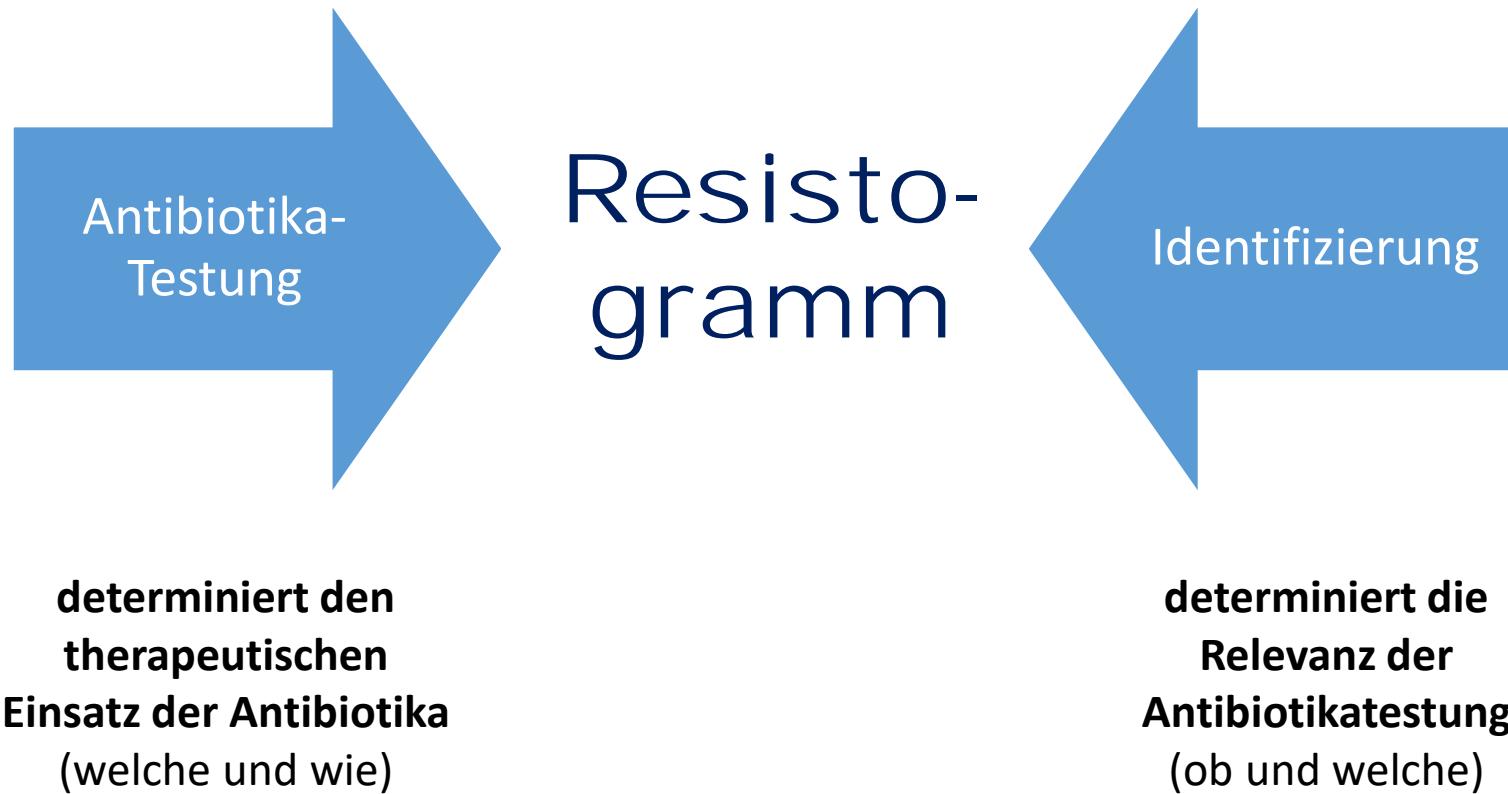
Multiplex PCR, Whole Pathogensequencing und andere – Was ist praxisrelevant?



Prof. Dr. med. Karsten Becker

Friedrich Loeffler-Institut
für Medizinische Mikrobiologie
Universitätsmedizin Greifswald

Empfindlichkeitsbestimmung (Resistenztestung)



Testarten und Einsatzgebiete*

Optimierungsziel*	Einsatzzweck	Einsatzort	Befund
Standardtest Sensitivität: ++/+++*** Spezifität: +++ Schnelligkeit: +	Routine-dagnostik	Labor	Endbefund
Screeningtest Sensitivität: +++ Spezifität: +/++ Schnelligkeit: +/++	Screening, Epidemiologie	Labor, PoC	<u>Vorläufiger (!)</u> Befund (Klinik)
Schnelltest Sensitivität: +/++ Spezifität: +/++ Schnelligkeit: +++	Akut-situation	Labor, PoC	<u>Vorläufiger (!)</u> Befund
Point-of-care (PoC)-Test Sensitivität: +/++ Spezifität: +/++ Schnelligkeit: ++/+++	Akut-situation	PoC	<u>Vorläufiger (!)</u> Befund

The diagram illustrates the relationship between different test types. It shows a vertical hierarchy from top to bottom: Standardtest, Screeningtest, Schnelltest, and Point-of-care (PoC)-Test. Blue arrows point downwards from each row to the next, indicating a progression. Additionally, blue curved arrows point upwards from the 'Screeningtest' and 'Schnelltest' rows towards the 'Standardtest' row, representing feedback or validation processes.

* in der Med. Mikrobiologie (vereinfacht)

** epidemiologisch determinierte **NPV und PPV berücksichtigen**

*** Ausgleich durch den parallelen oder nachgeschalteten Einsatz verschiedener Verfahren

Testarten und Einsatzgebiete

Epidemiologie
der jeweiligen Population
(lokal, regional, national, global)

Sensitivität
Spezifität

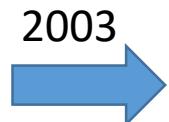


Positive predictive value (PPV)
Negative predictive value (NPV)

DS
(Diagnostic stewardship)

Microbiological Diagnostics to → Improve patient outcomes
→ Strengthen health systems
→ Inform disease control strategies

World Health Organization Special Programme for Research and Training in Tropical Diseases (WHO/TDR)

2003


Set of (ASSURED) criteria for the ideal test (primarily for developing countries)

Countries:
Developing



A – Affordable	x
S – Sensitive	x
S – Specific	x
U – User-friendly	x
R – Rapid and robust	x
E – Equipment-free	x
D – Deliverable to end-users	x

Microbiological Diagnostics to → Improve patient outcomes
→ Strengthen health systems
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2003
→

Set of (ASSURED) criteria for the ideal test (primarily for developing countries)

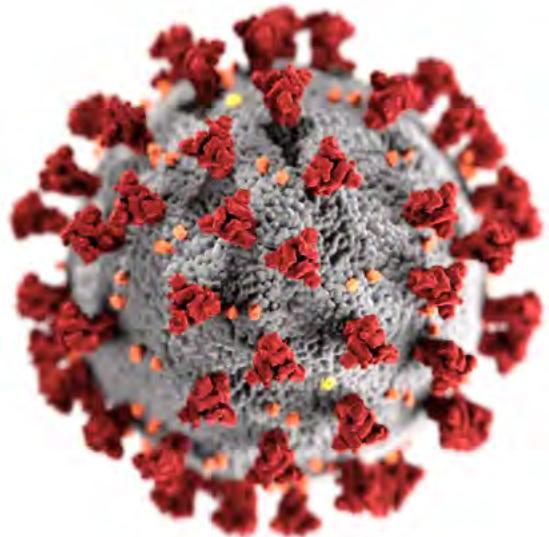
Countries:
Developing Developed

R – Real-time connectivity	x	(x)?
E – Ease of specimen collection	x	(x)?
A – Affordable	x	(x)?
S – Sensitive	x	x
S – Specific	x	x
U – User-friendly	x	x
R – Rapid and robust	x	x
E – Equipment-free	x	(x)?
D – Deliverable to end-users	x	(x)?

2019
→

Set of (REASSURED) criteria for the ideal test (primarily for developing countries)

→ COVID-19 pandemics as „game changer“



Corona-Auskunft PCR 2.0

Erhöhtes Risiko

Geburtsstag und -monat (TTMM)

TTMM

8-stellige Auftragsnummer

Auftragsnummer

Prüfen

<https://coronaabstrich.med.uni-greifswald.de>



Countries:
Developing Developed

- R – Real-time connectivity**
- E – Ease of specimen collection**
- A – Affordable**
- S – Sensitive**
- S – Specific**
- U – User-friendly**
- R – Rapid and robust**
- E – Equipment-free**
- D – Deliverable to end-users**

x	(x)?
x	(x)?
x	(x)?
x	x
x	x
x	x
x	x
x	x
x	x
x	(x)?
x	(x)?

**Cartridge-based
microfluidics with
readout systems**

**Lateral flow
devices**

Sample introduction

Printed microfluidic channels

Printed electrodes/electronics

Detection

Printed communication

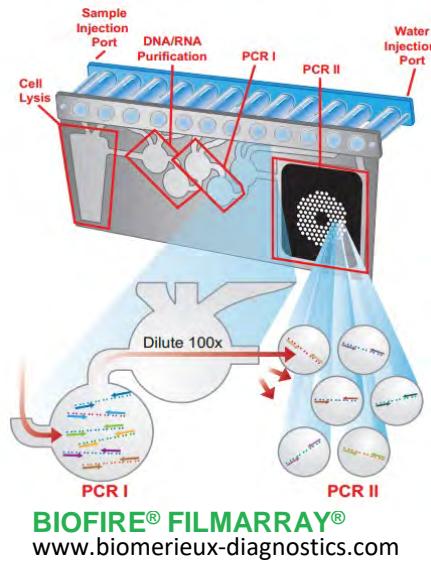
**Molecular and
synthetic biology**

Land et al., Nat. Microbiol.
2019 (mod.)

**Internet of Things
(Industry 4.0)**

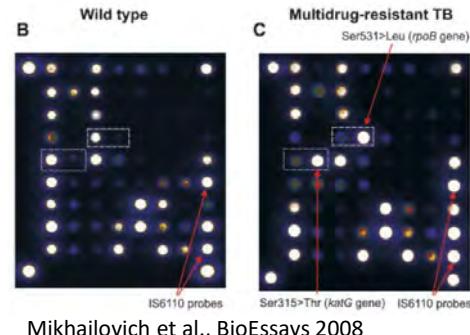
Multiplexed PCR systems

- sehr hohe Sensitivität (Target-Amplifikation!) und hohe Spezifität
- derzeit „**Arbeitspferd**“ für viele diagnostische Anwendungen (Erreger- und Resistenzgen-Nachweise) incl. Quantif.
- viel technologische Erfahrung, technisch relativ „ausgereizt“ (endliche Anzahl an parallel nachgewiesenen Targets)
- preiswert, meist leicht an Gerätelpark adaptierbar
- oft externe Qualitätskontrollen („Ringversuche“) verfügbar
- mäßig schnell (4-8 h)



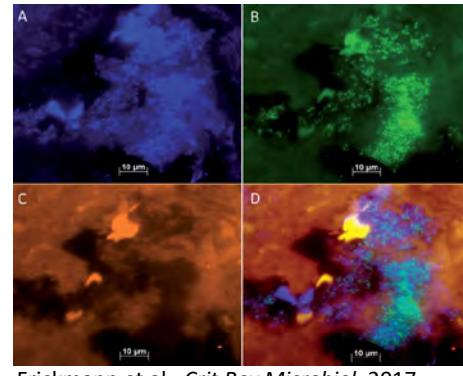
Microarrays (solid-phase hybridization)

- geringere Sensitivität (keine Target-Amplifikation; gut bei natürlich „vor-amplifizierten“ Erregern in pos. Blutkulturen), z.T. Spezifitätsprobleme)
- propagiert als „**Syndromdiagnostik**“ (Vorteil: sehr hohe Multiplexizität mögl., oft incl. viraler Erreger; Nachteil: keine Quantif.)
- sehr teuer, in house oder gerätegebunden
- keine/kaum externe Qualitätskontrollen
- schnell (2-4 h)



Fluorescence in situ hybridization (FISH)

- Sensitivität?, Spezifität (Vorteil: Lokalisationskontrolle)?
(überschaubare Datenlage für routinediagnostische Anwendungen)
- für Spezialfragestellungen: Biofilm-Untersuchung (auch lebend/tot)
- bisher überwiegend in house-Verfahren (Erfahrung!)
- keine Standardisierung, bisher keine externen Qualitätskontrollen
- sehr schnell (0,5-2 h)



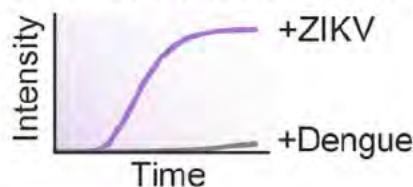
Rapid, Low-Cost Detection of Zika Virus Using Programmable Biomolecular Components

Zika Virus Detection

Sample Collection → RNA Extraction → RNA Amplification



Detection by Portable Reader

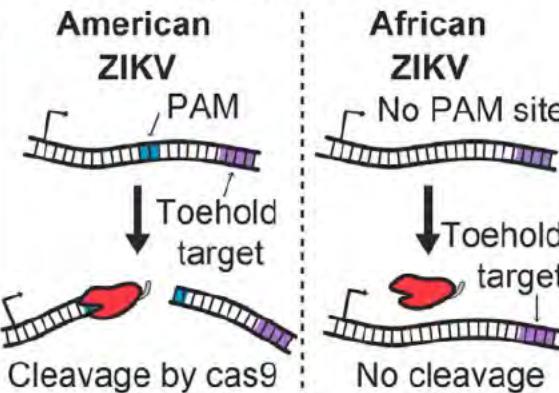


Colorimetric Detection



Molecular and synthetic biology

Strain Identification via CRISPR



Principle: Ability of Cas9 to selectively cleave DNA only in the presence of an NGG protospacer adjacent motif (PAM) which is strain-specific

Linking:

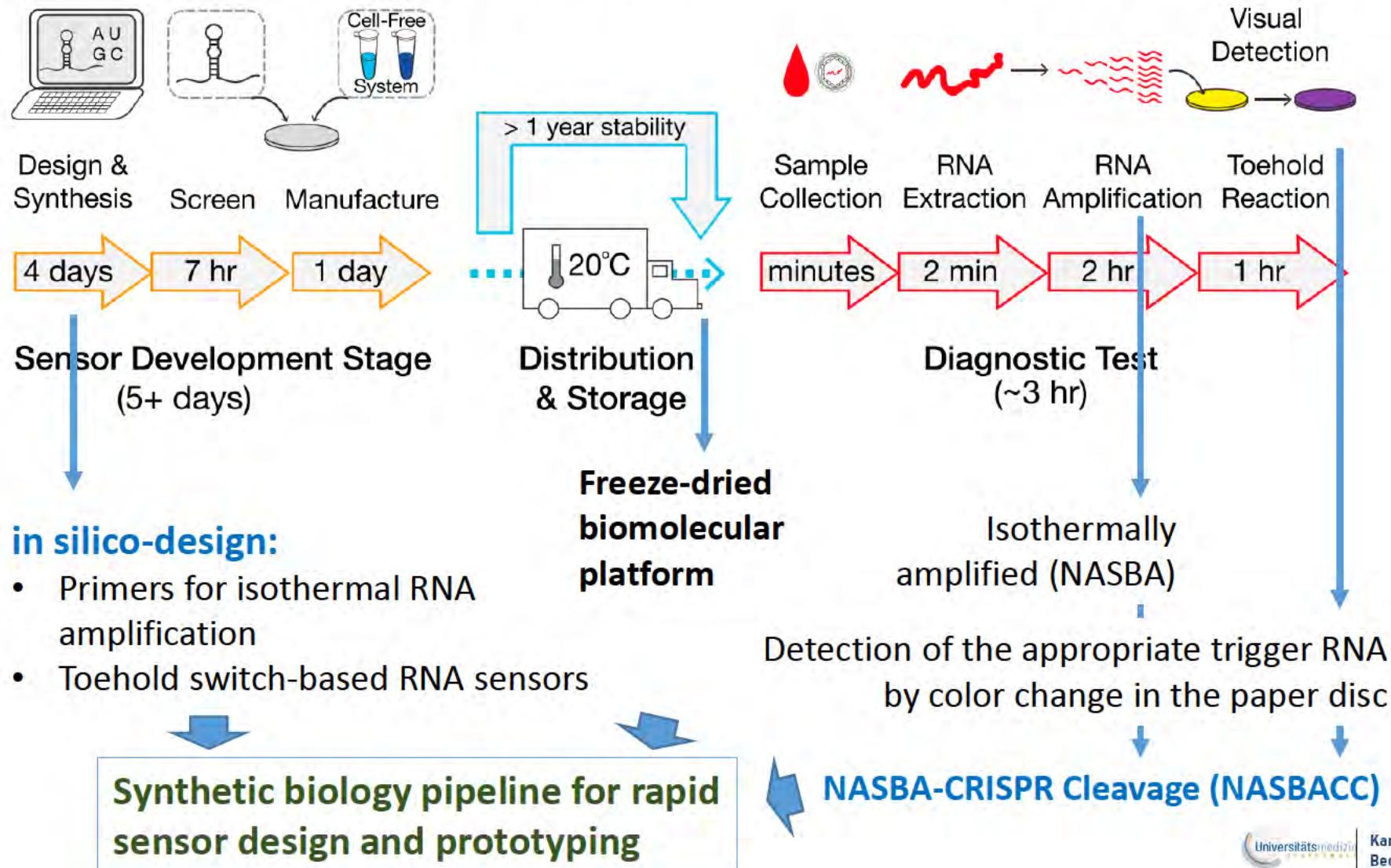
- Isothermal RNA amplification
- +
- Toehold switch RNA sensors (= programmable synthetic riboregulators)



Discrimination with single-base resolution

Rapid, Low-Cost Detection of Zika Virus Using Programmable Biomolecular Components

Pardee et al., 2016, Cell 165, 1255–1266



PCR

Vermeidung
Temperatur-
abhängiger Zyklen

isothermale Verfahren

(NASBA, LAMP, HAD, MDA, RCA, RPA)

- **höherer Spezifitätslevel**
(spezifische Primer + Cas-Komplex-Spezifität)
- **Erkennung natürlich variabler Sequenzen** (Mismatch-Bindung durch CRISPR-Proteine)
- hohe Komponenten-Stabilität
- keine vorhergehende Nukleinsäure-Extraktion (bei den neuesten Systemen)

Überwindung von:

- geringerer Sensitivität und Spezifität
- komplizierten Reaktionsabläufen
- hohen Kosten
- z.T. fehlender Multiplex-Fähigkeit

Diagnostische CRISPR-Plattformen

NASBA, nucleic acid sequence-based amplification; LAMP, loop-mediated isothermal amplification; HDA, helicase-dependent amplification; MDA, multiple displacement amplification; RCA, rolling circle amplification; RPA, recombinase polymerase amplification

CRISPR-Cas systems for diagnosing infectious diseases

Tuberculosis	DNA, antibiotic resistance testing	Chimeric dCas9 luciferase (PC Reporter) [54], CRISPR-MTB [106]
HIV	RNA	AIOD-CRISPR [74],
HPV	DNA, virus typing	ctPCR [55], CARP [77], ctPCR3.0 [56], DETECTR, CDetection [79], CRISPR-Cas12a-Mediated Interfacial Cleaving of Hairpin DNA Reporter for Electrochemical Nucleic Acid Sensing [83]
HBV	DNA, genotyping	CRISPR-Cas13a [115]
EBV	DNA, genotyping	SHERLOCK [143]
HBV-HDV co-infection	RNA, genotyping	–
HCV	RNA, genotyping, drug resistance testing	–
Influenza virus	RNA	SHERLOCK [144], CRISPR-Cas13a [145]

CRISPR-Cas systems for diagnosing infectious diseases

SARS-CoV	RNA	DETECTR, OR-DETECTR etc.
MERS-CoV	RNA	OR-DETECTR [71]
SARS-CoV-2	RNA	SHERLOCKv2 (FDA approved) [96] DETECTR [71], OR-DETECTR, OR-SHERLOCK, AIOD-CRISPR, CRISPR-Cas12a-NER, SHINE, CRISPR-FDS, iSCAN, CONAN, CASdetec, VaNGuard, STOPCovid, CREST [146], PGMs-CRISPR [85], CARMEN-Cas13[95], CRISPR-LbCas13 [98], opvCRISPR [86], CODA[87], CALIBURN [88]
Dengue virus	RNA	SHERLOCK, SHERLOCKv2, HUDSON + SHERLOCKv2
Ebola virus	RNA	SHERLOCK EBOV assay [147], CRISPR-Cas13a [91]
Zika virus	RNA	SHERLOCK [18], SHERLOCKv2 [70], HUDSON + SHERLOCK [75], NASBACC [17]

REASSURED criteria

Countries:
Developing Developed

R – Real-time connectivity	x	(x)
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S – Sensitive	x	x
S – Specific	x	x
U – User-friendly	x	x
R – Rapid and robust	x	x
E – Equipment-free	x	(x)
D – Deliverable to end-users	x	(x)

→ Identifizierung



→ Antibiotika-Empfindlichkeitstestung



Developmental roadmap for antimicrobial susceptibility testing systems

NATURE REVIEWS | MICROBIOLOGY
VOLUME 17 | JANUARY 2019 | 51

CONSENSUS
STATEMENT

Alex van Belkum¹*, Till T. Bachmann², Gerd Lüdke³, Jan Gorm Lisby⁴, Gunnar Kahlmeter⁵, Allan Mohess⁶, Karsten Becker⁷, John P. Hays⁸, Neil Woodford⁹, Konstantinos Mitsakakis¹⁰, Jacob Moran-Gilad^{11,12}, Jordi Vila¹³, Harald Peter¹⁴, John H. Rex¹⁵ and Wm. Michael Dunne Jr¹⁶, the JPIAMR AMR-RDT Working Group on Antimicrobial Resistance and Rapid Diagnostic Testing

Zielstellung
für AST-
Entwicklungen

Abstract | Antimicrobial susceptibility testing (AST) technologies help to accelerate the initiation of targeted antimicrobial therapy for patients with infections and could potentially extend the lifespan of current narrow-spectrum antimicrobials. Although conceptually new and rapid AST technologies have been described, including new phenotyping methods, digital imaging and genomic approaches, there is no single major, or broadly accepted, technological breakthrough that leads the field of rapid AST platform development. This might be owing to several barriers that prevent the timely development and implementation of novel and rapid AST platforms in health-care settings. In this Consensus Statement, we explore such barriers, which include the utility of new methods, the complex process of validating new technology against reference methods beyond the proof-of-concept phase, the legal and regulatory landscapes, costs, the uptake of new tools, reagent stability, optimization of target product profiles, difficulties conducting clinical trials and issues relating to quality and quality control, and present possible solutions.

aber:

Klassische Kultur-basierte Verfahren zur Antibiotika-Empfindlichkeitsprüfung

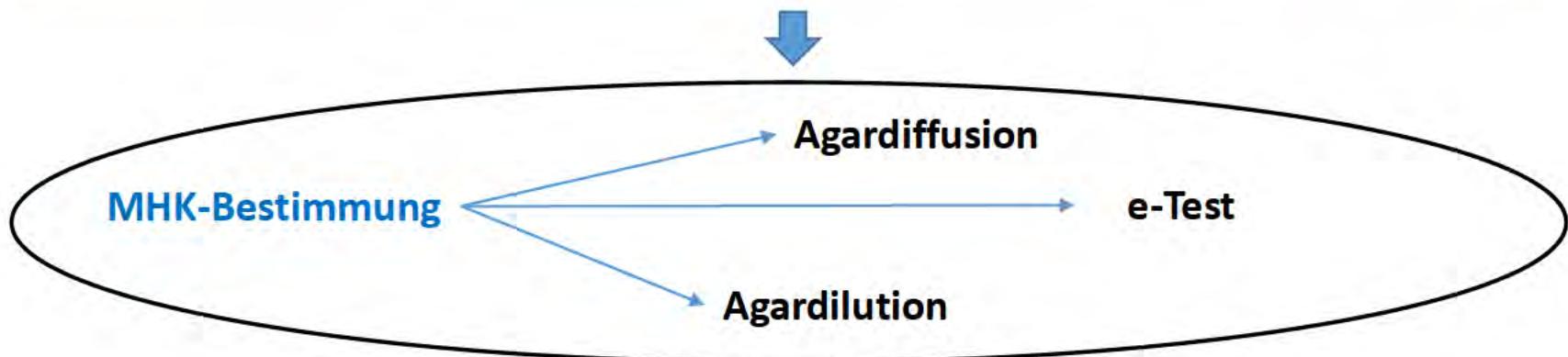
Zur Untersuchung von pathogenen Organismen.¹⁾

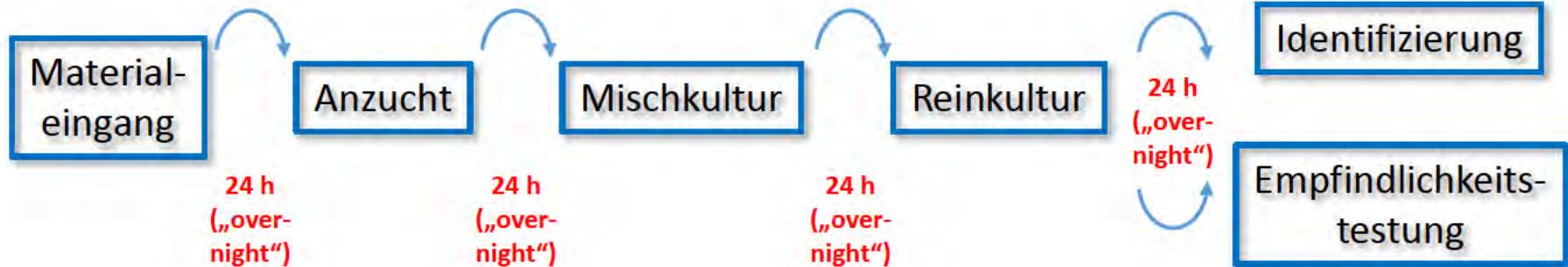
Von

Dr. R. Koch,
Regierungsrat.

Die Reinkultur ist, wie schon mehrfach betont wurde, für die weitere Ausbildung der Lehre von den pathogenen Organismen und allem, was damit zusammenhängt, ganz unentbehrlich, und in irgendeiner Weise muß Rat geschafft werden, um eine leicht zu handhabende und exakte Methode derselben zu erlangen. Auf dem jetzt eingeschla-

¹⁾ Aus Mitteilungen aus dem Kaiserl. Gesundheitsamte, Bd. I, 1881, Berlin.





~~„Übernacht-Bebrüttungs“-Mentalität~~



How to accelerate antimicrobial susceptibility testing

E.A. Idelevich*, K. Becker

Routine antimicrobial susceptibility testing (AST)

Time to result



Vitek 2
appr. 7 – 18 h



- **Phenotypic approach!**
- Broad panel of antibiotic agents
- EUCAST/CLSI-compliant
- Final result



Phoenix
appr. 8 – 18 h



- **Slow („overnight“)!**
- Phenotypic approach
- Broad panel of antibiotic agents



Walkaway
appr. 12 – 48 h



Sensititre
appr. 12 – 24 h

Screening for ESBL and carbapenemases in *E. coli* and *K. pneumoniae* for epidemiological purposes as part of the RAST procedure.

EUCAST Guidelines for detection of resistance mechanisms and specific resistance of clinical and/or epidemiological importance using EUCAST rapid antimicrobial susceptibility testing (RAST) directly from positive blood culture bottles.

Version 1.0

May 2019



European Society of Clinical Microbiology and Infectious Diseases

Rapid Antimicrobial Susceptibility Testing

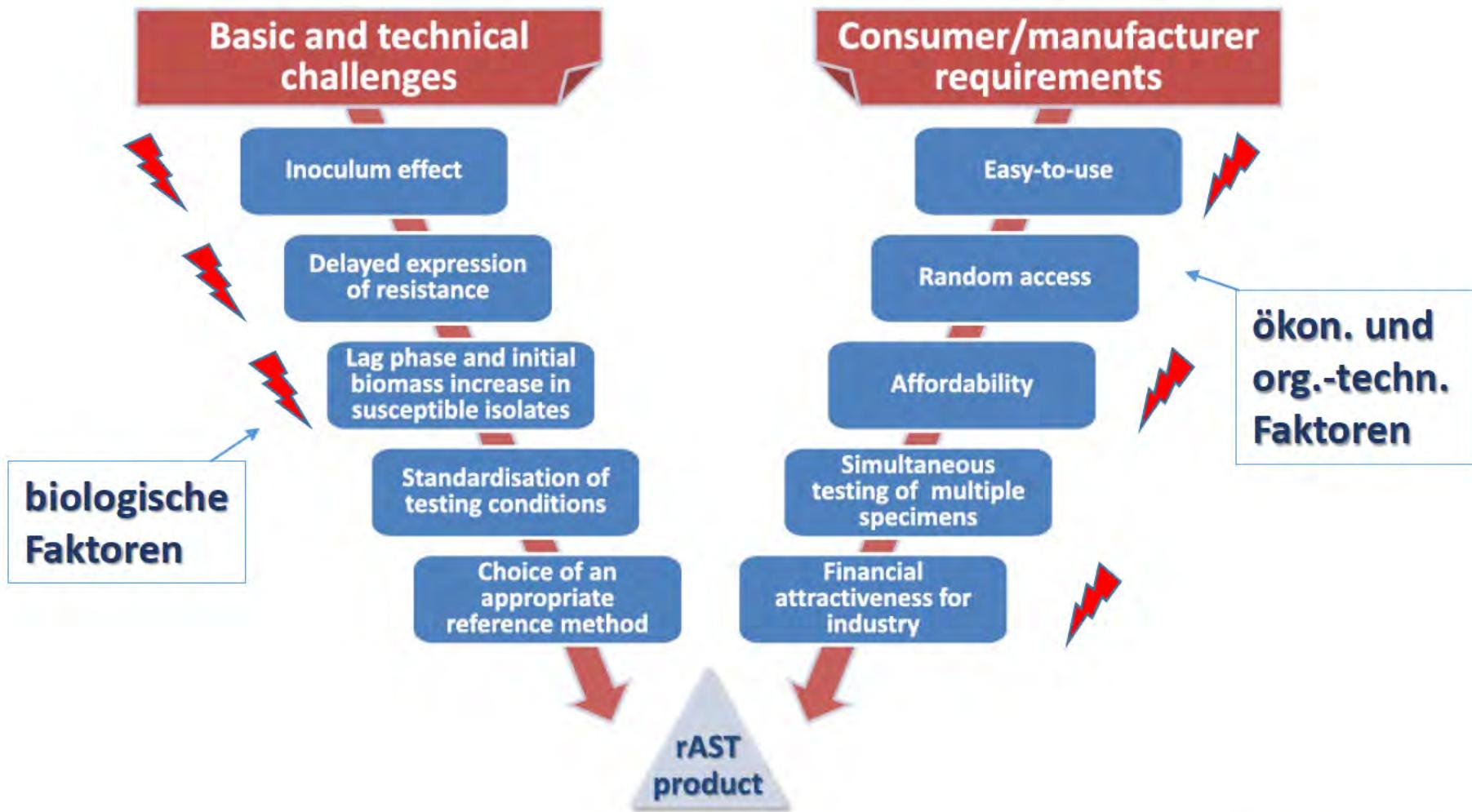


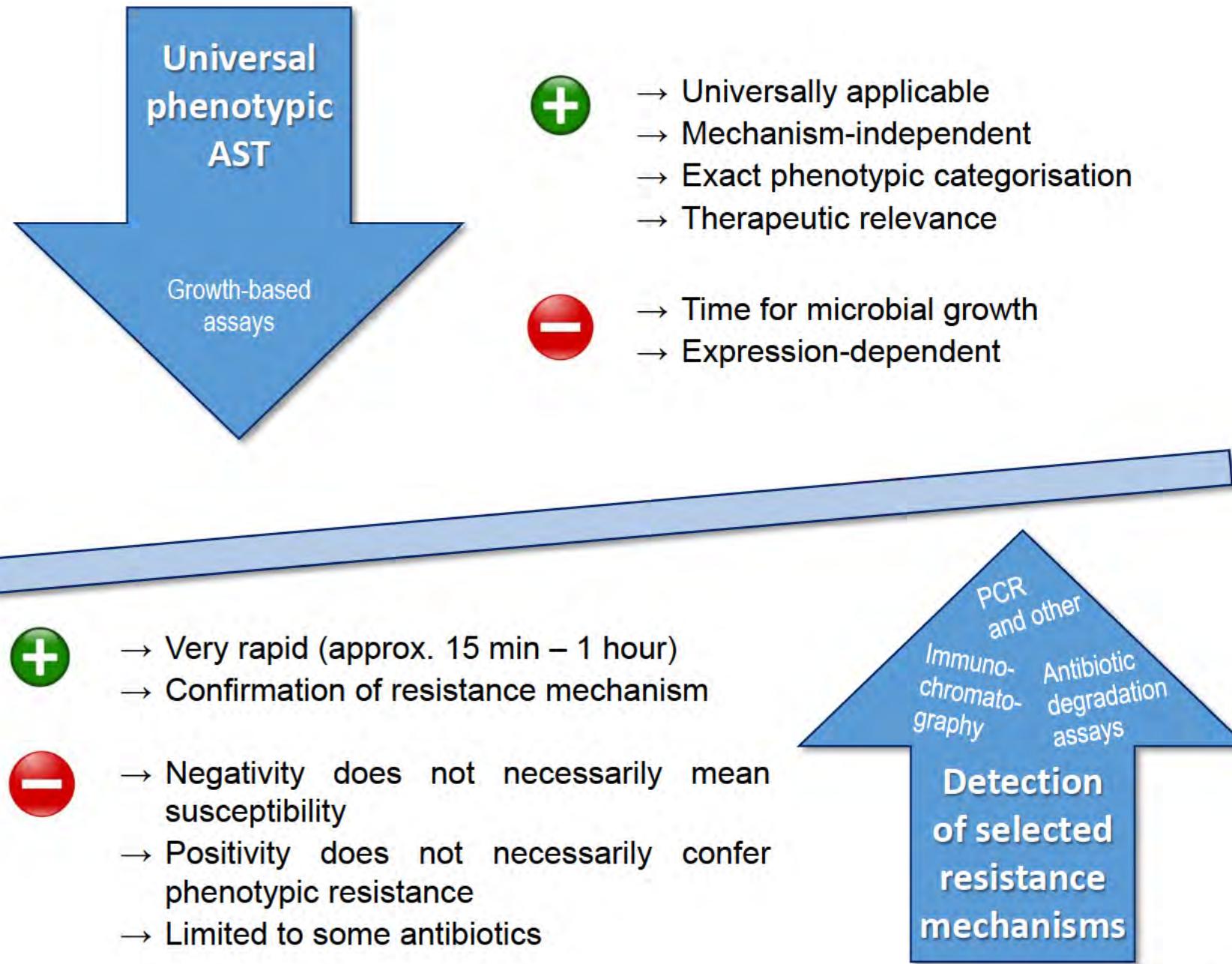
limited to selected bacteria-/agent-combinations

Table 1. Screening for ESBL-producing *E. coli* and *K. pneumoniae*.

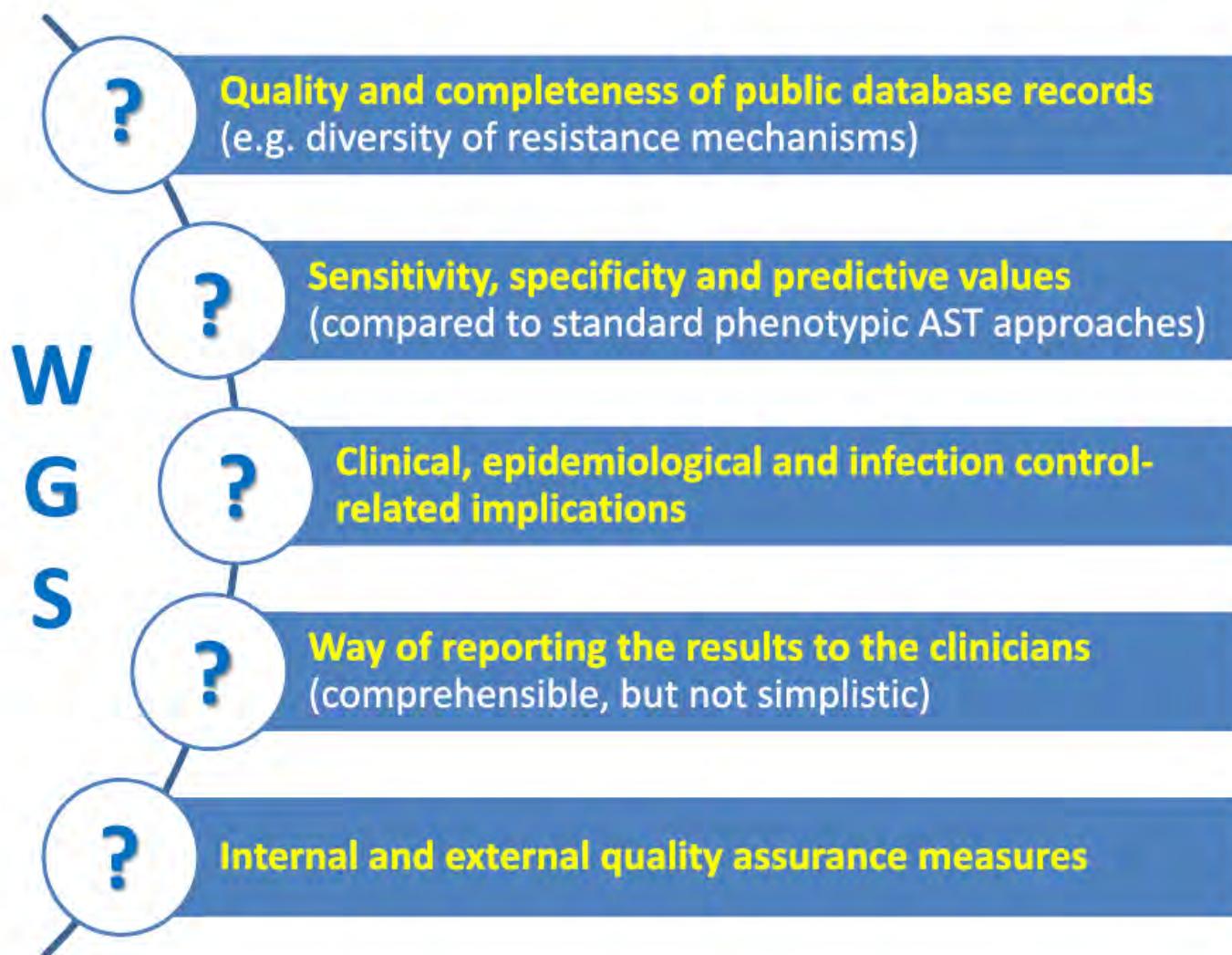
Species	Antimicrobial agent	Conduct ESBL testing if		
		4 hours	6 hours	8 hours
<i>E. coli</i>	Cefotaxime 5 µg	<15	<16	<17
	Ceftazidime 10 µg	<15	<16	<17
<i>K. pneumoniae</i>	Cefotaxime 5 µg	<15	<18	<18
	Ceftazidime 10 µg	<15	<16	<16

Herausforderungen und Erfordernisse für “rapid antimicrobial susceptibility testing” (rAST)



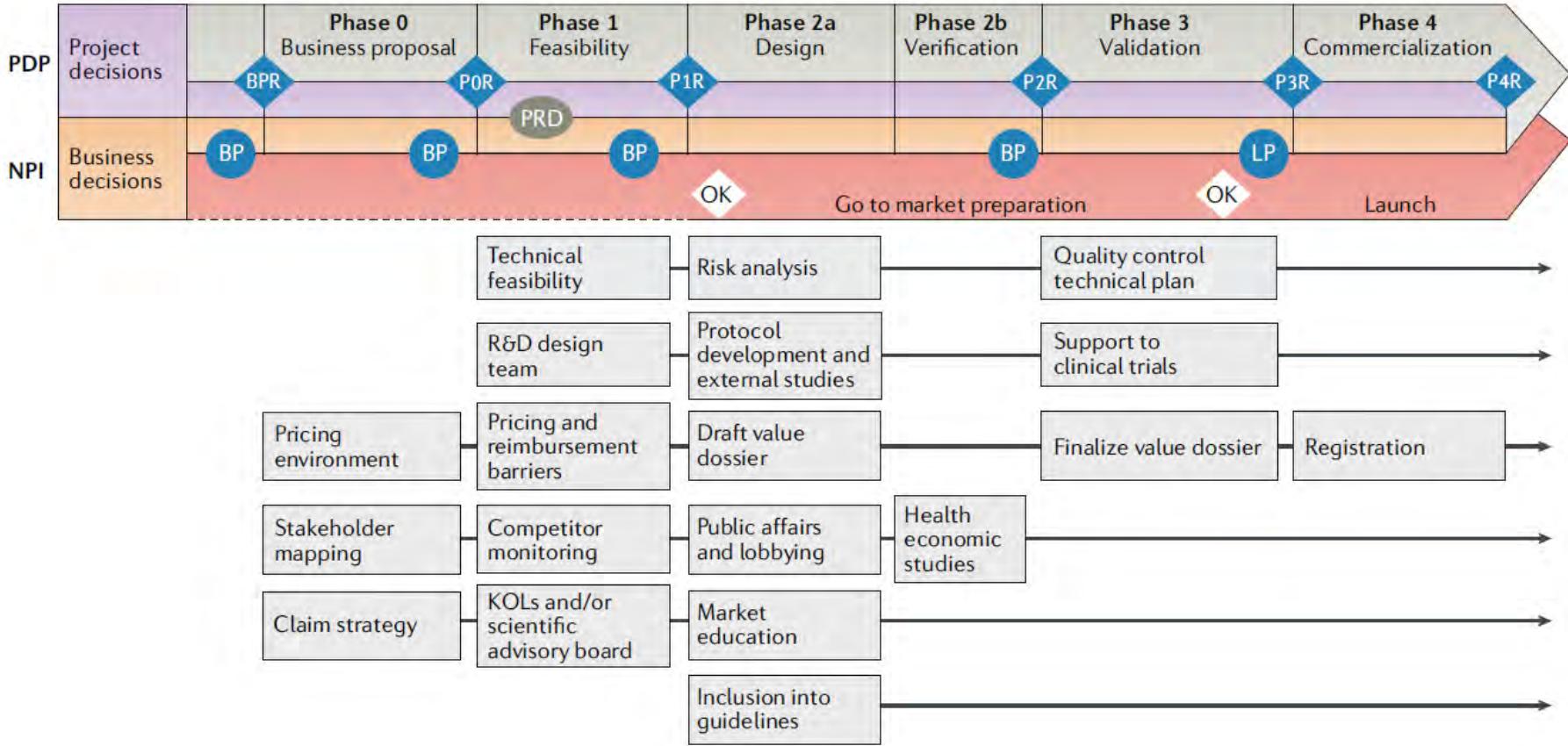


Ungelöste Fragen, die einer Einführung von “whole genome sequencing (WGS)” als AST-Routineanwendung im Wege stehen



It's a long, long way to product launch...

(except under Covid-19 exceptional conditions)



PDP, product development plan; BP(R), business plan (review); NPI, new product introduction; LP, launch planning

Innovative Verfahren sind nicht per se erfolgreich am Markt...

Polymerase chain reaction (PCR) / electrospray ionization-mass spectrometry (PCR/ESI-MS)



→ 2 Jahre Marktverfügbarkeit in Europa



Routine-Implementierung in
nur 3 europ. Krankenhäusern

(Systemkosten: ~\$300,000 US\$

Testkosten: 200–300 US\$ (nicht (EBM) oder
nur teilweise (GOÄ) rückerstattungsfähig)

Platzbedarf: ~30 m² über 2 Lab.)

MALDI-TOF-Massenspektrometrie



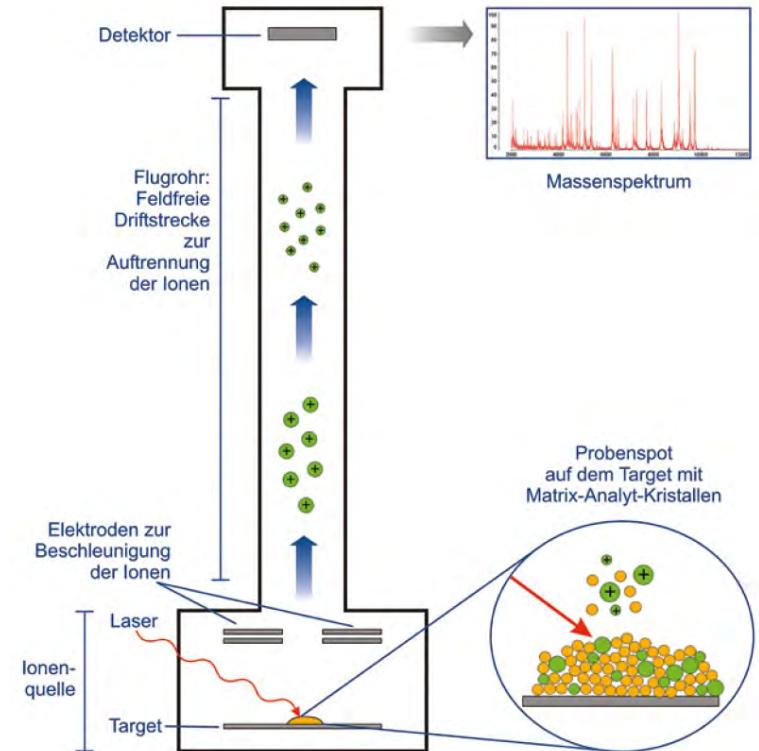
www.bruker.com



www.biomerieux-usa.com

Identifizierung: ✓

Resistenztestung: ?



Burak & Gehrt, 2010

Main approaches to the determination of antimicrobial susceptibility and resistance using MALDI-TOF MS



Determination of
**changes of the
antimicrobial
compound**
caused by the
microbial resistance
mechanism

Determination of
**specific peaks in
microbial spectrum**
for particular
resistance
mechanism

**Microbial growth
analysis**
in the presence of
antimicrobials

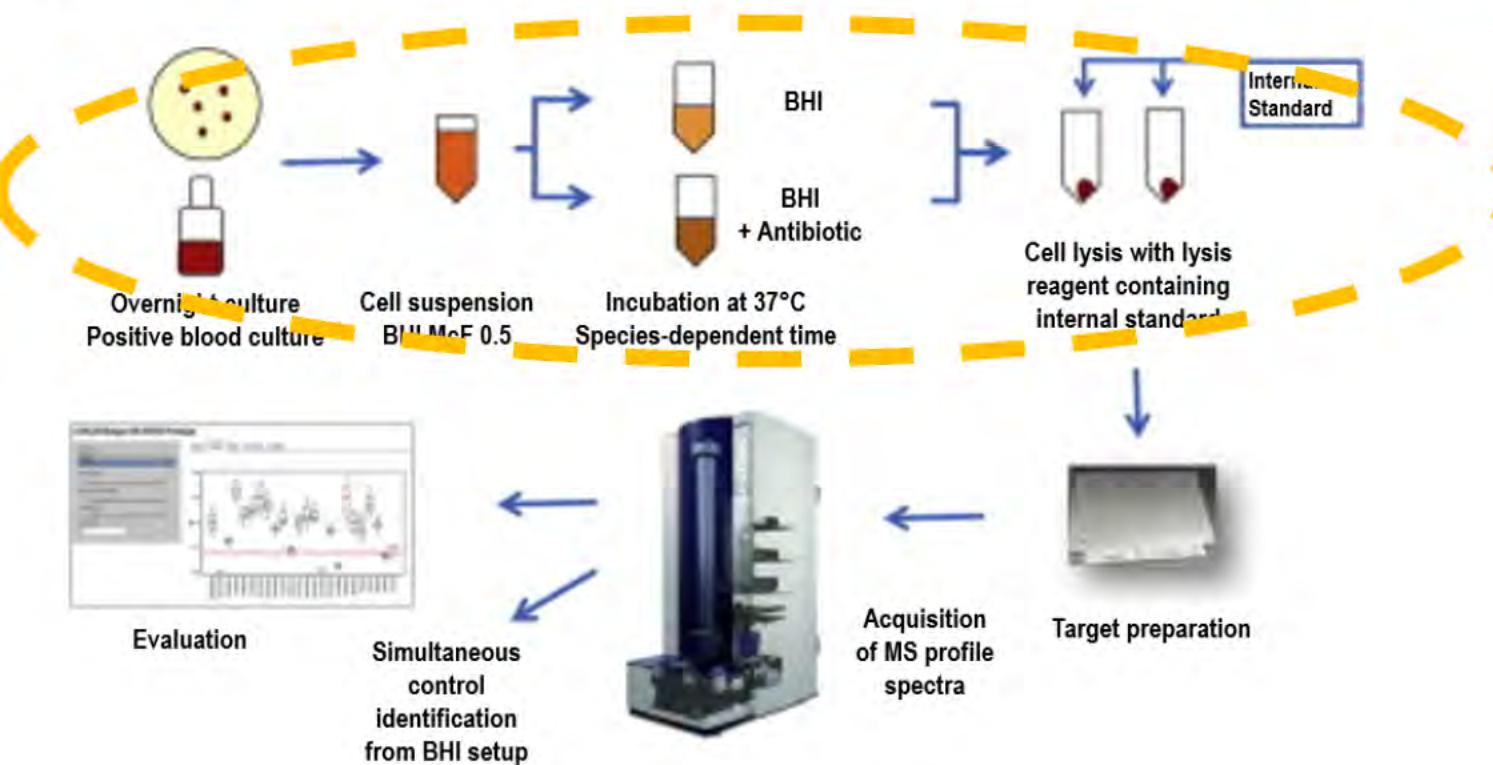
Mechanism-/agent-specific approach

Universal approach

MBT-ASTRA: A suitable tool for fast antibiotic susceptibility testing?

Katrin Sparbier ^a, Sören Schubert ^b, Markus Kostrzewa ^{a,*}

Methods 104 (2016) 48–54

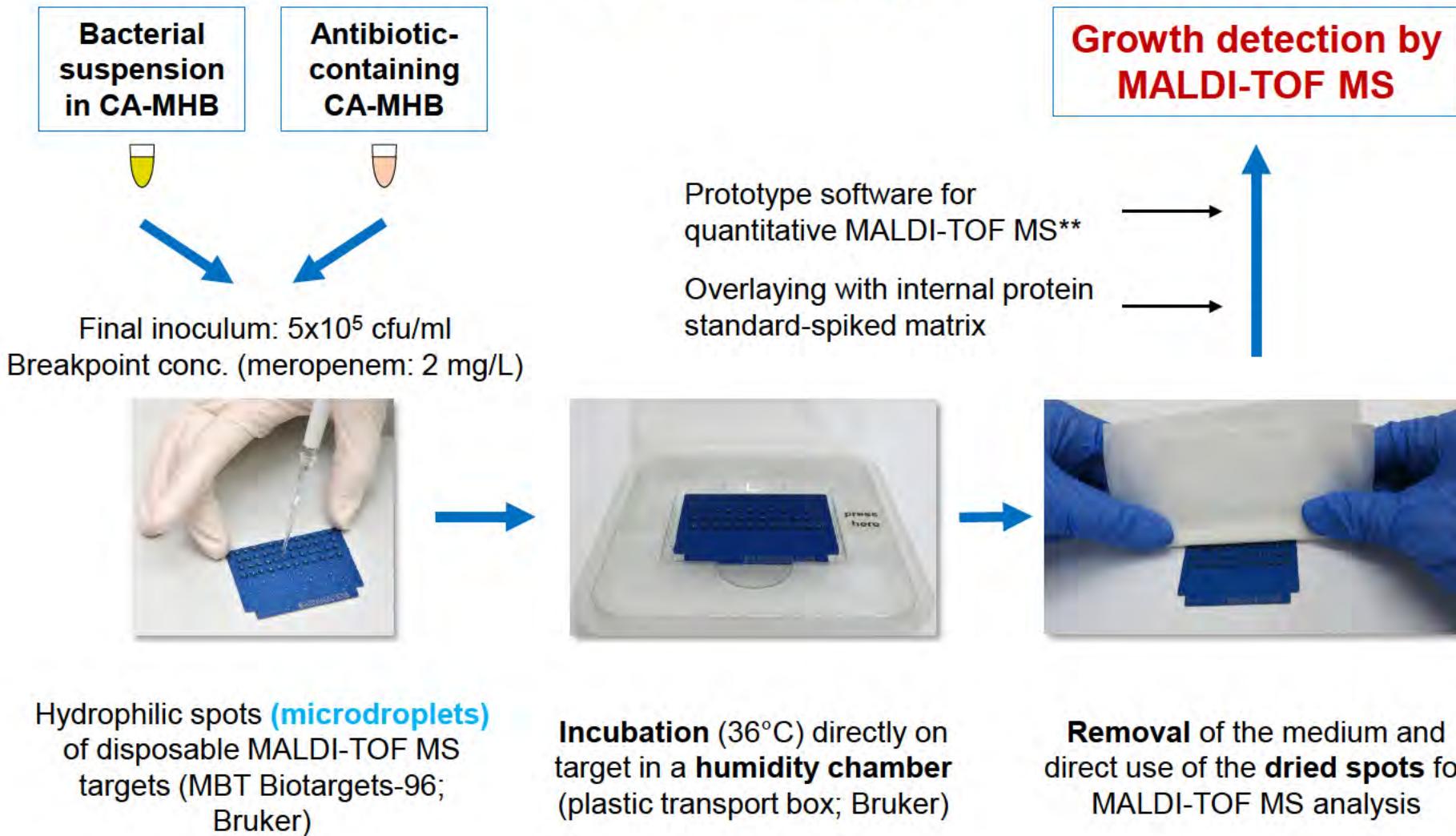


universelle Antibiotikatestung



separate Inkubation der Erregerflüssigkulturen

Direct-on-Target Microdroplet Growth Assay (DOT-MGA)*



* Idelevich et al., CMI 2018; 24: 738-743.

** Lange et al., JCM 2014;52:4155-62; **Sparbier et al., Methods 2016;104:48-54



Original article

Rapid detection of antibiotic resistance by MALDI-TOF mass spectrometry using a novel direct-on-target microdroplet growth assay*

E.A. Idelevich¹, K. Sparbier², M. Kostrzewska², K. Becker^{1,*}

Development of a MALDI-TOF
MS-based screening panel
for accelerated differential
detection of carbapenemases in
Enterobacteriales using the direct-
on-target microdroplet growth
assay

Carlos L. Correa-Martinez^{1,2,5}, Evgeny A. Idelevich^{1,5}, Katrin Sparbier³, Thorsten Kuczius²,
Markus Kostrzewska³ & Karsten Becker^{1,3,*}

Rapid Direct Susceptibility Testing from Positive Blood
Cultures by the Matrix-Assisted Laser Desorption Ionization-
Time of Flight Mass Spectrometry-Based Direct-on-Target
Microdroplet Growth Assay

Evgeny A. Idelevich,^a Luise M. Storck,^a Katrin Sparbier,^b Oliver Drews,^b Markus Kostrzewska,^b Karsten Becker^a



Journal of
Clinical Microbiology®

Rapid Detection of
Extended-Spectrum β -Lactamases
(ESBL) and AmpC β -Lactamases in
Enterobacteriales: Development of a
Screening Panel Using the
MALDI-TOF MS Based
Direct-on-Target Microdroplet
Growth Assay

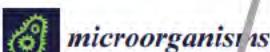
Carlos L. Correa-Martinez^{1†}, Evgeny A. Idelevich^{1†}, Katrin Sparbier², Markus Kostrzewska²
and Karsten Becker^{1,*}



Article

Rapid Simultaneous Testing of Multiple Antibiotics by the
MALDI-TOF MS Direct-on-Target Microdroplet
Growth Assay[†]

Evgeny A. Idelevich^{1,2}, Ilka D. Nix^{1,2}, Janina A. Drews³, Katrin Sparbier³, Oliver Drews³, Markus Kostrzewska³
and Karsten Becker^{1,2}



Article

MALDI-TOF Mass Spectrometry-Based Optochin Susceptibility
Testing for Differentiation of *Streptococcus pneumoniae* from
other *Streptococcus mitis* Group Streptococci[†]

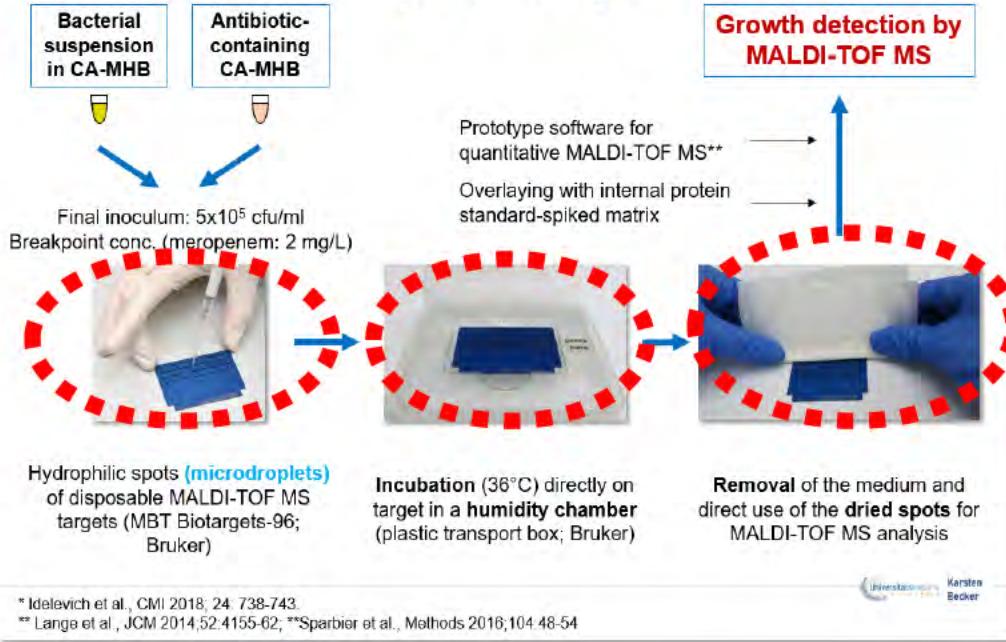
Ilka D. Nix^{1,2}, Evgeny A. Idelevich^{1,3}, Andreas Schlaermann¹, Katrin Sparbier², Markus Kostrzewska²
and Karsten Becker^{1,3,*}



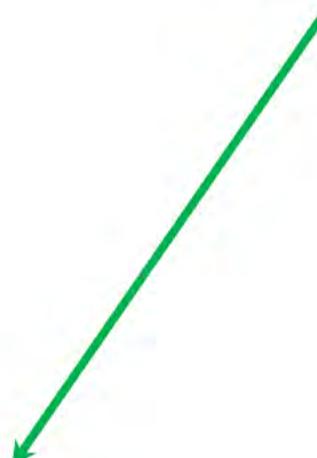
Detection of Methicillin Resistance in
Staphylococcus aureus From Agar
Cultures and Directly From Positive
Blood Cultures Using MALDI-TOF
Mass Spectrometry-Based
Direct-on-Target Microdroplet
Growth Assay

Ilka D. Nix¹, Evgeny A. Idelevich¹, Luise M. Storck¹, Katrin Sparbier², Oliver Drews²,
Markus Kostrzewska² and Karsten Becker^{1,2*}

Direct-on-Target Microdroplet Growth Assay (DOT-MGA)*



- Experimental-Stadium



industrielle
Konfektionierung/Standardisierung



MBT FAST™ Shuttle IVD

- Standardized and accelerated drying of MALDI Biotype® matrix and other liquid reagents



Fazit

- keine „eierlegende Wollmilchsau“ für Identifizierung und Empfindlichkeitstestung → **Einsatzzweck beachten und Testlimitationen kennen**
- **vordringliche Entwicklungsaufgabe: Beschleunigung** unter weitgehendem Erhalt der Leistungsparameter (insbes. Sensitivität, Spezifität) und der Anwenderfreundlichkeit (Laborintegration, hands-on-time ...)
- **Beschleunigungsmöglichkeiten auch umsetzen**
 - Reorganisation der Laborprozesse
 - Präanalytik (Transportwege!) optimieren
 - 24/7 (Labor und Klinik, [ÖGD]), Vor-Ort-Mikrobiologie
 - Diagnostic Stewardship (DS)
- Innovationsniveau/Publikationslevel ≠ Marktreife → Marktinteresse → Markt(dauer)erfolg
- Hemmnisse: nur bedingt fortschrittsorientiertes Reimbursement-System (EBM, GOÄ) sowie „neue“ EU-VO In-vitro-Diagnostika (2017)