



Metagenomic NGS A new promising diagnostic tool?

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A promising single universal pathogen detection method for infectious diseases diagnostics?

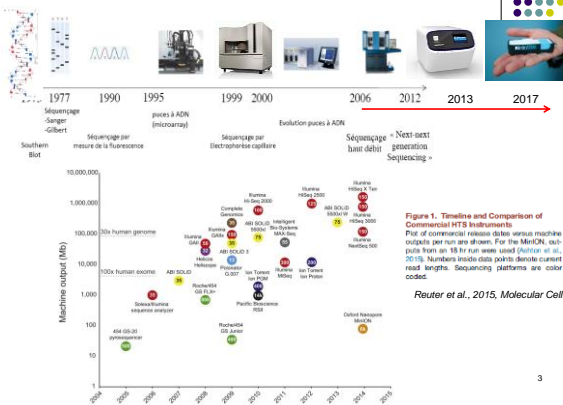


- Challenge of accurate diagnosis due to a wide variety of pathogens, causing clinically similar diseases
- Current laboratory methods requiring a battery of tests
- Syndromic multiplex PCR, 16S rDNA sequencing, MALDI-TOF MS
- Slow turnaround (from several days to weeks)
- Etiology still unknown in up to 60% of infectious diseases cases
- Accurate information regarding pathogen identification leads to favorable clinical outcomes

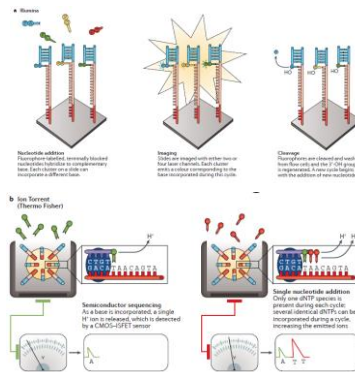
➔ Unbiased metagenomic NGS offer hypothesis-free, culture-independent, pathogen detection directly from clinical specimens

V. Caro 2^e journée CNR – LNR 17 novembre 2017

A brief story of sequencing



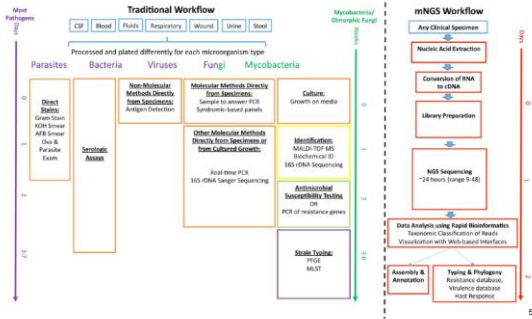
NGS 2nd generation (Sequencing by synthesis)



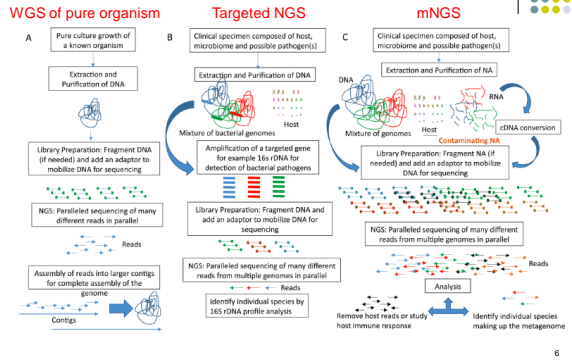
- Illumina
- Solid-phase bridge amplification (Cluster generation)
- Cyclic reversible termination (CRT) approach

- Ion Torrent (ThermoFisher)
- Emulsion PCR (micelle droplets), on-bead amplification
- Single-nucleotide addition (SNA) approach
- H⁺ release results in a 0.02 unit change in pH

Timeline and workflow in diagnostic medical microbiology laboratories



Different applications of NGS analysis



Interpretations of mNGS analysis

- Host nucleic acid amplification
 - Human genome 1000x larger than bacterial genomes
 - 99% host reads
 - <1% used reads to make successful diagnoses
 - Host nucleic acid depletion or pathogen reads enrichment
 - Sequencing depth (more reads = higher sensitivity and higher cost)
- Colonization vs Infection
 - Normal microbiota, transient colonizers, sample contamination, infection
 - Initial mNGS focused on « normally » sterile specimens
 - Quantify pathogens reads as a percentage of total number of sequence reads
 - Procedures to distinguish true pathogens from colonizers to be develop for mNGS

Interpretations of mNGS analysis

- Other exogenous sources of nucleic acid
 - Nucleic acid contamination occurs at several steps in the process from specimen collection to processing
 - handling, containers DNA/RNA free, specimen collection guidelines
 - « kit-ome » ubiquitous DNA in commonly used reagents
 - No template control should be included (reads filter)
 - Reads localization : spanning the genome vs restricted area
- Methods
 - No standardized protocol
 - DNA approach indicates the presence of organisms but RNA approach the transcription activity
 - Extraction methods (nucleic acid recovery not equal) : critical step
 - Internal control (negative mNGS)

Analytic Sensitivity of mNGS analysis

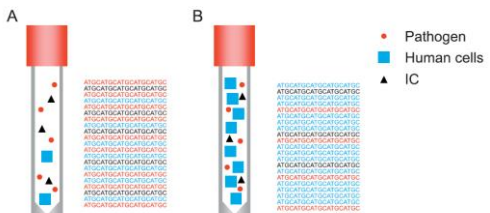
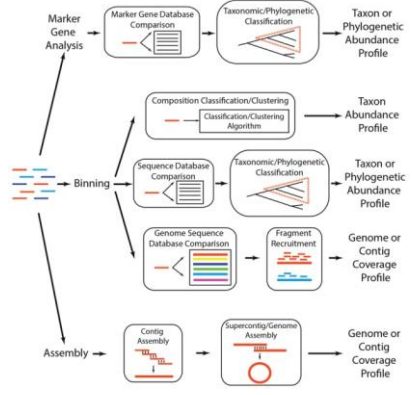


Figure 1. Conceptual illustration of how cellularity and overall nucleic acid yield affect analytic sensitivity in metagenomic next-generation sequencing. At the same pathogen load (red circles), specimens with lower patient cells (blue) have higher analytic sensitivity (A) than specimens with a greater number of human cells (B). Because DNA/RNA from both pathogens and patient cells are sequenced, the number of pathogen sequences (red) will be lower and the number of human sequences (blue) will be higher in samples with greater numbers of patient cells (B). Internal control (up and left) patient samples at known concentrations (IC, black) can be used to quantify this effect because the number of IC sequences (black) will also be reduced in samples with greater numbers of patient cells (B). During test validation, cutoffs can then be established for minimal numbers of IC sequences.

- Specimen collection : cellularity vs relative abundance of pathogens, other microorganisms, and patient cells
- Pathogen load may result in different sequence coverage depending on the total nucleic acid yield

Bioinformatics tools for mNGS data



Bioinformatics tools for mNGS data



- Large quantity of data : storage and analysis challenges
- Pipelines rapidly align the reads to NCBI nt reference database and use taxonomic classification for more accurate read assignments

Nanopore sequencing ONT

ONT output (sequiglets)
Each current shift as DNA translocates through the pore corresponds to a particular k-mer

Data throughput = No. Pores x enzyme speed x time
70 bp/sec, 500bp/sec (2017-18)

Nanopore sequencing ONT

LETTER

Real-time, portable genome sequencing for Ebola surveillance

Figure 1 | Deployment of the portable genome surveillance system in Guinea. a, The team set up a pack of instruments, reagents and disposable consumables within several bags. b, The newly established the genome surveillance laboratory in Donk Hospital, Conakry, Guinea. c, Later we moved the laboratory to a dedicated sequencing laboratory in Conak. d, Within this laboratory we continued the sequencing surveillance of the wild virus for 3.5 months (see figure). The sequencing consumables can be seen in the middle that provide power to the MinIONs (Photograph taken by UQ and SLS).

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MinION in space

MinION in space... Next reality, a new batch of instruments will be arriving on board the International Space Station...

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Rapid metagenomic identification of viral pathogens in clinical samples by real-time nanopore sequencing analysis

Alexandre L. Greninger^{1,2}, Samia N. Nejziche^{1,2,3}, Scott Federman^{2,3}, Guinia Yu^{1,2}, Placide Mbala^{2,3}, Vanessa Brey⁴, Doug Stryker², Jerome Bougari², Sheila Somashek², Jeffrey M. Linnen², Roger Dooks², Prine Muenzibakar⁵, Bradley S. Schneider⁶, Jean-Jacques Muyembe-Tamfum¹, Susan L. Stramer¹ and Charles Y. Chiu^{1,2*}

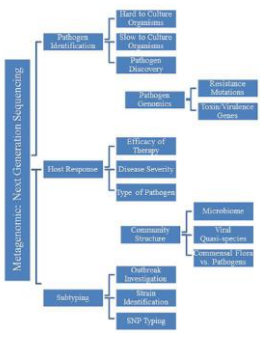
Figure 1 | Workflow for real-time metagenomic identification of viral pathogens in clinical samples. a, Sample collection and extraction. b, Library preparation using either MinION or MiSeq. c, Sequencing. d, Analysis pipeline including deconvolution and taxonomic assignment.

Figure 2 | Performance metrics. A, Comparison of detection limits. B, Time to initial detection. C, Average error rate.

- CHIKV, EBOV, HCV from human blood samples
- 4 to 10 min of data acquisition
- Average error of 24%

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- Characterization of pathogens without a priori knowledge directly from clinical specimens
 - Differentiation of colonization from infection
 - Laboratory and data analysis workflows still complex
 - Specimen preparation, rapidly evolving data analysis algorithms, incomplete reference sequence databases
 - Promised diagnostic tool, especially in immunocompromised and critically ill patients
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Merci de votre attention !

