



Clinical performance of Xpert MTB/RIF Results from evaluation and demonstration studies

Diagnostics Working Group Berlin, November 2010 Mark Perkins

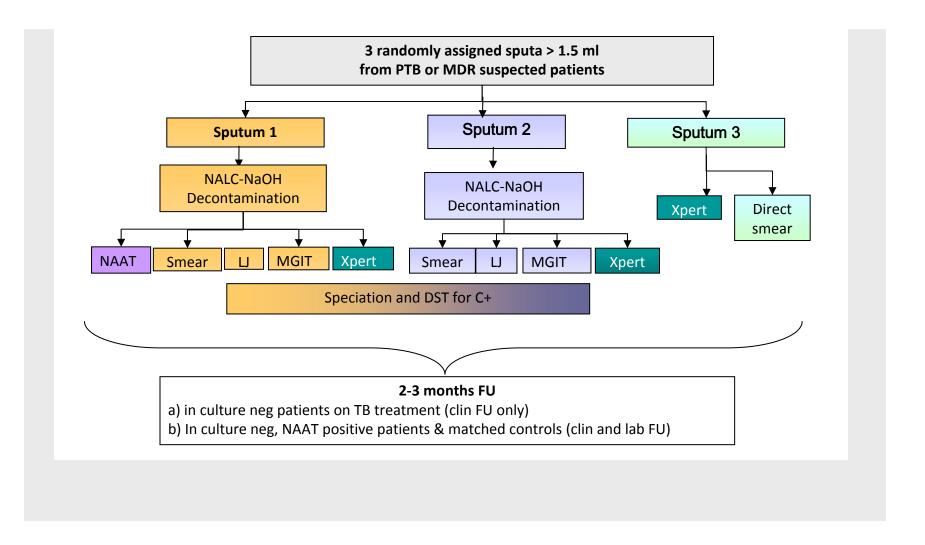
Multi-center evaluation study

5 reference laboratories with high quality gold standard Geographically diverse populations (HIV, TB & MDR prevalence)



Patient and specimen flow

• Enrolment of 1730 PTB or MDR suspected patients (4386 samples)



Overall performance: per patient analysis

	Sensitivity	Sensitivity	Sensitivity	Specificity
	All C+	S+C+	S-C+	Non-TB
UPCH, Peru				
%	99.1	100.0	83.3	100.0
(Correct / total)	(209 / 211)	(199 / 199)	(10/12)	(102 / 102)
[95 CI]	[96.6 – 99.7]	[98.1 - 100.0]	[55.2 - 95.3]	[96.4 - 100.0]
Borstel & STI, Azerbaijan				
%	96.6	100.0	92.8	97.1
(Correct / total)	(144 / 149)	(80 / 80)	(64 / 69)	(68 / 70)
[CI]	[92.4 – 98.6]	[95.4 - 100.0]	[84.1 – 96.9]	[90.2 - 99.2]
UCT, South Africa				
%	95.9	99.0	90.4	98.4
(Correct / total)	(142 / 148)	(95 / 96)	(47 / 52)	(186 / 189)
[CI]	[91.4 – 98.1]	[94.3 – 99.8]	[79.4 - 95.8]	[95.4 – 99.5]
SAMRC, South Africa				
%	95.6	100.0	86.7	97.3
(Correct / total)	(43 / 45)	(30 / 30)	(13 / 15)	(213 / 219)
[CI]	[85.2 - 98.8]	[88.6 - 100.0]	[62.1 - 96.3]	[94.2 - 98.7]
Hinduja, India				
%	98.4	100.0	88.5	97.2
(Correct / total)	(185 / 188)	(162 / 162)	(23 / 26)	(35 / 36)
[CI]	[95.4 – 99.5]	[99.7 - 100.0]	[71.0 - 96.0]	[85.8 - 99.5]
Total (<i>Three</i> Xpert MTB/RIF)				
%	97.6	99.8	90.2	98.1
(Correct / total)	(723/741)	(566/567)	(157/174)	(604/616)
[CI]	96.2 – 98.5	99.0 – 100.0	84.9 – 93.8	96.6 – 98.9

Sensitivity & specificity of a single, direct Xpert; 1462 patients

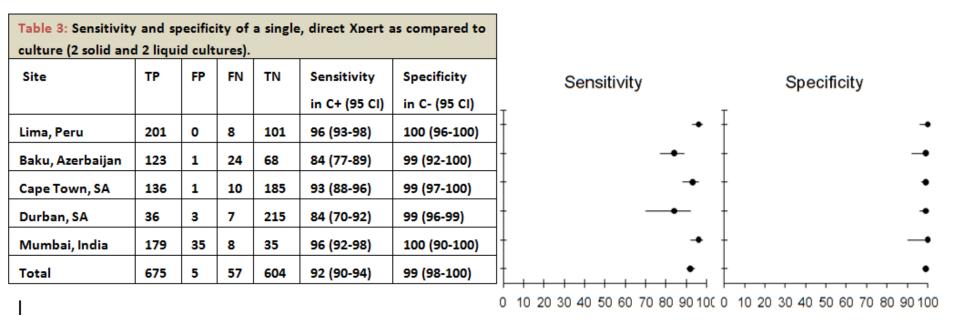


Table 6. Comparison of the overall sensitivity of a single b culture, a single information a single, direct Apert using the results of 5						
smears and 4 cultures per patient as a reference standard.						
Patient group	Single LJ	Single MGIT	Single, direct Xpert			
Smear-positive, Culture-positive	93.0%	97.7%	98.2%			
	(1016/1092)	(1104/1130)	(551/561)			
Smear-negative, Culture-positive	69.3%	84.4%	72.5%			
	(205/296)	(276/327)	(124/171)			
All Culture-positive	88.0%	94.7%	92.2%			
	(1221/1388)	(1380/1457)	(675/732)			

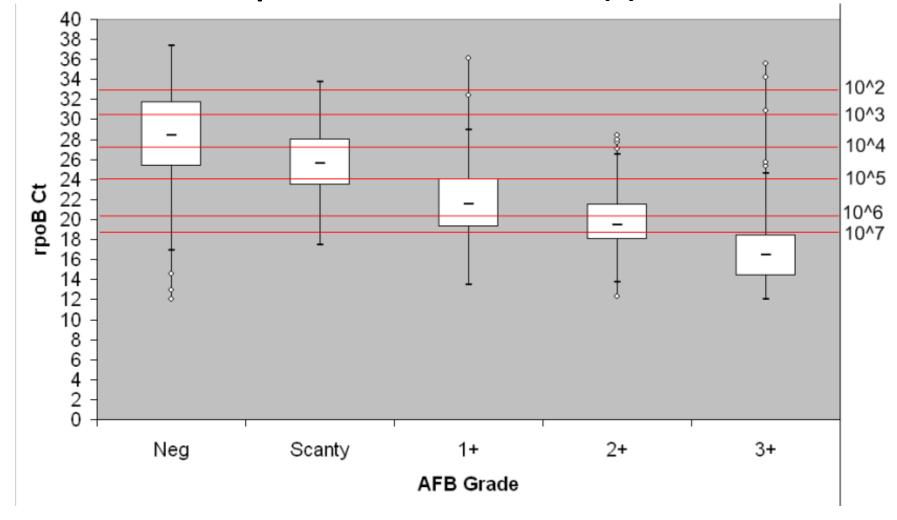
Table 6: Comparison of the overall sensitivity of a single I culture, a single MGIT culture and a single, direct Xpert using the results of 3

Rifampicin resistance detection

Table 7: Sensitivity and specificity of Xpert for the detection of rifampicin resistance as compared to phenotypic drug-susceptibility testing.*						
Site	TP	FP	FN	TN	Sensitivity	Specificity
					(95 CI)	(95 CI)
Lima, Peru	16	3	0	190	100	98
Baku, Azerbaijan	47	4	2	90	96	96
Cape Town, SA	15	0	1	126	94	100
Durban, SA	3	0	0	38	100	100
Mumbai, India	119	3	2	61	100	100
Total¥	200	10	5	505	98 (94-99)	98 (96-99)

- 1. Taking sequencing results for 15 discrepant cases into account, Xpert correctly detected rifampicin resistance in 209 of 211 patients (99.1% sensitivity) and in all 506 patients with rifampicin susceptibility (100% specificity).
- 2. 97.6% (200/205) of rifampicin resistant cases were confirmed to have multi-drug resistance.

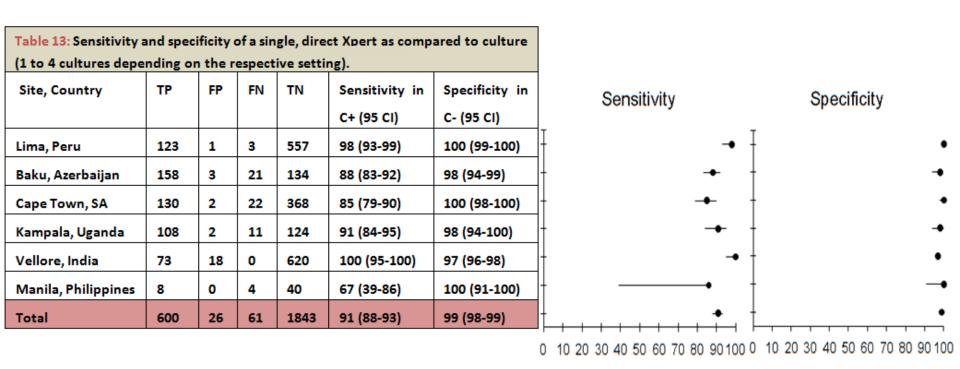
Correlation of semiqantitative results of Xpert and smear (I)



Demonstration study sites

Country /	Location	Level of the health	Average #	Electricity	Biosafety	Infrastructure	Prior skills of	Operating temperature
Site		system	smears/day		cabinet		Xpert operators	
	(supervised:	by Instituto Nacional de		iversidad Peruana Cave)	Apert operators	
HSJL	Urban	District Hospital (ZN,	25	Stable with	BSC 1	1 lab room, 1	ZN, Ogawa, No	Min: 17°C
		Ogawa)		occasional short		storage room	computer skills	Max: 32°C, No AC
				interruptions				
CSPL	Urban	Health Center (ZN)	15	Stable with	No	1 lab room	ZN, Basic	Min: 14°C
				occasional short			computer skills	Max: 31°C, No AC
				interruptions				
HXV	Suburban	Health Center (ZN)	12	Stable with weekly	No	1 lab room	ZN, Basic	Min: 19°C
				short interruptions			computer skills	Max: 33°C, No AC
Vellore, In	dia (supervise	ed by Christian Medical	College, Vellore	e)				
CHAD	Suburban	Sub-District TB Unit	20	Stable with daily	BSC 2	1.5 lab rooms	ZN, Basic	Min: 19°C
		(ZN)		short interruptions			computer skills	Max: 42°C, intermittent AC
Baku, Azer	baijan							
STI	Urban	Prison Referral	60	Stable weekly short	BSC 1	4 lab rooms	ZN,	Min: 12°C
		Center (ZN, LJ, MGIT)		interruptions			No computer	Max: 34°C
							skills	Average: 21°C; AC
Cape Town	n, South Afric	a (supervised by NHLS la	boratory Groo	te Schuur and Universit	ty of Cape To	wn)		
Paarl	Urban	Provincial Laboratory	300	Stable with	BSC 1	3 lab rooms	FM; basic LJ;	Min: 16°C
		(FM)		occasional short			Basic computer	Max: 29°C, AC
				interruptions			skills	
MSF KH	Urban	Health Center (FM)	30	Stable with weekly	BSC 1	2 lab rooms	FM, No computer	Min: 14°C
				short interruptions			skills	Max: 28°C, AC
Kampala, I	Uganda (supe	ervised by National Refer	ence Laborato	ry and FIND Uganda)				
Mulago	Urban	Referral Hospital,	30	Stable with weekly	No	1 room	Basic ZN,	Min: 19°C
ER		Emergency unit (ZN)		short interruptions			Basic computer	Max: 32°C, no AC
							skills	
Manila, Ph	nilippines (sup	pervised by Tropical Dise	ase Foundatio	n)				
LCP	Urban	Referral Hospital (ZN,	10	Stable	BSC 1	3 rooms	ZN, Ogawa,	Min: 19°C
		Ogawa)					Intermediate	Max: 25°C, AC
							computer skills	

Sensitivity & specificity of a single, direct Xpert



A single, direct Xpert (90.8%) identified more culture-positive patients than did a single LJ culture (89.8%).

Robustness

- No DNA contamination events
- No lot-to-lot variation
- Indeterminate rate (2.5%) lower than culture
- High operating temperature and short-term storage temperature had no effect on assay performance
- 2 days training adequate
- Requires stable power supply, annual calibration
- Simpler than microscopy: less workload dependent

Thank you