

Next Generation TB Diagnostics – An Update from BMGF

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BILL & MELINDA
GATES *foundation*

Presentation Outline

- **Foundation Strategic Context**
- **Next Generation TB Diagnostics Program**
- **TB Diagnostics Forum**

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TB Strategy 2011-2016: Goal and vision

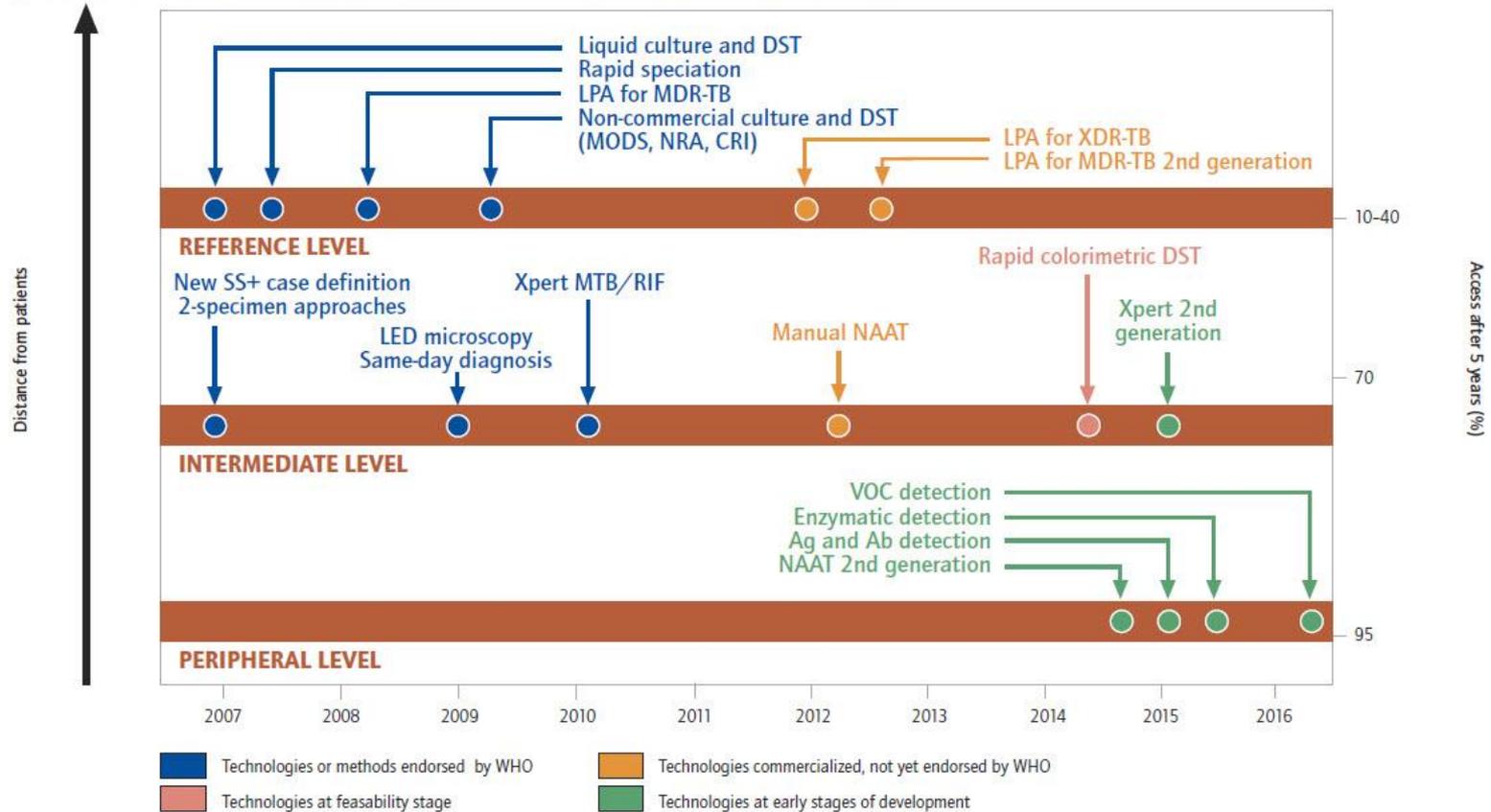
Impact goal	Accelerate the reduction of global TB incidence
Vaccines	1 vaccine candidate in phase 3
Drugs	1 TB drug regimen in phase 3
Diagnostics	<ul style="list-style-type: none">• 1 new TB biomarker identified• 2 new molecular diagnostics endorsed by WHO STAG
Country-level Innovation in TB Control	<ul style="list-style-type: none">• Increase national TB budgets• Accelerated uptake of innovative TB control• New products with frugal engineering
Global Access and Market Dynamics	<ul style="list-style-type: none">• Reduced costs of FDC and second-line drugs• Accelerated uptake of innovation in target countries and globally
Advocacy	Funding secured for one TB vaccine and one TB drug phase 3 clinical trial

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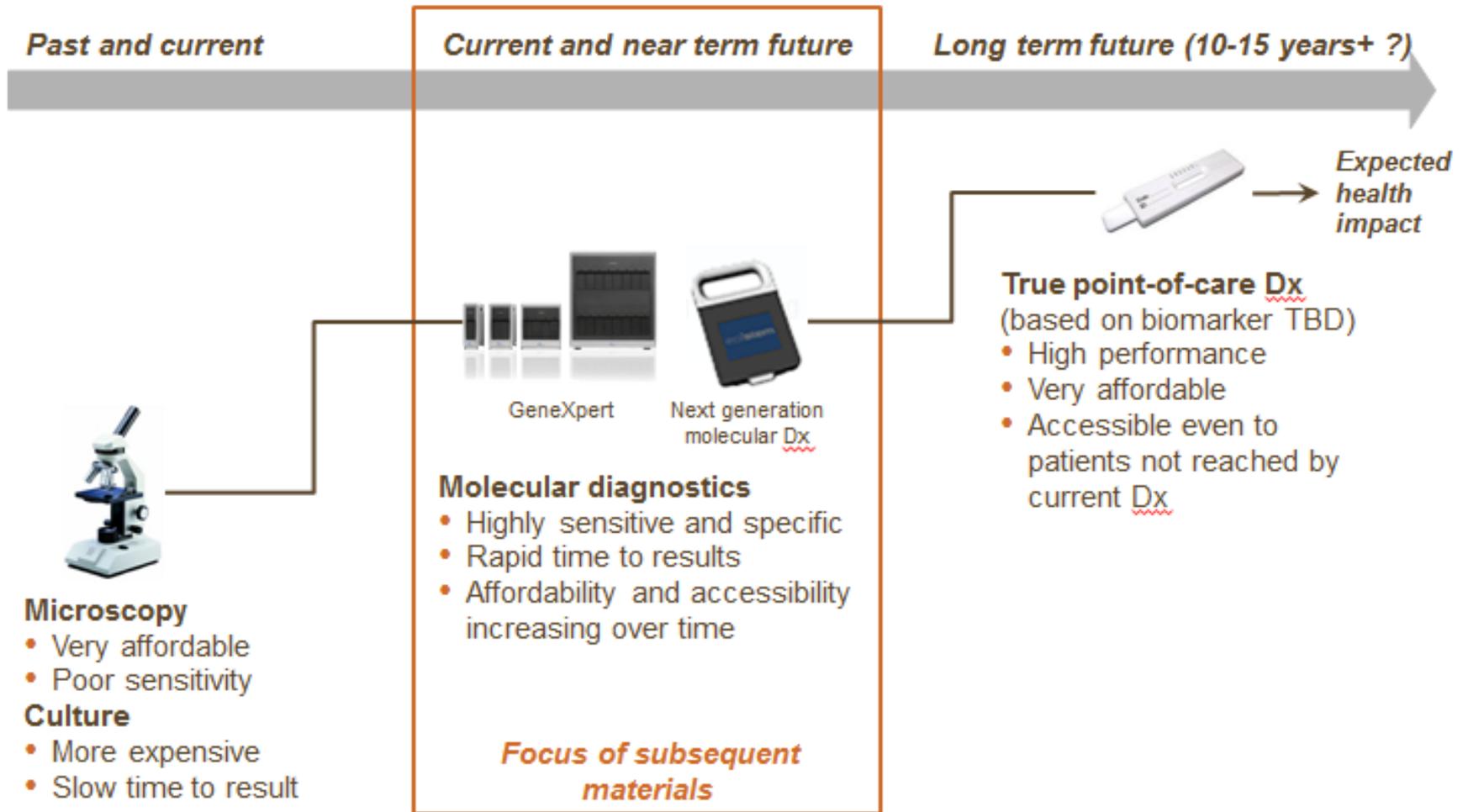
Significant Progress To Date in TB Diagnostics; Challenges Remain

FIGURE 8.1 The development pipeline for new TB diagnostics, July 2012

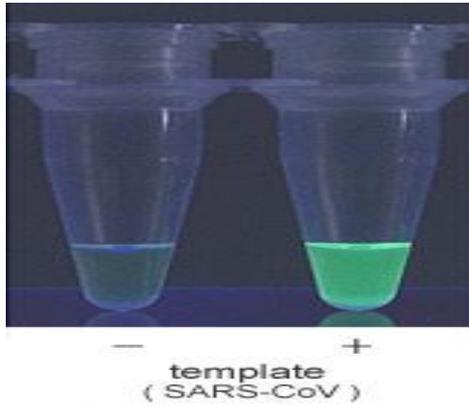


Abbreviations: **DST** Drug susceptibility test; **NAAT** Nucleic acid amplification test; **LTBI** Latent TB infection; **Ag** Antigen; **Ab** Antibody; **MODS** Microscopic observation drug-susceptibility; **NRA** Nitrate reductase assay; **CRI** Colorimetric redox indicator assay; **LED** Light-emitting diode; **LPA** Line probe assay; **VOC** Volatile organic compound.

Molecular diagnostics improve upon current tools, providing a bridge to true point-of-care Dx



Fast-follower NAATs are rapidly entering the market



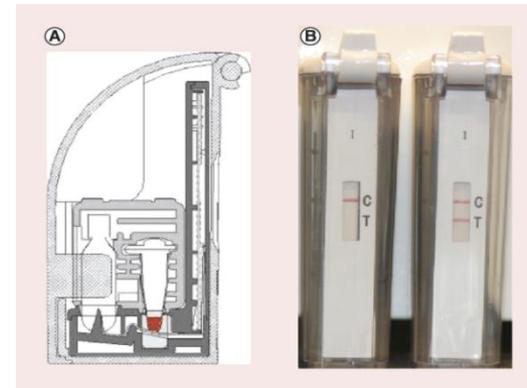
Loopamp® by Eiken, Japan



TrueLab® by Molbio, India



GeneDrive® by Epistem, UK



NAtEasy® by Ustar, China

Potential visions for next generation of molecular Dx...

Key trade-off between affordability and access

Illustrative

Affordability	High	<u>Low cost, district-level</u> <ul style="list-style-type: none">▪ Similar performance to existing tech.▪ Target price: \$4-6▪ Access constraints similar to Xpert	<u>Next generation</u> <ul style="list-style-type: none">▪ Similar performance to existing tech.▪ Target price: \$4-6▪ Clinic-ready**
	Low	<u>Xpert copycat</u> <ul style="list-style-type: none">▪ Similar performance to existing tech.▪ Target price: \$8-10▪ Access constraints similar to Xpert	<u>Expensive, clinic-ready</u> <ul style="list-style-type: none">▪ Similar performance to existing tech.▪ Target price: \$8-10▪ Clinic-ready**
		Low	High

Access

**e.g., Battery powered, heat stable, substantially lower cost instrument, etc.

Simple and Affordable Molecular Testing for Tuberculosis

“To support the creation of a validated, low-cost, nucleic-acid assay for clinical TB detection on platforms capable of operation in rudimentary laboratories in low-resource settings. It is our intention for these assays to be to created and validated for use within 24-36 months”

Target Product Profile – Key Characteristics

Characteristic	Optimal	Minimal
Cost of consumables	< \$4	< \$8
Cost of instrument	< \$5,000	< \$10,000
Time to market	< 24 mos	< 36 mos
Specificity	> 99%	> 97%
Sensitivity	> 98% smear-positive and 80% smear-negative patients	95% of smear-positive and 65% smear-negative patients
Sample Prep & processing	Integrated	Minimal, < 5 steps
Time to result	< 1 hour	< 2 hours
Sample type	Sputum	Sputum
Drug resistance screening	Detection of Rif, FQ, and INH resistance testing via a separate cartridge with additional consumable cost (Reflex Testing)	Rifampin drug resistance testing via a separate cartridge with additional consumable cost (Reflex Testing)
Training	< .5 day	< 1 day

Full TPP Available: <http://tbevidence.org/wp-content/uploads/2012/09/TPP-for-Simple-and-Affordable-Molecular-Testing-for-TB.pdf>

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Problem Statement

- Progress is accelerating on drug regimens (REMOx, PaMZ)
- Desire to save new drugs from resistance
- Historic underinvestment in TB R&D has led to significant unknowns, specifically related to DST for key regimen components
- Lack of coordination between researchers, drug developers, and the public health community that will be needed to achieve a common goal

Background and Purpose

- **TB Diagnostics Forum established in 2012 in collaboration with NIH**
- **Overall purpose is to facilitate:**
 - **Communication and discussion of research priorities, research gap areas, and new relevant data**
 - **Coordination of research and research funding**
 - **Collaboration on select projects**
- **The Diagnostics Forum has identified rapid drug susceptibility testing as an initial topic of focus.**

Proposed Structure

TB Diagnostics Research Forum Coordinating
Committee
NIH, CDC, BMGF, WHO, EDCTP

Forum Coordinator

Enabling Science
Workgroup
Chair: David
Sherman (Seattle
Biomed)

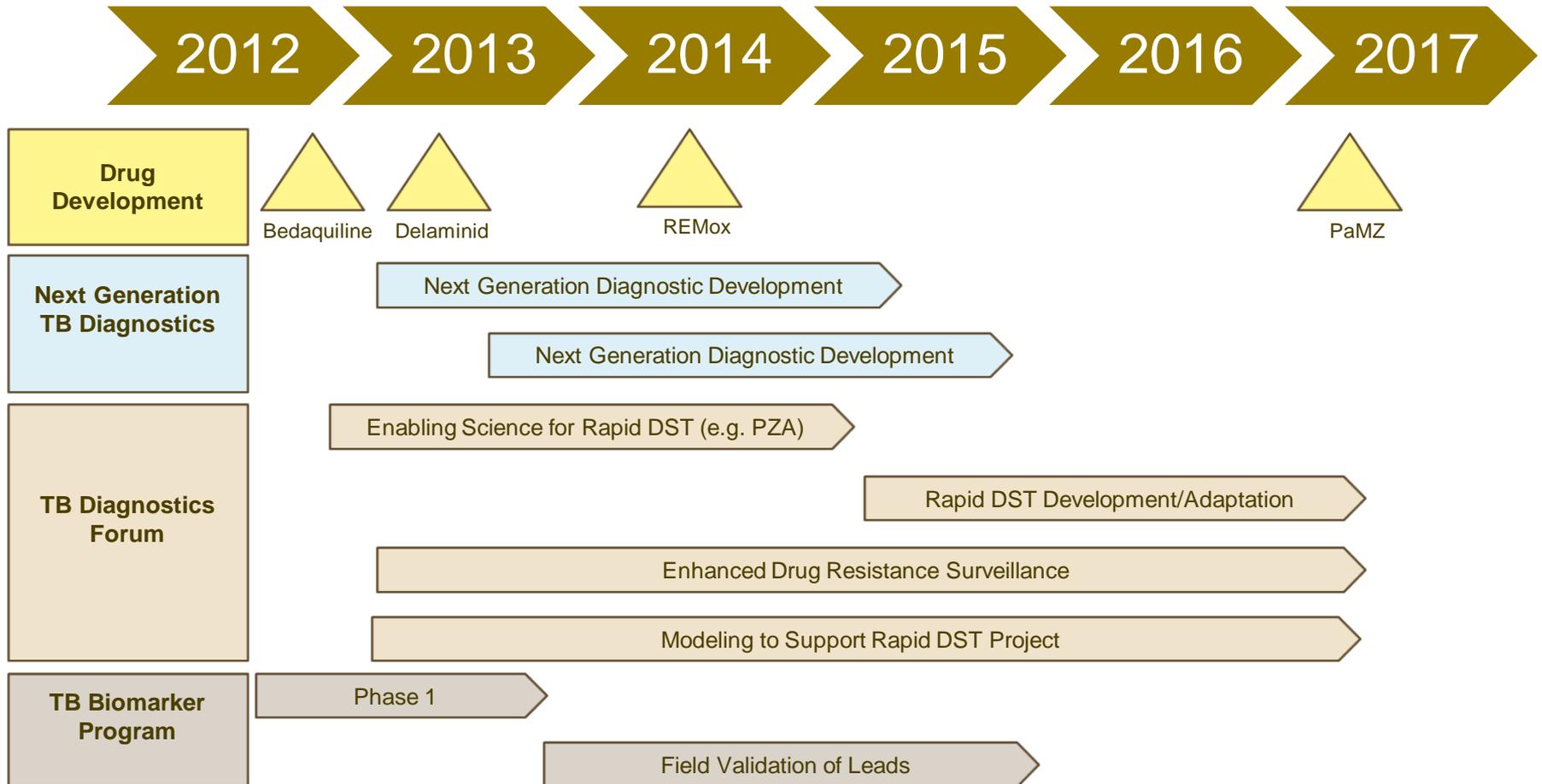
Modeling Workgroup
Chair: David Dowdy
(JHU)

Surveillance
Workgroup
Chair: Bonnie
Plikaytis (CDC)

Assay Development
Workgroup
Chair: Mark Perkins
(FIND)

Program Management Support

Coordinated timeline – BMGF Activities



Grand Challenge: Biomarkers for the Diagnosis of TB

- \$7.7M invested in 10 projects, 24 month grants
 - **Program Goal:** support innovative research to facilitate development of a low-cost, simple-to-use tool that can quickly and accurately diagnose TB in developing countries
 - **Investigators are evaluating both host and pathogen markers in highly characterized clinical samples through partnership with FIND**
 - Concurrent development of TPPs for POC diagnostics to inform decisions
- grandchallenges.org/biomarkers



Thank You

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