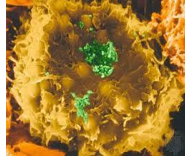


Development and Validation of a Human T-Cell Lymphotropic Virus Type I (HTLV-I) Proviral Load Assay

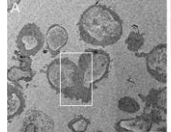
Kim Wilson¹, Stirling Dick¹, Sue Best¹ & Lloyd Einsele²

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² Flinders Medical Centre, Adelaide, Australia



HTLV-I Epidemiology

- 15 to 20 million people world wide infected with HTLV-1
- Life long infection
 - 95% carriers remain asymptomatic
 - 5% associated with severe diseases
 - Neoplastic diseases (lymphoma, Adult T-cell leukaemia)
 - Inflammatory syndromes (HTLV-1 associated myelopathy/tropical spastic paraparesis etc)
 - Opportunistic infections (*Strongyloides stercoralis* hyperinfection etc.)
- HTLV remains cell associated and is transmitted by cell to cell contact during early infection
- In the later stages it is replicated by clonal expansion of the host cells by mitosis



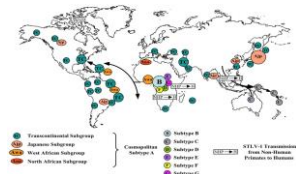
HTLV-I Transmission and Testing

- **Modes of transmission include**
 - Breast feeding from an infected mother
 - Exposure to contaminated blood products
 - Sexual contact
- **Diagnosis and monitoring infection**
 - Anti-HTLV antibody assays
 - Proviral DNA

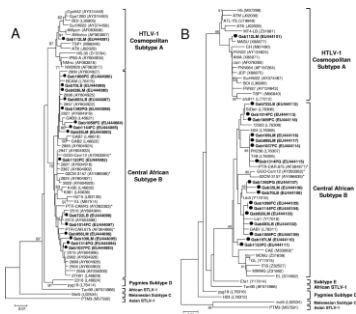


Global HTLV Subtype Distribution

- Positive sense, single-stranded RNA virus
- Deltaretrovirus genus of the Retroviridae family
 - HTLV-I subtypes A, B, C, D, E, F and G
 - Subtype A (Caribbean, North America, Japan – ATK & MT-2)
 - Subtype B (African)
 - Subtype C (Australo-Melanesian found in PNG, Solomon Islands and Australia)
 - HTLV-II subtypes A, B and D
 - HTLV-III
 - HTLV-IV



Phylogenetic Trees for HTLV-1



- Low degree of genetic variation (0.5 to 3%) in the cosmopolitan strains of the virus
- Subtype C shows a divergence of 8.5% at the nucleotide level
 - Amino acid sequence varying between 3 to 11% for the structural genes
 - Amino acid sequence varying between 8.5 to 25% for the regulatory and pX regions
 - More closely related to HTLV-II than HTLV-I
- Diagnostic assays are based on the prototype virus HTLV-I AKT (cosmopolitan strain)



Gessain, A. et al. 1993. J. Virol. 67(2):1015

Published NAT Assay for the Detection of HTLV-I and HTLV-II

- Multiplex PCR using real time DNA amplification for the rapid detection and quantitation of HTLV I or II¹
- Amplifies a region of the tax gene
- Performed by NRL as a qualitative multiplex assay
- HTLV in samples from Central Australia were not consistently detected



¹ Michael C. Estes, J. Sanders Sevall. Molecular and Cellular Probes 17 (2003) 59–68

Assay Target Selection

- Determined a suitable region of the *Gag* region as the assay target based on sequence
- Designed 15-30 bp primer and probe set over a highly conserved region of 50–150bp for the assay

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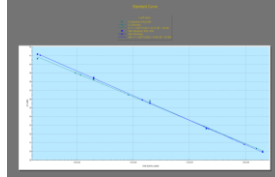
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XXGCTCAATCTAGTATTGTTTGGTTTTCTTCTTCTTGGGGGATACGATGGGATGGGATGGGATGGGATGGGATGGGATGGGATGGGATGGG
CTTGGCCAGCGCCAGCAAGCCCGGACCTTACTTGGCCGGGACCAAGTGAAGCCCAATTCATATACCTCTCCAGGAGAGAGAATAGAACAACA
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AAAGAGGCTTTTAAAGAGGATAGCAATAGGATAGGATAGGATAGGATAGGATAGGATAGGATAGGATAGGATAGGATAGGATAGGATAGGAT
GGGAGGTAATGAAATTTACAGGATCTATCCAAAGCCAAAGCCAGATCCCTCCAGAGCGCCGGCGGGCGGCTATCCCGCCAGCCAGG
ACCGCCCAATTCTGATTCAGATGGCCCGCTCCCTTATTTTGAAGGCTACAGGGCCCAAGTCCCTTCCAGTATGCAACCCACAGGTTGCTCC
CACGACCGCGCGTGGCAATGAAAGACCTACAGGGCTATTAGGAGGAAGTCTCC 3'
    
```

- HTLV-I-FWD Primer **CAGXXXXXXXXXXCCT**
- HTLV-I-REV Primer **CTTXXXXXXXXXXGCT**
- HTLV-I-Probe **[6FAM]GTCXXXXXXXXXXGCG[BHQ1]**



HTLV-I Quantification

- Standard curve set up using a ten fold serial dilution of SP cells from $1 \times 10^6 - 1 \times 10^1$ cells/ml
 - SP cells are cloned from PBMCs from a female with adult T-cell lymphoma. They **contain a single integrated full-length copy of HTLV-I**. SP expresses mature T-cell specific antigens with a co-expression of CD4 and CD8 on its surface. It also expresses CD2 and CD3, but lacks detectable levels of TCR α or TCR β . It represents a mature T cell since it lacks surface CD1 expression, intracellular thymic terminal deoxynucleotidyl transferase, and message expression for VDJ recombination activating gene¹.
- HTLV-I Ct indicates the number of HTLV proviral copies in the sample
- Albumin Ct indicates the number of leukocytes in the sample



- Normalise proviral load by expressing as copies/number of leukocytes



¹Thomas Rowe, et al (1995) CHARACTERIZATION OF A HTLV-I-INFECTED CELL LINE DERIVED FROM A PATIENT WITH ADULT T-CELL LEUKEMIA WITH STABLE CO-EXPRESSION OF CMV AND COB. Leukemia Research Vol. 19, No. 9, pp. 621-628, 1995.

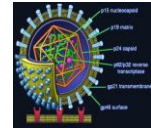
Reproducibility of HTLV-I PVL Results – Inter-run variability

HTLV-I copies/mL	Runs	Detected	Mean	SD	% CV
2x10 ⁶	20	1	42.8		
2x10 ¹	20	6	42.4	2.3	5.4
2x10 ²	20	20	40.4	2.0	5.0
2x10 ³	20	20	37.2	1.8	5.0
2x10 ⁴	20	20	33.5	1.7	5.1
2x10 ⁵	20	20	31.0	1.7	5.6
Alb copies/mL	Runs	Detected	Mean	SD	% CV
2x10 ⁶	20	3	41.0	1.9	4.6
2x10 ¹	20	6	40.1	1.4	3.5
2x10 ²	20	16	39.2	1.7	4.3
2x10 ³	20	20	36.8	1.1	3.0
2x10 ⁴	20	20	33.3	1.2	3.7
2x10 ⁵	20	20	30.6	1.0	3.4

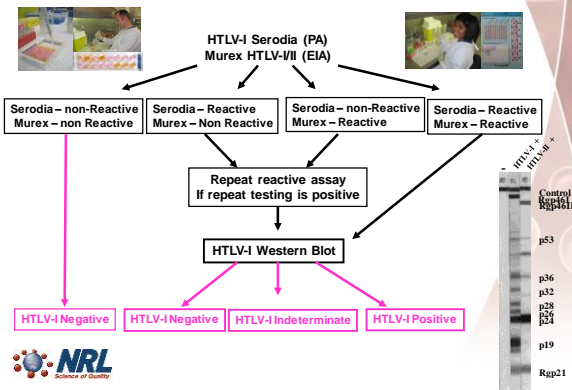


Limit of Detection

- To determine the limit of detection more precisely
 - A two fold serial dilutions of SP cells were made
 - Range from 1000 to 1 copy/ml
 - Creating a 10 member panel
 - A total of 27 replicates were analysed on 4 separate runs
- A probit analysis was performed
 - 95% detection limit for **HTLV-1**
 - **6.54** (5.44 – 8.39) copies/reaction
 - 95% detection limit for **IC** (albumin)
 - **15.56** (12.91 – 19.98) copies/reaction



NRL HTLV-1 Testing Strategy



Clinical Sensitivity and Specificity

- A total of 1147 samples have been run through the assay
 - 629 samples screened negative for HTLV-1
 - 4 were inhibited or contained insufficient cells
 - 4 produced discordant or indeterminate serology results
 - These samples were excluded from the calculations
 - 621 samples were used to determine the specificity of the assay
 - 518 samples screened positive for HTLV-1
 - 4 were inhibited or contained insufficient cells
 - 17 produced discordant or indeterminate serology results
 - These samples were excluded from the calculations
 - 497 samples were used to determine the sensitivity of the assay



Clinical Specificity

- A total of 621 samples that generated a negative serology status were tested for HTLV-I PVL
- These samples were all non-reactive on the :-
 - Murex EIA
- Of these 621 samples
- HTLV DNA was not detected in any samples
- HTLV DNA was below the limit of detection in all 621 samples
- **Resulting in a final specificity of 100%**



Clinical Sensitivity

- A total of 497 samples that generated a positive HTLV-1 serology status were tested for HTLV PVL
- These samples were reactive on the :-
 - Murex EIA
 - Serodia PA
 - MP Diagnostics Western blot
- Of the 497 samples
- HTLV DNA was detected in 463 samples
- HTLV DNA was below the limit of detection in 34 samples
- **Resulting in a final sensitivity of 93.2%**



Conclusion

- We have developed an HTLV-I PVL assay which reliably detects all subtypes of HTLV commonly encountered in our laboratory
- Paired whole blood, buffy coats and dried blood spots have been run in parallel and we obtained good concordance
- Validation Requirements
- Sensitivity
 - Dynamic range
 - Subtype detection
- Specificity
 - False reactivity
- Reproducibility
 - Inter-assay
 - Intra-assay
- Controls
 - Standards (SP cells)
 - Negative (PBMCs)
 - QC (MT-2 or MT-4 cells)
- This assay has the potential to be a valuable tool for predicting disease progression and clinical outcome



Acknowledgements

- This project was funded by NHMRC Project Grant # 1012945
- Dr. Lloyd Einsiedel and his staff at Flinders Medical Centre recruited participants and provided the samples
- Stirling Dick and the staff at NRL (Tam, Penny, Terri, Nilukshi, Jing, Alison and Frank) have performed diagnostic testing, assay development and data entry
- Alice Springs Hospital and the hospital laboratory staff (Ron Halliwell) collected samples, prepared the buffy coats and organised shipping of the samples
- IMVR who have helped with the shipping of samples
- Kevin Freeman and the staff at the Royal Darwin hospital provided screening test results and shipped samples
- **The participants who enrolled in the study** we are incredibly grateful for your support and we hope this work will improve the health of your communities in the future



Melbourne, Australia

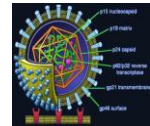


**Thank you
for your
attention!**



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