

# Next Gen (deep) Sequencing Discussion

**1) Intro – A. Kwong (2 min)**

**2) Philosophical Considerations (7 min)**

Section lead <b>Mike Otto</b>	On site <b>David Standring</b> <b>Rich Colonno</b>	Teleconference <b>Stuart Ray</b>
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**3) Technical Considerations (11 min)**

Section lead <b>Jan van Doorn</b>	<b>Lee-</b> On site <b>Richard Barnard</b> <b>Ina vandenbroucke</b>	Teleconference <b>Neil Parkin</b> <b>Patrick Harrington</b>
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**4) Discussion – all (4 min)**

# Philosophical Considerations in Next Generation (Deep) Sequencing

**Mike Otto**

HCV DrAG Meeting #6

March 30, 2011

Berlin, Germany

# Introduction

- Resistant variants almost certainly exist in each DAA-naïve patient
- They may be enriched during non-SVR DAA-containing treatment
- They may decrease in proportion of quasispecies after non-SVR DAA treatment
- They might reduce efficacy of future DAA treatment

# 1. Utility of Studying Minor Species

- Clinical impact on response to anticipated/ongoing treatment?
- Clinical impact on regimen selection?
- Implications for viral evolution in vivo (hepatocyte turnover, replication space, fitness)

## 2. Relevance in Combinations Treatment Regimens

- Relevance likely to depend on therapeutic context
  - Interferon+ribavirin-containing regimens
  - Ribavirin-containing regimens
  - DAA-only regimens (drug concentration comparable to  $IC_{50}$  of “mutant” virus)
  - DAA-only regimens (drug concentration greatly exceeding  $IC_{50}$  of “mutant” virus)

### 3. Utility of Studying variants in Retreatment Patients

- Impact on clinical practice?
- Can predictive models be developed?

# Technical Considerations in Next Generation (Deep) Sequencing

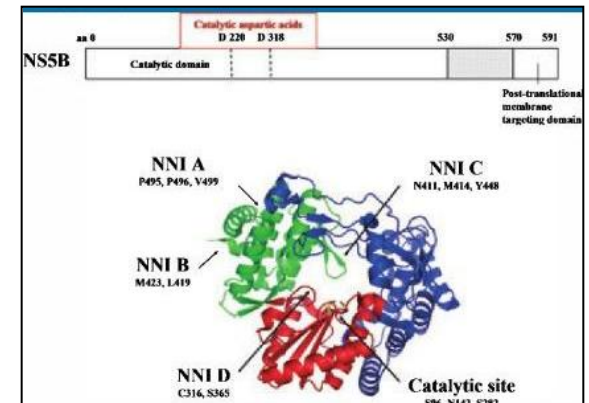
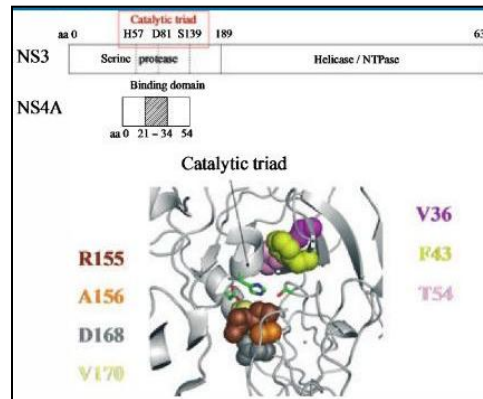
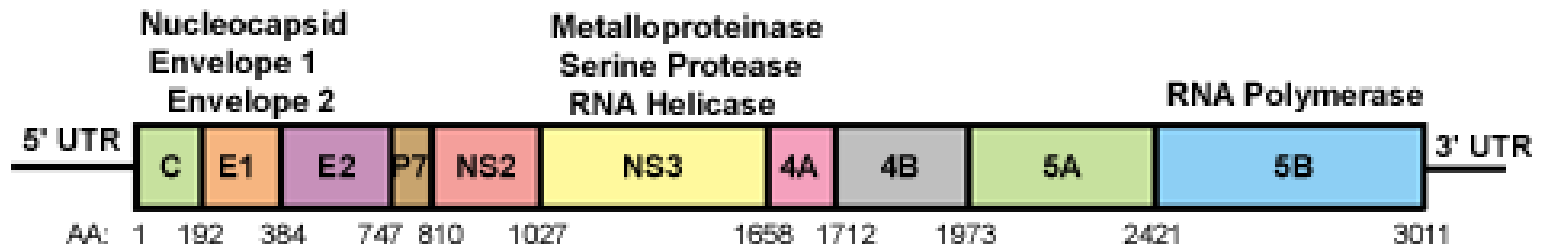
**Lee-Jan van Doorn**

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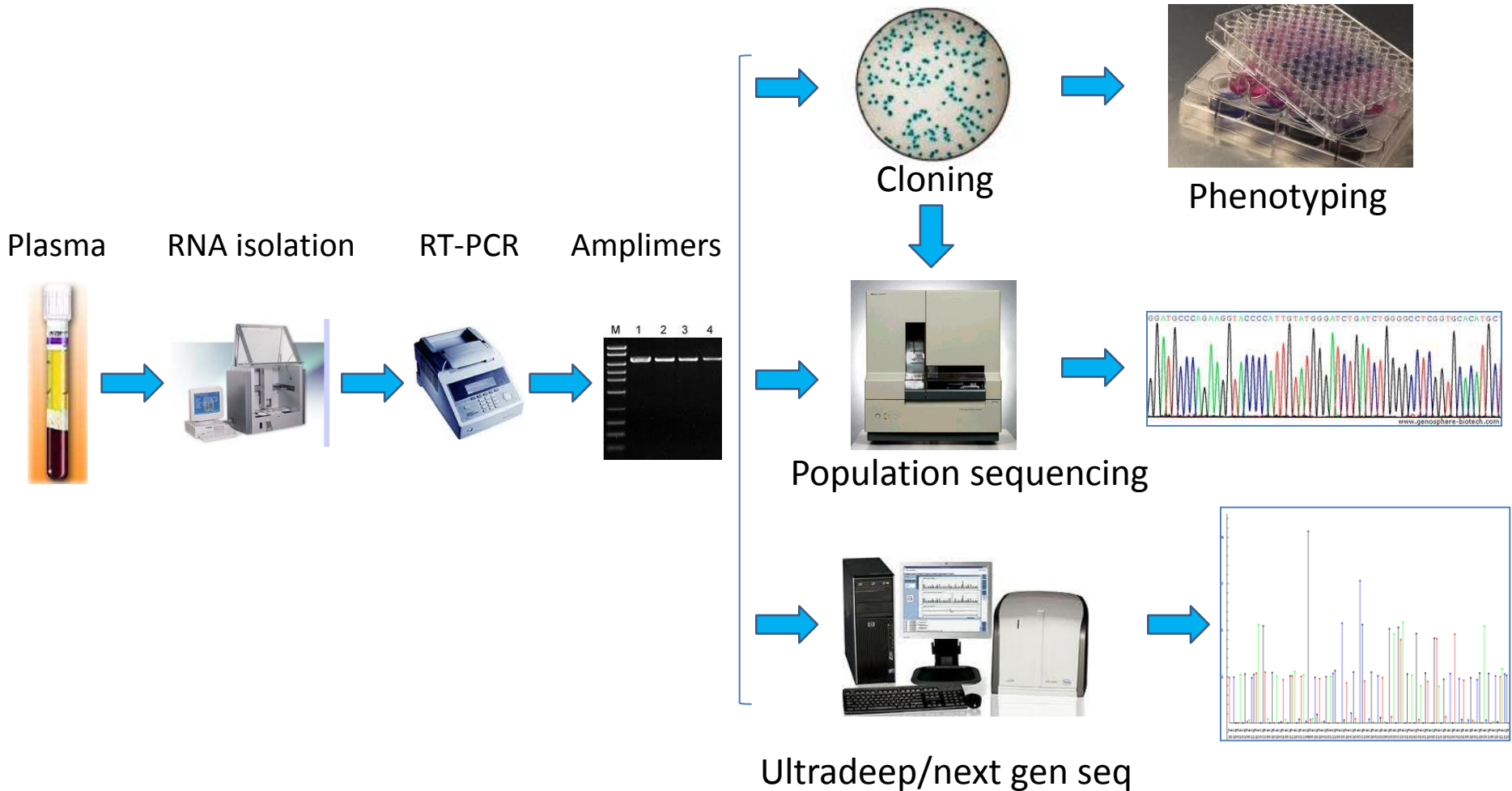
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# HCV ultradeep sequencing (UDS): technical issues

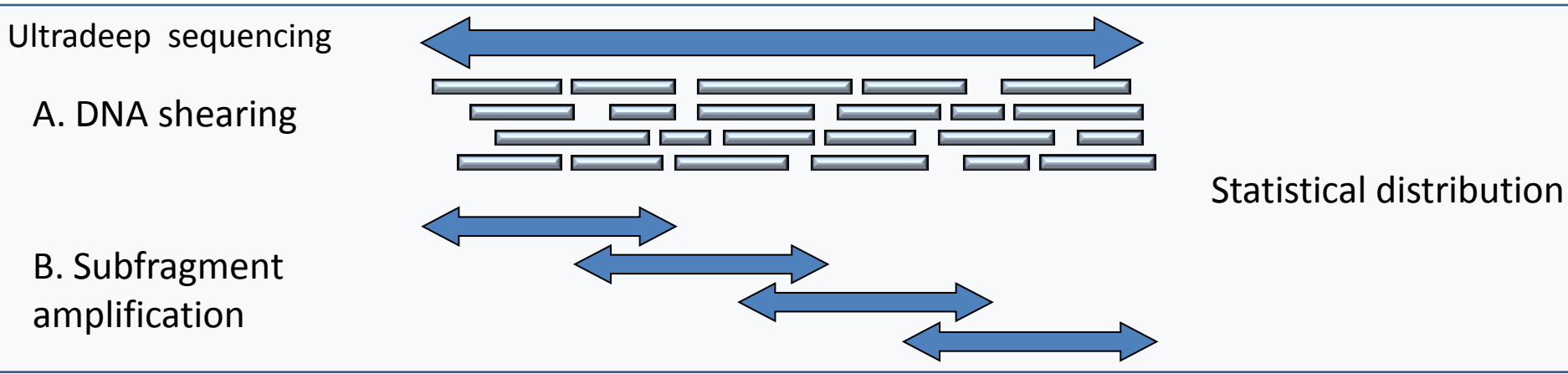
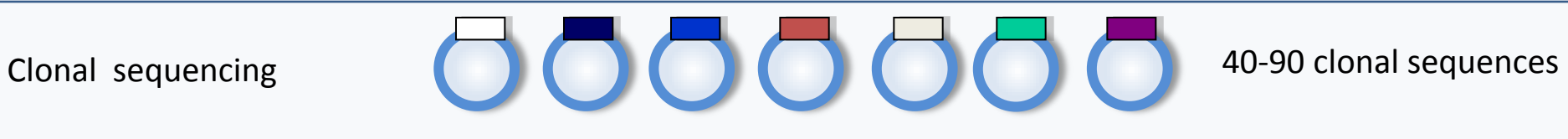
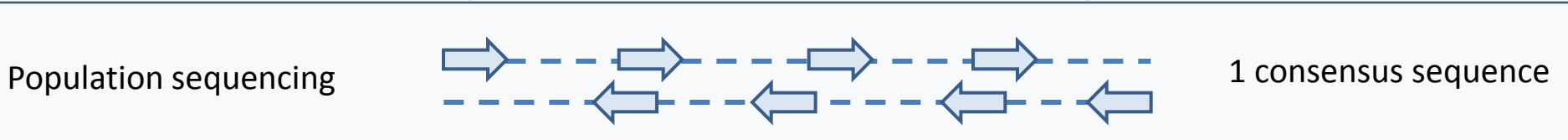
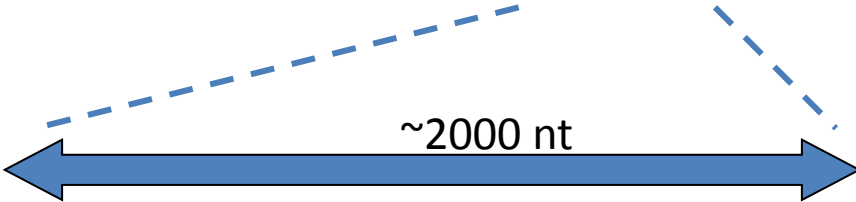
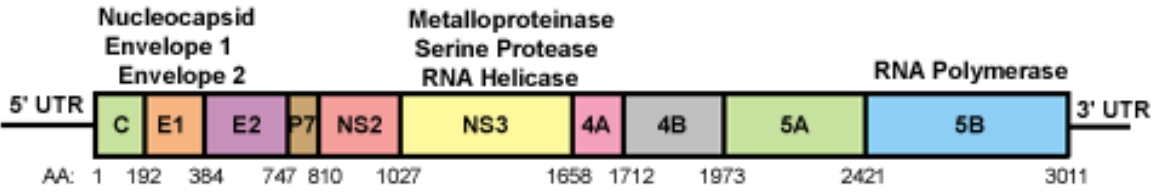




# Workflow



# HCV NS5B



# Potential sources for errors in ultradeep sequencing of amplicons (UDSA)

## Primer design

- Primer selection → primer bias
- Primer dimers
- Non-specific binding

## Amplification

- PCR bias
- Secondary structures
- Accuracy/Fidelity of the polymerase

## Ultradeep sequencing of amplicons (UDSA):

- Chemistry
- Read-length
- Homopolymeric tracts
- Linkage

## Data analysis (system)

e.g., Roche 454 software (AVA, Reference Mapper, De Novo Assembler)

## Data analysis (external)

- Commercial software
- Freeware
- Home-brew tools

# Sample preparation

- RNA isolation:
  - no specific technical requirements (high sensitivity/quality; same as for consensus sequencing)
  - Preferably: larger volume, elution in small volume
- Adequate sample ‘representation’:
  - IU/mL in sample → copies per PCR → sensitivity
  - Sampling bias: Representation of minority variants?

# Dependence of Sensitivity of Detection of Minor Variants and Input Viral Load

- Assume that 200  $\mu$ l plasma used for RNA extraction, 25% used for RT-PCR; RT successful for 20% of RNA molecules; minority variant present at 10% of total.

Viral load (copies/ml)	RNA copies in RT rxn	Amplifiable genomes in PCR	Copy no. (minor variant)
100,000	5,000	1,000	100
10,000	500	100	10
1,000	50	10	1

Provided by Neil Parkin

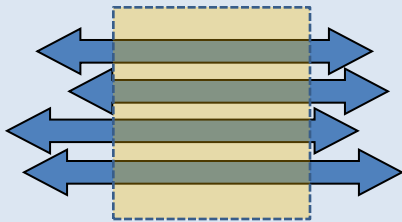
- Low viral load  $\rightarrow$  high sampling bias, high PCR bias
- Threshold  $\sim$ 10,000 IU/ml to perform UDS?

# Amplification (Rev. transcription + PCR):

- High-fidelity enzymes RT and PCR step
  - (< 0.1% substitution error rate)
- Amplification bias
  - Robustness of PCR primer sets (genotypes/subtypes)
  - Optimized protocols ( $Mg^{2+}$ , temperature,...)

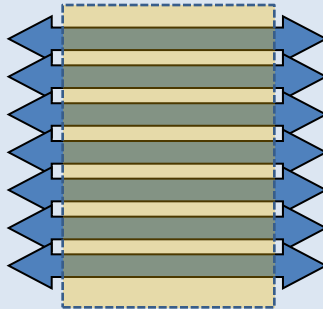
## Primer selection:

Overlapping fragments,  
generated by different PCR  
primers



## PCR bias:

Replicate RT-PCRs



## Sampling bias:

- Increase sample input volume
- Replicate entire procedure (RNA isolation, RT, PCR)

# Sequencing and data analysis

- Homopolymeric tracts
- Technical sensitivity (# of reads; forward and reverse; coverage per position)
- Analytical sensitivity (sample & viral load)
- Data analysis software (platform specific (454); Bowtie, CLCbio, home-brew).

# Reporting issues

- frequency table listing all amino acid positions (also at nt level?), including technical sensitivity
- Assess impact on the protein level → key positions related to resistance
- % wildtype vs. mutant
- Include background sequencing error rate



# Reporting to FDA

- No specific reporting format requirements.

Issues to cover (FDA-Division of Antiviral Products; DAVP):

- % of 'resistant' variant relative to wild-type
- absolute concentration of 'resistant' variant (i.e., extrapolating from viral load)
- specifically for long-term persistence analyses:
  - trends over time and modeling approaches to predict return of 'resistant' variant to pre-treatment background level
  - relationship, if any, between 'sensitive' sequence analysis results and population-based results (e.g., is there a relationship between duration while undetectable by population sequencing with time to undetectable by ultradeep sequencing?)
- some descriptive information on technical performance and limitations of the assay (e.g., sensitivity, sampling reproducibility, effect of HCV genotype/subtype, etc.)

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