

REAL WORLD HCV GENOTYPING



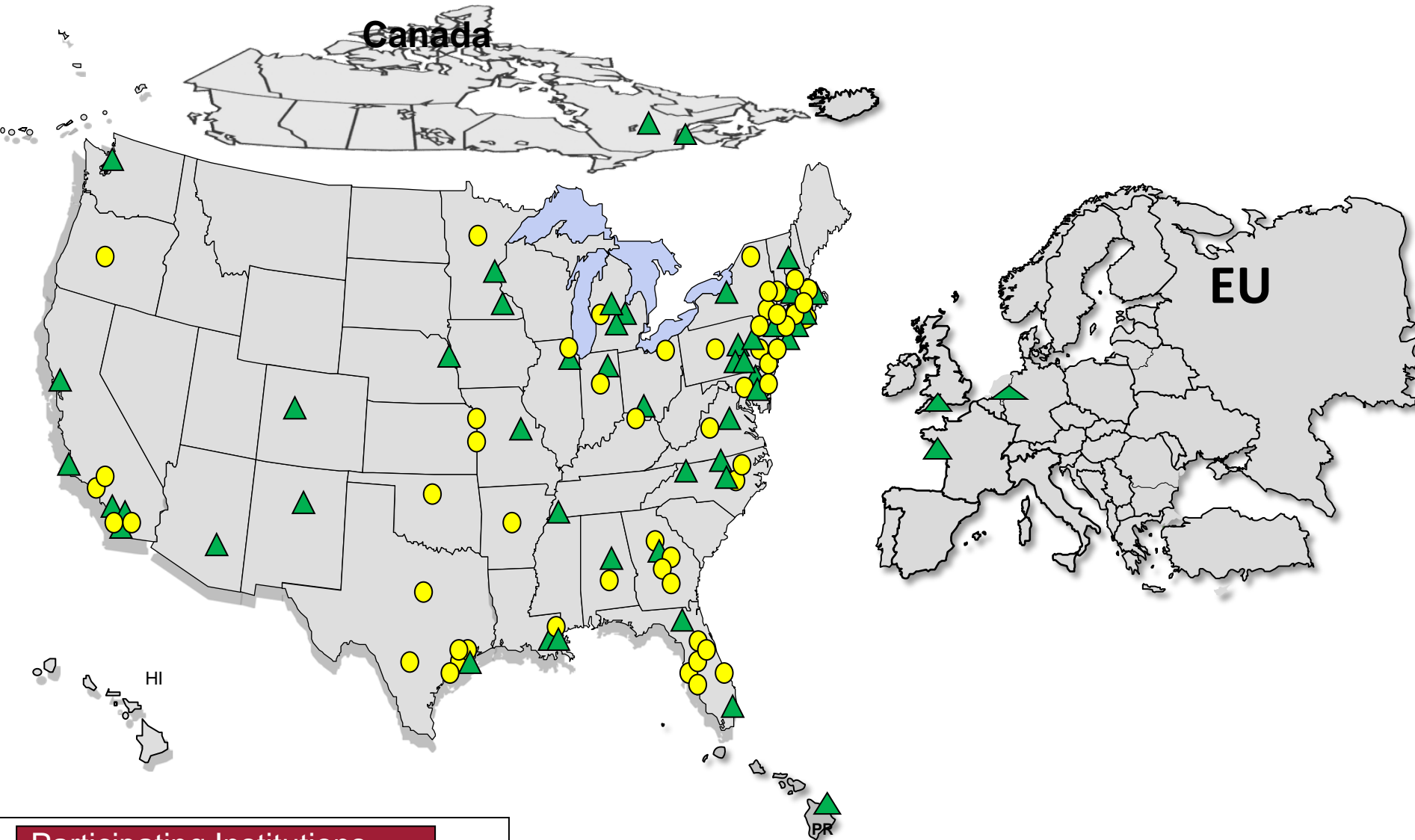
**Hepatitis C Therapeutic Registry and
Research Network**

ClinicalTrials.gov Identifier: NCT01474811

HCV-TARGET

- **Mission: to establish an international registry of patients undergoing treatment with new therapies for HCV at both academic and community practices**
- **Study Design: Longitudinal, observational study**
 - **Inclusion criteria: Adult patients (≥ 18 years) being treated with regimens containing at least one direct acting anti-viral agent.**
 - **Exclusion criteria: Inability to provide informed consent**
- **Specific aims**
 - **Improve information of populations underrepresented in phase III trials**
 - **Identify and remediate educational gaps and adverse event management**
 - **Serve as a core for collaborative, translational studies**
- **Structure**
 - **Clinical coordinating center and biorepository (University of Florida)**
 - **Data coordinating center (University of North Carolina)**
 - **Genentech PegBase USA data integrated in HCV-TARGET**

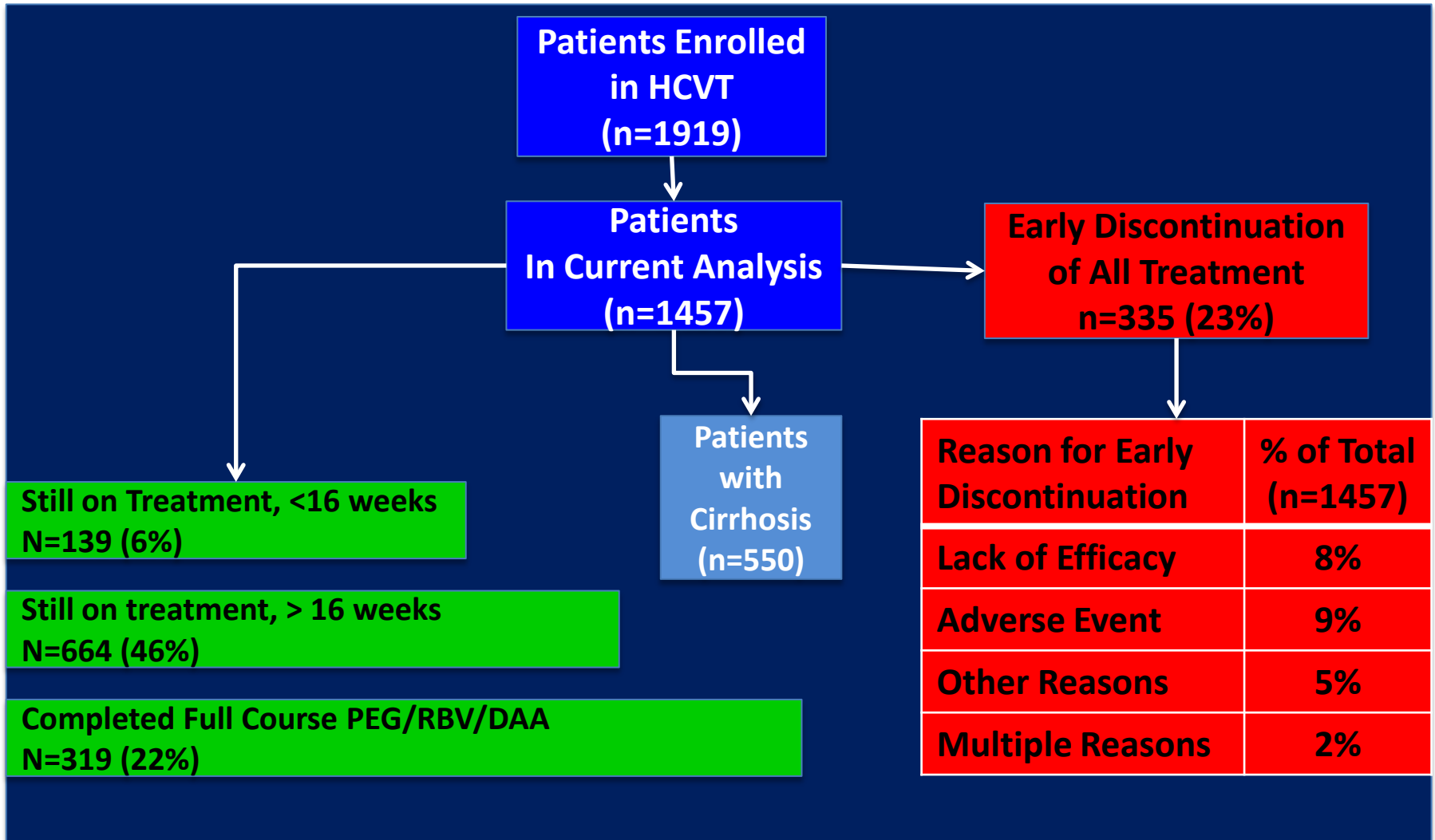
HCV-TARGET: An International Consortium



Participating Institutions

- ▲ Academic Site- 44
- Community Site- 59

Patient Disposition

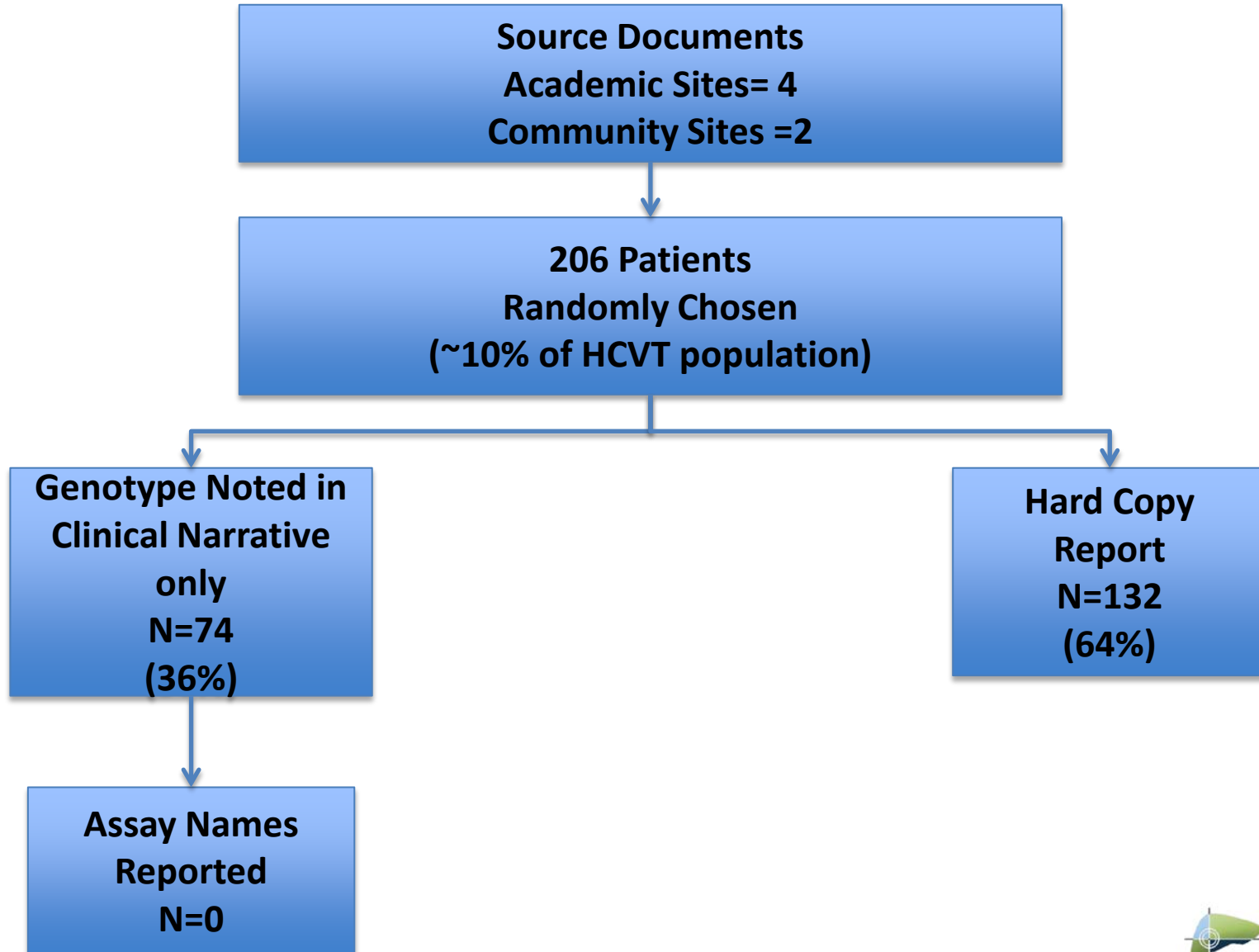


Characteristics	Total (n= 1457)	Telaprevir (n=1079)	Boceprevir (n=342)
Age, years (Mean)	62 years	59.5 years	67.1 years
18-39 years (n,%)	123 (8%)	92 (9%)	31 (9%)
40-64 years	1160 (80%)	887 (82%)	270 (79%)
65 and older	104 (7%)	73 (7%)	31 (9%)
Gender: Male/Female	60%/40%	60%/40%	62%/38%
BMI	29.4	29.7	28.8
Race or Ethnicity			
Caucasian	1056 (72%)	790 (73%)	245 (72%)
African-American	300 (21%)	223 (21%)	72 (21%)
Asian	22 (2%)	16 (1%)	6 (2%)
Hispanic	95 (7%)	76 (7%)	18 (5%)
HCV Genotype			
1a	842 (58%)	639 (59%)	192 (56%)
1b	283 (19%)	207 (19%)	70 (20%)
1 (No subtype)	204 (14%)	152 (14%)	45 (13%)
2,3,4	16 (1%)	11 (1%)	4 (1%)
Cirrhosis	550 (38%)	437 (41%)	106 (31%)
Prior treatment status			
Naïve	720 (49%)	526 (49%)	182 (53%)
Treatment Experience	714 (49%)	547 (51%)	154 (45%)

HCV-Genotyping in HCV-TARGET

- **HCV-TARGET utilizes a standardized, centralized source data abstraction core to abstract HCV treatment data from de-identified clinical medical records provided from participating sites**
- **Thus, all source documents from participating patients are available for review**
- **Retrospective review of available genotyping data performed in a sample of HCVT patients**

HCV Genotyping in HCV-TARGET



HCV-Genotyping in HCV-TARGET

Hard Copy
Report
N=132
(64%)
Date Range
1999-2013

- 34 (25%) Genotyped prior to 2010

- 32 (24%) No Subtype
Date range between 2004-2012

- 11 (8%) "Genotype 1a or 1b"
Date range between 2011-2012

HCV-Genotyping in HCV-TARGET

Assays

- Specific assay names were identified in only 27% of the reports (Versant, Invader TWT, Genosure)
- Where HCV Genotype is identified in the clinical narratives, assay names are not included
- HCV reports provided from clinical trials do not provide the specific assay names

Testing Laboratories

- 66% of patients had HCV Genotyping resulted from QUEST, LabCorp, or ARUP
 - 1% indicated the Genotype Assay Name/Version used

Lab	Methodology
ARUP	<i>Dye-Terminator Chem (ABI)</i>
LabCorp	<i>Not specified on reports</i>
QUEST	<i>LiPA, Assay Name not given</i>

REAL-WORLD REPORTS

LABCORP

HCV Genotyping Non Reflex
Hepatitis C Genotype.

lb ✓ 9/17/12

See Note

This assay can detect the six (6) major HCV Genotypes and their most common subtypes.

Several clinical studies have demonstrated that Genotype 1 HCV may be more refractory to interferon monotherapy as well as to interferon plus ribavirin combination therapy. Sustained response rates are increased for Genotype 1 infected patients when therapy is given for 48 weeks instead of 24 weeks.

Please note:

This test was developed and its performance characteristics determined by LabCorp. It has not been cleared or approved by the U.S. Food and Drug Administration.

The FDA has determined that such clearance or approval is not necessary. This test is used for clinical purposes. It should not be regarded as investigational or for research.

ASSAY and METHODOLOGY NOT SPECIFIED

2011

QUEST- 2010

systems, inc.)

HEPATITIS C GENOTYPING
HCV GENOTYPE, LIPA

1b

These results were reviewed by Thomas K. Huard,
Ph.D., Director of Molecular Diagnostics.

METHODOLOGY SPECIFIED

The method used in this test is RT-PCR and reverse
hybridization (Line Probe) of the 5' UTR and core
region of the HCV genome.

2010

This test was developed and its performance
characteristics have been determined by Quest
Diagnostics Nichols Institute, Chantilly, VA.
It has not been cleared or approved by the U.S.
Food and Drug Administration. The FDA has determined
that such clearance or approval is not necessary.
Performance characteristics refer to the analytical
performance of the test.

QUEST-2011

Test Name	In Range	Out of Range	Reference Range
HCV RNA GENOTYPE, LIPA HCV RNA GENOTYPE, LIDA	1b		Cannot rule out 6 (c-1). The hybridization pattern indicates the presence of HCV Genotype 1b. However, we cannot rule out HCV Genotype 6 subtypes (c-1). These results were reviewed by Thomas K. Huard, Ph.D., Director of Molecular Diagnostics. The method used in this test is RT-PCR and reverse hybridization (Line Probe) of the 5' UTR and core region of the HCV genome. This test was developed and its performance characteristics have been determined by Quest Diagnostics Nichols Institute, Chantilly, VA. It has not been cleared or approved by the U.S. Food and Drug Administration. The FDA has determined that such clearance or approval is not necessary. Performance characteristics refer to the analytical performance of the test.

2011 1b
Cannot rule out 6 (c-1). The hybridization pattern indicates the Presence of HCV Genotype 1b. However, we cannot rule out HCV Genotype 6 (c-1)

QUEST-2012

Entry Date

5/29/2012

Component Results

Component

HCV Genotype

1a

Comment:

Collected

05/25/2012

These results were reviewed by Thomas K. Huard, Ph.D., Director of Molecular Diagnostics.

The AccuType(R) IL28B test can help stratify HCV-infected individuals into those who are predisposed to respond more favorably and those who are predisposed to respond less favorably to standard HCV therapy. A favorable IL28B genotype (ie, CC) predicts improved treatment response for individuals infected with HCV genotype 1. Reference: Clin Gastroenterol Hepatol. 2011;9:344-350. To order the IL-28B test please submit a new whole blood sample for test code 90251.

The method used in this test is RT-PCR and reverse hybridization (Line Probe) of the 5' UTR and core region of the HCV genome.

This test was developed and its performance characteristics have been determined by Quest Diagnostics Nichols Institute, Chantilly, VA. It has not been cleared or approved by the U.S. Food and Drug Administration. The FDA has determined that such clearance or approval is not necessary. Performance characteristics refer to the analytical performance of the test.

METHODOLOGY SPECIFIED,

ARUP

HCV RNA Genotyp

1a or 1b

note:

Cannot be further subtyped into Type 1a or Type 1b due to high conservation of the 5 untranslated region of the HCV genome. In addition, Type 6 virus may be misclassified as Type 1 in some cases.

TEST INFORMATION: Hepatitis C Genotyping

Isolates of hepatitis C virus are grouped into six major genotypes. These genotypes are subtyped according to sequence characteristics and are designated as 1a, 1b, 2a, 2b, 3a, 3b, 4, 5a, and 6a.

Reports suggest that patient prognosis and disease course may be genotype dependent. For example, hepatitis C virus type 1 and type 4 infections may be associated with more severe disease and decreased responsiveness to therapy. In addition, types 2 and 3 may be treated with shorter durations of therapy.

HCV RNA is assayed using reverse transcription polymerase chain reaction (RT-PCR) to amplify a specific portion of the 5'untranslated region (5'UTR) of the hepatitis C virus. The amplified nucleic acid is sequenced bidirectionally using dye-terminator chemistry(ABI).

Results are based on comparison with a database derived from GenBank sequences and published information.

This test was developed and its performance characteristics determined by ARUP Laboratories. The U.S. Food and Drug Administration has not approved or cleared this test; however, FDA clearance or approval is not currently required for clinical use. The results are not intended to be used as the sole means for clinical diagnosis or patient management decisions.

Performed by ARUP Laboratories,

500 Chipeta Way, SLC, UT 84108 800-522-2787

www.aruplab.com, Sherrie L. Perkins, MD, Lab. Director

**Cannot determine
HCV subtype**

2011

**METHODOLOGY SPECIFIED,
ASSAY NOT SPECIFIED**

CPL

HEPATITIS C GENOTYPE

HCV Genotyping<a>

• 1a

HCV RNA is analyzed using reverse transcriptase amplification (RT-PCR) and differential hybridization of the 5' UTR and core regions of the HCV genome. The **Versant HCV Amplification (LiPA) 2.0** analyte specific reagent is utilized. Possible genotypes include 1, 1a, 1b, 2, 2a/2c, 2b, 3, 3a, 3b, 3c, 3k, 4, 4a/4c/4d, 4b, 4e, 4f, 4h, 5a, 5a/5b, 6c-1.

This test uses analyte specific reagents and its performance characteristics were determined by CPL. It has not been cleared by the U.S. Food and Drug Administration (FDA), but the FDA has determined that such clearance is not necessary. This test is not to be regarded as investigational or for research only. CPL is certified to perform high complexity testing under the Clinical Laboratory Improvement Amendments of 1988.

SPECIFIES ASSAY AND METHODOLOGY

Local Report from EMR

**METHODOLOGY NOT SPECIFIED,
ASSAY NOT SPECIFIED**

*Result transcribed into EMR by
center staff without assay name or
methodology*

001-0006
Hepatitis C Genotype [LAB915]

Status: Final result
5/2/2011

Results

For Patient: Print All Visit Results
HEPATITIS C GENOTYPE (Order# [redacted]) on 6/28/11

Print Test Results

HEPATITIS C GENOTYPE (Order# [redacted]) on 6/28/11

Entry Date

5/2/2011

Component Results

Component	Resulted	Lab
Hepatitis C Genotype 1b	05/02/2011 12:00 AM	Unknown

Lab and Collection

Hepatitis C Genotype (Order# [redacted]) on 6/28/2011 - Lab and Collection Information

Audit Trail

Order 6307020

Hepatitis C Genotype (Order# [redacted])

Lab : 6307020 Date: 6/28/2011
Department: Gp Med Spec Hep Smp

Patient Information

Patient Name	MRN#	Sex	DOB
[redacted]	[redacted]	Male	[redacted]

Reprint Original Patient Lab Requisition

HEPATITIS C GENOTYPE (Order# [redacted]) on 6/28/11

Order Information

Order Date/Time	Release Date/Time	Start Date/Time	End Date/Time
6/28/2011 5:02 PM	None	6/28/2011	None

Priority	CPT	Diagnosis	ICD-9	Collect Date	Collect Time	Lab	Ordered
Routine	87902					LABCORP	

Order Details

Frequency	Duration	Priority	Order Class
None	None	Routine	Historical

Comments

This external order was created through the Results Console.

Collection Information

Resulting Agency
LABCORP

Ordering Providers

Authorizing INFORMATION, HISTORICAL	Prov. ID	Order Date Jun 28, 2011	Order Time 5:02 PM EDT
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Local Lab (Academic Center)

THIS test was developed and its performance determined by the BIDMC Clinical Microbiology Laboratory. It has not been cleared or approved by the U.S. Food and Drug Administration. The FDA has determined that such clearance or approval is not necessary. This test is used for clinical purposes. It should not be regarded as investigational or for research..

D
α

HCV GENOTYPE (Final 05/01/09):

Hepatitis C genotype, 1,
Performed by Invader assay.

No subtype available

This assay detects the six major HCV genotypes 1, 2, 3, 4, 5, & 6.. This test was developed and its performance characteristics were determined by the BIDMC Clinical Microbiology Laboratory. It has not been cleared or approved by the U.S. Food and Drug Administration. The FDA has determined that such clearance or approval is not necessary. This test is used for clinical purposes. It should not be regarded as investigational or for research..

Close

2009

ASSAY SPECIFIED BUT SUBTYPE NOT AVAILABLE

MPL- 2009

Component Results

HEPC GENOTYPING RESU

1 ✓

Method: The Hepatitis C Virus (HCV) genotype was determined by the Invader HCV Genotyping Assay v1.0 (Third Wave Technologies). This assay analyzes sequences in the 5' untranslated region of the HCV genome. Subtype information is not provided for because the Invader HCV Genotyping assay cannot distinguish between subtypes. Please call the Molecular Pathology Laboratory (215-662-6121) if you have any questions. Reference: Chen and Weck. (2002). J.Clin.Microbiol. 40(9):3127-3134. NOTE: This test was developed and its performance characteristics determined by the Molecular Pathology Laboratory in the Department of Pathology and Laboratory Medicine at the Hospital of the University of Pennsylvania. This test has not been approved or cleared by the FDA.

ASSAY SPECIFIED BUT THIS ASSAY CANNOT PROVIDE SUBTYPE

MPL- 2012

INDICATION FOR TESTING: Determination of hepatitis C (HCV) genotype for prognosis and therapeutic decision-making.

INTERPRETATION: The HCV genotype and subtype was determined and the type(s) detected is indicated above.

CLINICAL SIGNIFICANCE: HCV is a heterogeneous virus that is classified by phylogenetic analysis into six genotypes, each with 1 or more subtypes. Genotypes 1 and 2 are the most commonly encountered in the U.S. population. Genotype 2 and 3 infections have a better response to treatment with pegylated interferon and ribavirin compared to other genotypes. As a result, treatment duration recommendations are typically based on genotype information. (1,2) Protease inhibitors (i.e. boceprevir and telaprevir) are approved only for use in genotype 1 infections in combination with pegylated interferon and ribavirin. In contrast to viral genotype, the clinical utility of HCV viral subtype information is limited.

METHOD: HCV RNA was isolated from plasma using Qiaamp DSP Viral RNA Mini kit. The HCV genotype and subtype was determined using hybridization of a biotinylated PCR amplified product to a linear probe array containing 24 immobilized probes spanning the 5' untranslated region and the core region of the HCV genome. (Versant HCV Genotype 2.0 Assay [LITA], Siemens). The hybridized bands are detected by a streptavidin conjugate and the genotype is determined by the pattern of bands. The assay identifies all 6 HCV genotypes and more than 19 different subtypes. An HCV viral load of at least 125 IU/mL is required for genotyping.

ASSAY LIMITATIONS: This assay may have a limited ability to detect a mixed infection if one genotype/subtype is present at a lower copy number than the main virus genotype/subtype. Some subtypes are not distinguishable by this assay.

REFERENCES

1. Ghany, Mark G., Nelson, David R., et al. An Update on Treatment of Genotype 1 Chronic Hepatitis C Virus Infection: 2011 Practice Guidelines by the American Association for the Study of Liver Disease. *Hepatology* 2011; 54: 1433.
2. Ghany NG, Strader DB, Thomas DL, et al: Diagnosis, management, and treatment of hepatitis C: an update. *Hepatology* 2009;49:1335.

This test was developed and its performance characteristics determined by the Molecular Pathology Laboratory in the Department of Pathology and Laboratory Medicine at the Hospital of the University of Pennsylvania. If you have any questions regarding this test please call the Molecular Pathology Laboratory at 215-662-6121 or page the Molecular Pathology resident at 215-950-9868. *** End of report (HV) ***

**SPECIFIES ASSAY
(VERSANT 2.0)
& METHODOLOGY**

2012

GENO 1A

RETEST CHALLENGES WITH CURRENT ASSAYS

Genotype Result 2006

020-0073

Results	HEPC GENOTYPING [C3510166] (Order 9653629) - Reflex for Order 9502038	
Result Information		
Status	Final result (12/6/2006 3:29 PM)	
Entry Date		
12/6/2006		
Component Results		
HEPC GENOTYPING RESU	1	No Subtype
HEPC GENOTYPING INTE		
HEPC GENOTYPING INTE		
HEPC GENOTYPING INTE		
HEPC GENOTYPING INTE	Method: The HCV genotype was determined by the Invader HCV Genotyping Assay	
HEPC GENOTYPING INTE	v1.0 (Third Wave Technologies). This assay analyzes sequences in the 5'	
HEPC GENOTYPING INTE	untranslated region of the virus genome. Subtype information is not provided	
HEPC GENOTYPING INTE	for because the Invader HCV Genotyping assay cannot distinguish between	
HEPC GENOTYPING INTE	subtypes. Reference: Chen and Weck. (2002). J.Clin.Microbiol.	

Center Retests Genotype in 2011

020-0073

Results	HEPATITIS C GENOTYPE [HCVGENO] (Order 52737240) - Reflex for Order 524349	
Result Information		
Status	Final result (12/26/2011 2:40 PM)	
Entry Date		
12/26/2011		
Component Results		
HEPATITIS C GENOTYPE	1a or 1b	No Subtype
<p>Comment: Cannot be further subtyped into Type 1a or Type 1b due to high conservation of the 5 untranslated region of the HCV genome. In addition, Type 6 virus may be misclassified as Type 1 in some cases.</p> <p>TEST INFORMATION: Hepatitis C Genotyping Isolates of hepatitis C virus are grouped into six major genotypes. These genotypes are subtyped according to sequence characteristics and are designated as 1a, 1b, 2a, 2b, 3a, 3b, 4, 5a, and 6a. Reports suggest that patient prognosis and disease course may be genotype dependent. For example, hepatitis C virus type 1 and type 4 infections may be associated with more severe disease and decreased responsiveness to therapy. In addition, types 2 and 3 may be treated with shorter durations of therapy. HCV RNA is assayed using reverse transcription polymerase chain reaction (RT-PCR) to amplify a specific portion of the 5'untranslated region (5'UTR) of the hepatitis C virus. The amplified nucleic acid is sequenced bidirectionally using dye-terminator chemistry (ABI). Results are based on comparison with a database derived from GenBank sequences and published information. This test was developed and its performance characteristics determined by ARUP Laboratories. The U.S.</p>		

HCV Genotyping

SUMMARY & IMPLICATIONS

- **>1/3 Clinical centers are relying on HCV Genotype information from clinical notes transcribed over time.**
 - **35% of those do not indicate HCV Genotype Subtype**
- **Specific assay information is available for only 17% of HCV Genotypes (hardcopy reports- 35%, clinical notes- 0%)**
- **The most commonly used laboratories in the US do not provide adequate information about HCV Genotype Assaying on HCV Genotype reports**
 - **Laboratory reporting techniques should be revised**
 - **Provider education on methodology is necessary**
- **There are important implications as genotype specific and genotype-preferred therapeutic regimens become available**
 - **Many patients will require HCV Genotype retesting when HCV genotype subtype is of clinical significance to selecting a treatment regimen**

ACKNOWLEDGEMENTS

We thank the study staff, nurses, NP-PA providers, physicians and patients at each study center for their contributions to this work.

Univ of Florida	Nelson	Yale	Lim	HRH Care	Kerr
UNC	Fried	AshevilleGastro	Beavers	Metropolitan Research	Rustgi
SLU	Di Bisceglie	Cornell	Jacobson	University of Minn	Hassan
Scripps	Pockros	U Penn	Reddy	MNGasto	Coleman Smith
Colorado	Everson	UCSD	Kuo	Lake Shore Gastro- Chicago	
Cincinnati	Sherman	UCLA	Saab	community	O'Riordan
Univ of Chicago	Aronsohn/Reau	Henry Ford	Gordon	Liver Instiute of Virginia/Bon Secours	Shiffman
Harvard	Afdhal	Emory University	Spivey	UCSF	Terrault
Indiana	Kwo	Univ of Michigan	LOK	Austin Hepatitis Center	Imitaz Alam
Puerto Rico	Rodriquez-Torres	Atlanta Med Ctr	Pearlman	Toronto Western Hospital Liver	
Duke	Muir	The Methodist Hospital, Houston,		Center	Feld
Umass	Szabo	Texas	Galati	Baptist Medical Center-Oklahoma	Elbeshbeshy
Virginia	Sterling	Mayo- Rochester	Charlton	University of Ottawa	Cooper
Miami	Schiff	Mayo- AZ	Vargas	University of Nebraska	Mailliard
Johns Hopkins	Sulkowski			Hanover Medical School- GERMANY	Manns
University of Paris- FRANCE	Marcellin	Orlando Immunology Center	Hinestrosa	Digestive Disease Associates-	
Royal Free Hospital- UK	Dusheiko	Virginia Mason	Kowdley	Maryland	Ravendhran
Partners in Internal Medicine,		Wilmington Gastro	Meyer	Mass General	Ray Chung
PC	Abraham			Maryland	Howell
Liver Associates of Texas, PA	Ankoma-Sey	Tulane University Health Science		UAB Gastrology and Hepatology	Bloomer
University of Virginia Health		Center	Balart	New Orleans Research Institute	Catinis
System	Argo	DeKalb Gastroenterology Associates,		Gastroenterology Associates of	
Tri-State Gastroenterology		LLC	Balistreri	Western Michigan, P.L.C.	Coates
Associates	Jones	Florida Center for Gastroenterology	Berman	Loma Linda Transplantation Institute	de Vera
Ochsner Clinic Foundation	Joshi	North Shore University Hospital	Bernstein	Dartmouth-Hitchcock Medical Center	Dickson
Fletcher Allen Health Care, Inc.	Lidofsky	Kansas City VA Medical Center	Pandya	University of Texas Medical Branch	Duchini
Litchfield County		Temple University Hospital	Patel	Lourdes Medical Associates	El-Genadi
Gastroenterology	Lindenberg	South Bay Gastroenterology	Piken	Thomas Jefferson University	Fenkel
Bend Memorial Clinic	Lutz	Indianapolis Gastroenterolgy Research		Albert Einstein Medical Center,	
Mercy Medical Center	Maheshwari	Foundation	Pound	Center for Liver Disease and	
Boice-Willis Clinic,PA	Mah'moud	Mountain View Medical	Ramani	Transplantation	Feysa
University of Rochester	Maliakkal	Atlanta Center for Gastroenterology	Rausher	Montefiore Medical Center	Gaglio
Clinical Research Consultants,		PC		Kelsey Research Foundation	Galler
Inc.	Marks	Digestive and Liver Disease		Orlando Infectious Disease	Giron
HMRI Liver Center	Mena	Consultants, PA	Reddy	VA San Diego Healthcare System	Ho
New York Methodist Hospital	Mohanty	Saint Luke's Liver Disease and		Tampa General Hospital	Neff
Methodist Transplant		Transplant Specialists	Regenstein	Kaiser Permanente	Nyberg
Physicians	Mubarak	Atlantic Gastroenterology Associates	Santoro	Baystate Medical Center	Paez
Center for Advanced		Gastroenterology Associates of	Sedghi	Medical Procure, PLLC	Pan
Gastroenterology PLLC	Mushahwar	Central Georgia, LLC	Stainbrook	Liver Wellness Center	Williams
Wayne State University		DuBois Regional Medical Center	Stone		
Physician Group	Mutchnick	Commonwealth Clinical Studies	Tobias		
Methodist Healthcare		Concorde Medical Group PLLC	Warner		
University Hospital	Nair	Daniel Warner Consultative Medicine			