



Conflict of interest disclosure



✓ I have **no**, real or perceived, direct or indirect conflicts of interest that relate to this presentation.

This event is accredited for CME credits by EBAP and speakers are required to disclose their potential conflict of interest going back 3 years prior to this presentation. The intent of this disclosure is not to prevent a speaker with a conflict of interest (any significant financial relationship a speaker has with manufacturers or providers of any commercial products or services relevant to the talk) from making a presentation, but rather to provide listeners with information on which they can make their own judgment. It remains for audience members to determine whether the speaker's interests or relationships may influence the presentation. Drug or device advertisement is strictly forbidden.



Stool processing method: proof of concept & initial validation

RESEARCH ARTICLE

A Novel Sample Processing Method for Rapid Detection of Tuberculosis in the Stool of Pediatric Patients Using the Xpert MTB/RIF Assay

Padmapriya P. Banada¹, Uvistra Naidoo², Srinidhi Deshpande¹, Farina Karim², JoAnne L. Flynn³, Melanie O'Malley³, Martin Jones⁴, Oliver Nanassy⁵, Prakash Jeena², David Alland¹*

	Sensitivity(95% CI)	Specificity(95% CI)	
Xpert-Stool 0.6 g	0.85(0.6-0.9)	1(0.77-1)	
Xpert-Stool 1.2 g	0.84 (0.6-0.96)	0.94(0.7-0.99)	

Sensitivity and specificity of Xpert stool assay as tested with pediatric clinical samples (Banada et al. PlosOne 2015).

Molecular Detection of *Mycobacterium tuberculosis* from Stools in Young Children by Use of a Novel Centrifugation-Free Processing Method

Elisabetta Walters,^a Lesley Scott,^b Pamela Nabeta,^c Anne-Marie Demers,^a Gary Reubenson,^d Corné Bosch,^a Anura David,^b Marieke van der Zalm,^a Joshua Havumaki,^{c,e} Megan Palmer,^a Anneke C. Hesseling,^a Jabulani Ncayiyana,^{f,g} Wendy Stevens,^{b,i} David Alland,^b Claudia Denkinger,^c [©] Padmapriya Banada^b

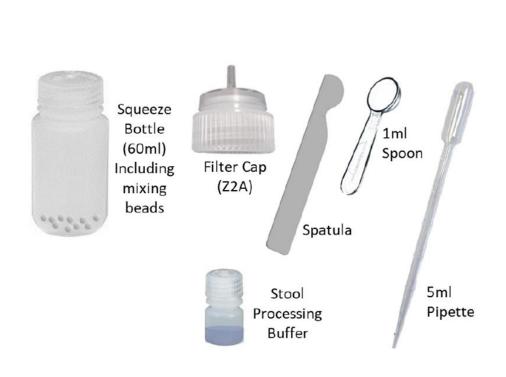
	Respiratory Xpert	Sensitivity (95%CI)	Specificity (95%CI)
Single stool	Stool swab	44.4 (13.7-78.8)	99.6 (97.8-100)
	0.6 g stool	44.4 (13.7-78.8)	99.2 (97.1-99.9)
Combined stool 1 & 2	Stool swab	50.0 (18.7-81.3)	99.2 (97.2-99.9)
	0.6 g stool	70.0 (34.8-93.3)	98.4 (96.1-99.6)

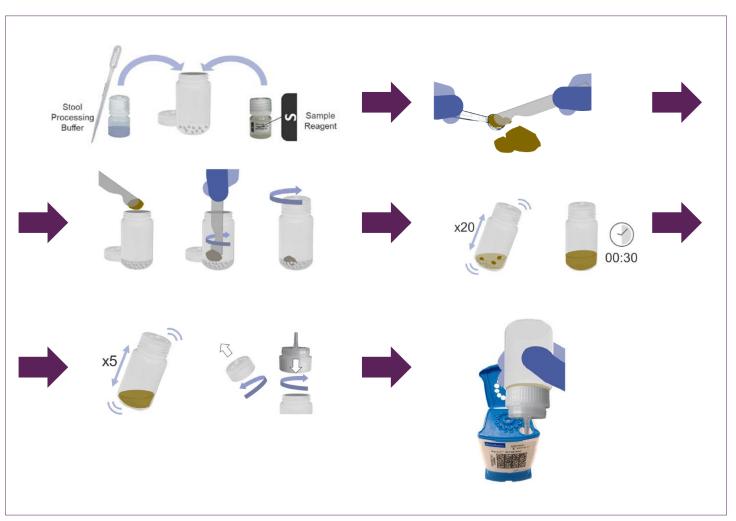
Performance of prototype assay combined with Xpert MTB/RIF on stool, compared with Xpert MTB/RIF on respiratory samples (Walters et al. JCM 2018).

Hyderabad, 30th November 2019



SPK: Final design under clinical evaluation

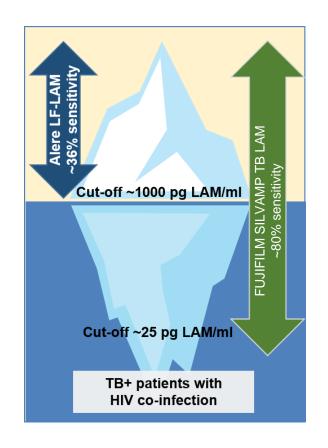






FUJIFILM SILVAMP TB LAM (FujiLAM)

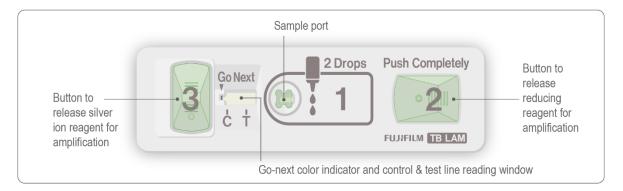
- Designed for the POC in LMIC's where patients seek care
- Enhanced sensitivity to detect TB in PLHIV
- High specificity for immediate treatment initiation
- High patient impact

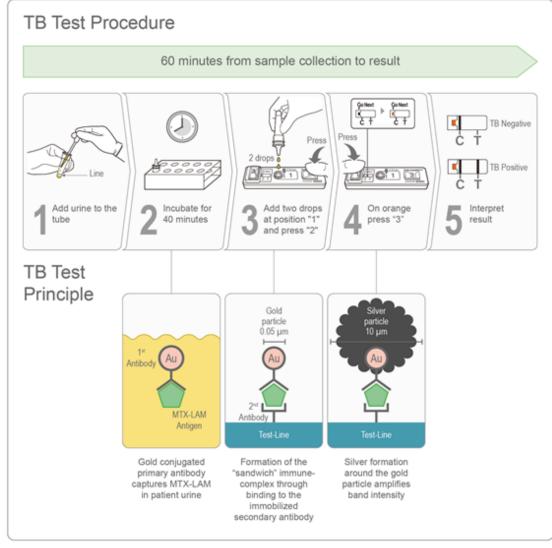


¹Dowdy et al. 2006, AIDS and Peter et al. 2016, Lancet ID



FujiLAM test device







First evaluation of FujiLAM

Novel lipoarabinomannan point-of-care tuberculosis test for people with HIV: a diagnostic accuracy study

Tobias Broger*, Bianca Sossen*, Elloise du Toit, Andrew D Kerkhoff, Charlotte Schutz, Elena Ivanova Reipold, Amy Ward, David A Barr, Aurélien Macé, Andre Trollip, Rosie Burton, Stefano Ongarello, Abraham Pinter, Todd L Lowary, Catharina Boehme, Mark P Nicol, Graeme Meintjes†, Claudia M Denkinger†

- 968 adults, HIV co-infected inpatients in a high-burden setting (frozen samples)
- Sensitivity of FujiLAM was significantly higher (22–35%) than AlereLAM
- Sensitivity 84·2% in patients with CD4 ≤100 cells per μL

Hyderabad, 30th November 2019



Preliminary data on FujiLAM in children using frozen urine samples

FujiLAM performance in children

- Further details: e-poster session
- Ongoing assessment on fresh urine samples (FIND & RaPaed)

Hyderabad, 30th November 2019

















































