Can trials in West Africa study both offtarget effects and determinants of severe morbidity/mortality?





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Non-specific effects: the need for biological insights

- The epidemiology of NSE's have been welldocumented
- The current challenge: we lack biological insight behind NSE's

Why do immunized infants survive?

What are unimmunized infants dying of?

- The necessary trials must: measure the right variables
- Be conducted using SOPs that can be successfully carried out in **low-resource environments**

Which variables should we select to measure NSE's?

The Challenge: How do you select assays and variables to measure?

- Previous targeted approaches failed to identify correlates of even specific protection by BCG or infant responses to infection that lead to death or survival
- Small blood volumes obtained from infants, low-resource settings, and field work limit feasible downstream *in vitro* assays

Unbiased approaches: omics

 Allows characterization of immune responses to different classes of pathogens:

host-centered vs. pathogen-centered diagnoses

 Successfully used to identify signatures of both response to vaccines and infection



ARTICLE

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Identification of a human neonatal immune-metabolic network associated with bacterial infection

Claire L. Smith^{1,2,*}, Paul Dickinson^{2,3,*}, Thorsten Forster^{2,3}, Marie Craigon², Alan Ross², Mizanur R. Khondoker^{2,†}, Rebecca France², Alasdair Ivens^{4,†}, David J. Lynn^{5,†}, Judith Orme¹, Allan Jackson¹, Paul Lacaze², Katie L. Flanagan^{6,†}, Benjamin J. Stenson¹ & Peter Ghazal^{2,3}

Using transcriptomics to identify infection

- Whole blood from infants having blood draws for suspect infections vs. blood draws for unrelated reasons
- Microarray for whole-genome expression (48,000 transcripts)



Validation across cohorts



A 50-gene classifier built from their original cohort was applied to an independent set of samples.

The algorithm was able to separate bacterial from control/viral infections.

Applying the omic approach to NSE: BCG-Immediate-Sub-Study

The BCG-Immediate (BCGIMED) study

- Infants admitted to main NICU in Guinea-Bissau
- Randomized trial, providing BCG/OPV immediately upon NICU admission, as opposed to the normal routine of BCG at discharge
- Major predictors for NICU admission are birth weight <1500 g and Apgar score ≤3.
- Average stay in NICU is 5 days.

Hypothesis: BCG immunization induces an enhanced state of innate immunity that leads to immediate protection from early-life infection

BCGIMED Substudy Design

8% NICU Mortality prior to discharge



BCGIMED sub-study design



Schematic by Dr. Simon Van Haren (Levy Lab; Boston Children's Hospital)



Easier said than done



Pinto J. *et al. Analyst* 2014, **139**, 1168. Lista S. *et al. Prog. Neurobiol.* 2013, **101**, 18. Ostroff R. *et al. J. Proteomics* 2010, **73**, 649.

Knowing what's important



Recruitment and sample collection: Maternity ward, Hospital Simao Mendes



- Minimize variability for blood draw
 and processing
- Minimize time between collection and preservation to retain real signatures

Blood sample collection: HNSM ICU, local Guinean nurses



RNA processing: immediately after blood draw

Plasma separation:

immediately after RNA Separate person from sample collection



 Minimize time between fixation and freezing Establishing a laboratory wherever there needs to be one:

Fixed cells are frozen within 15 minutes of preservation



Does it work? Pilot data



Data quality: Nanostring RNA profiling

1. Probes bind to mRNA molecules overnight 2. The number of probes are counted by probe set scanner



PCA – Unbiased clustering



Can trials in West Africa study both offtarget effects and determinants of severe morbidity/mortality? YES!

- Omic platforms provide tools to detect robust signatures of both vaccine response & infection
- These highly controlled SOPs can be carried out successfully in West Africa
- Preliminary data already demonstrate the feasibility, utility, and also necessity of these trials

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