# Evaluation of the Galileo™ Pathogen Solution Next-Generation Sequencing Pipeline for the Identification and Quantification of DNA Viruses in Transplant Patients



L. Gordon Bentley<sup>1</sup>, Queeny Dong<sup>1</sup>, Vaishnavi Nagesh<sup>1</sup>, Thomas Watson<sup>1</sup>, Gavin Wall<sup>1</sup>, Susanna K. Tan<sup>2</sup>, Jenna Weber<sup>2</sup>, Malaya K. Sahoo<sup>2</sup>, Benjamin A. Pinsky<sup>2</sup>, and Meredith L. Carpenter<sup>1</sup>

Arc Bio LLC. <sup>2</sup>Stanford University

## Introduction

Solid organ and hematopoietic stem cell transplant recipients are uniquely susceptible to infections, often with increased severity, due to a number of common and opportunistic viruses. Specifically, viral infections including cytomegalovirus (CMV), Epstein-Barr virus (EBV), BK virus (BKV), human herpesvirus-6 (HHV6) and human Adenovirus (ADV) can cause outcomes ranging from severe illness to transplant failure and even death (1).

There are only handful of commercial assays available for detecting/ quantifying CMV, with the remainder of assays available as either ASRs or LDTs. These tests measure the presence of and/or viral load of the target virus, enabling clinical assessment of progression and the efficacy of treatment (2). However, all of these tests are run individually, and they fail to detect non-targeted co-infections, which are common in immunocompromised patients.

Next-generation sequencing (NGS) has the potential to enable clinicians to determine the presence and abundance of transplant-related viruses with unprecedented precision, as well as identify co-infections in an unbiased manner. Sequencing of clinical samples can reveal pathogens that targeted investigations miss, including unculturable or closely related species, all in a single test.

Arc Bio is developing the Galileo™ Pathogen Solution (Galileo™), a research use only sample-to-report next-generation sequencing pipeline to enable comprehensive testing and eliminate the need to query pathogens independently (Figure 1). In this proof of principle study, we demonstrate the first use of this pipeline for the identification and quantification of DNA viruses in residual EDTA plasma specimens.

Figure 1: Overview of the Galileo™ Pathogen Solution pipeline

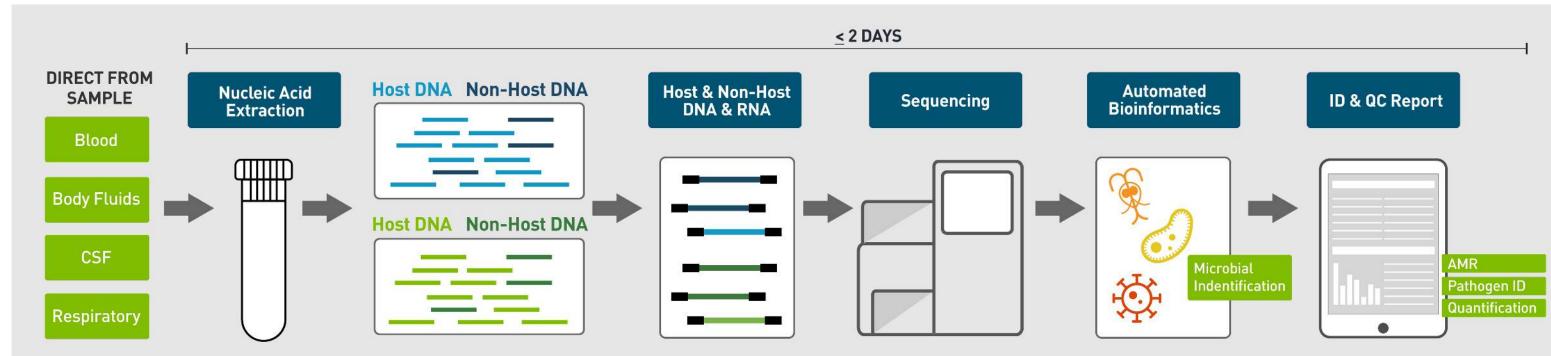


Figure 2: Transplant-related viruses detected

| Cytomegalovirus (CMV)  Epstein-Barr Virus (EBV) |
|---|
| Epstein-Barr Virus (EBV)                        |
|   |
| Human Adenovirus (ADV)                          |
| BK Virus (BKV)                                  |
| Human Herpesvirus 6 (HHV6 A & B)                |
| Herpes Simplex Virus 1 (HSV1)                   |
| Herpes Simplex Virus 2 (HSV2)                   |
| JC Virus (JCV)                                  |
| Varicella Zoster Virus (VZV)                    |
| Parvovirus B19 (B19)                            |
| Torque Teno Virus (TTV)                         |

### **Materials and Methods**

Single- and multi-transplant virus linearity panels (9 individual viruses and 9 viruses combined; excluding HHV-6B, HSV2, and TTV) were prepared to determine linear range using donor EDTA plasma spiked with 10-fold dilutions of standard material from 10<sup>2</sup> to 10<sup>5</sup> cp or IU/mL (Exact Diagnostics). In brief, total nucleic acid was extracted from 0.4 mL of plasma using the EZ1 Virus Mini Kit 2.0 (QIAGEN), followed by DNA library preparation with pathogen enrichment/human background depletion, sequencing (NextSeq® 500, Illumina®), and automated data analysis. Sequencing reads were filtered based on sequence quality and queried against a curated selection of references. In addition, 24 residual EDTA plasma samples previously tested by qPCR (CMV=4, EBV=4, ADV=4, BKV=4, HHV6=4, negative=4) were sequenced.

# Results

All panels were linear from 10<sup>2</sup> to 10<sup>5</sup> cp or IU/mL (Figure 3). At an average sequencing depth of 25 million paired-end (PE) reads, sensitivity for ADV, BKV, CMV, EBV, and HHV6 at 10<sup>2</sup> cp or IU/ml ranged from 57% to 100% depending on the virus, and at 10<sup>3</sup> cp or IU/ml sensitivity was 100% for all five viruses (Figure 4). For the 24 residual clinical samples at an average of 15 million PE reads, we obtained a positive percent agreement of 100%, with viral loads ranging from <135 (CMV) to 112,813 IU/ml (BKV) (Figure 5). An additional 27 potential co-infections were detected by the Galileo pipeline, with 5 CMV co-infections confirmed by reviewing patient medical records. Insufficient volume was available for further discordant testing. Furthermore, the qPCR titers of the residual clinical samples correlated well with the standard curve generated from the multiplexed linearity panel (Figure 6).

Figure 3: Linearity of mixed and single-analyte viral panels

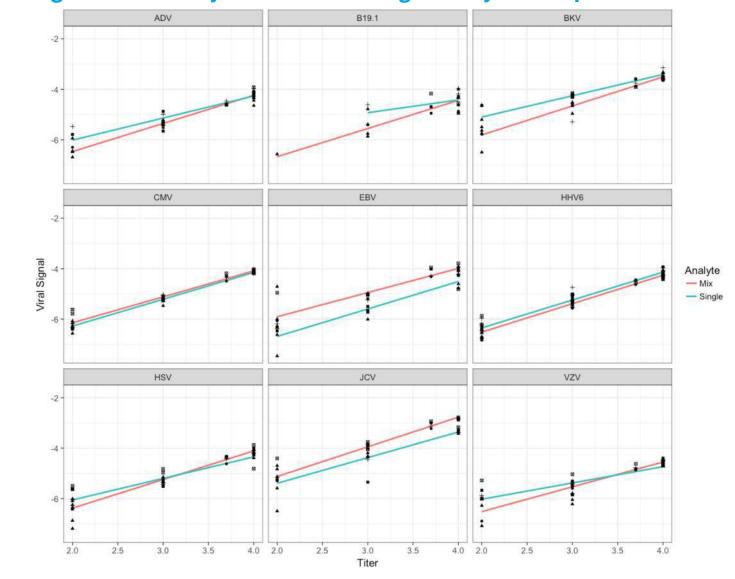


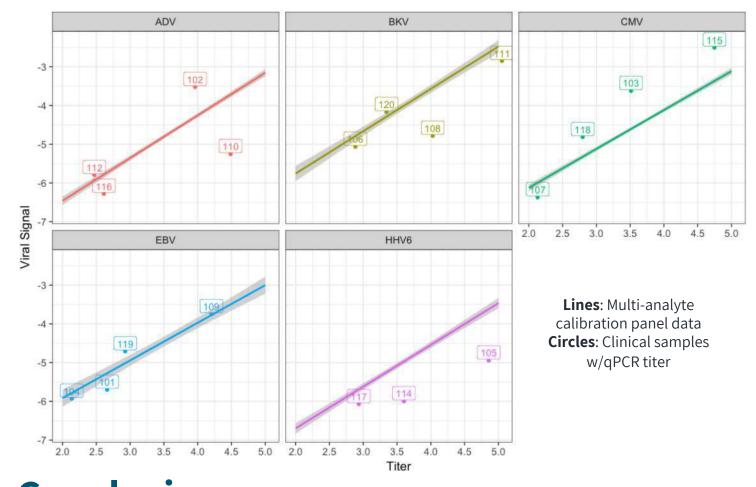
Figure 5: Galileo™ results vs. qPCR

| Targeted virus detected by qPCR                    | qPCR titer<br>(IU/mL or cp/mL) | Virus(es) detected<br>by Galileo™ |  |
|--|--------------------------------|-----------------------------------|--|
| ADV  | 295                            | ADVC, CMV*, TTV                   |  |
| ADV  | 409                            | ADVC, CMV*, TTV                   |  |
| ADV  | 9,148                          | ADVC, HHV6B                       |  |
| ADV  | 30,686                         | ADVF, CMV, TTV                    |  |
| BKV  | 765                            | BKV, CMV, TTV                     |  |
| BKV  | 2,209                          | BKV, TTV                          |  |
| BKV  | 10,645                         | BKV, CMV, TTV                     |  |
| BKV  | 112,813                        | BKV                               |  |
| CMV  | <135                           | CMV, HHV6B, TTV                   |  |
| CMV  | 627                            | CMV                               |  |
| CMV  | 3,257                          | CMV, EBV, TTV                     |  |
| CMV  | 55,898                         | CMV, HHV6B, TTV                   |  |
| EBV  | 137                            | EBV, TTV                          |  |
| EBV  | 457                            | EBV                               |  |
| EBV  | 847                            | EBV                               |  |
| EBV  | 15,922                         | EBV                               |  |
| HHV6   | 249                            | HHV6B                             |  |
| HHV6   | 860                            | HHV6B                             |  |
| HHV6   | 4,000                          | HHV6B, EBV, TTV                   |  |
| HHV6   | 71,941                         | HHV6A, CMV*, TTV                  |  |
| Negative (BKV)                                     | N/A                            | CMV*                              |  |
| Negative (BKV)                                     | N/A                            | NONE                              |  |
| Negative (CMV)                                     | N/A                            | TTV                               |  |
| Negative (CMV)                                     | N/A                            | TTV                               |  |
| *Sample previously tested positive for CMV by qPCR |                                |                                   |  |

Figure 4: Sensitivity at 100 and 1,000 cp/mL or IU/mL

| Spiked-in Virus | Titer<br>(IU/mL or cp/mL) | Percent positive |
|-----------------|---------------------------|------------------|
| ADV             | 100                       | 4/7 (57.1%)      |
| ADV             | 1,000                     | 7/7 (100%)       |
| BKV             | 100                       | 4/7 (57.1%)      |
| BKV             | 1,000                     | 7/7 (100%)       |
| CMV             | 100                       | 6/7 (85.7%)      |
| CMV             | 1,000                     | 7/7 (100%)       |
| EBV             | 100                       | 6/7 (85.7%)      |
| EBV             | 1,000                     | 7/7 (100%)       |
| HHV6            | 100                       | 7/7 (100%)       |
| HHV6            | 1,000                     | 7/7 (100%)       |

Figure 6: Quantification correlates with qPCI



### **Conclusions**

This proof of concept dataset suggests the Galileo™ Pathogen Solution assay may offer a promising solution for the comprehensive detection and quantification of common transplant-related DNA viruses at similar levels of sensitivity to standard-of-care qPCR methods, but from a single blood draw. Further work includes testing additional residual plasma samples at or around the qPCR lower limit of quantification, performing additional LOD and linear range experiments including HSV2, HHV6B, and TTV, and testing the performance of the assay with 50 additional plasma samples with sufficient volume to confirm any identified co-infections using orthogonal methods.

# References and Acknowledgements

- 1. J. A. Fishman. *Am J Transplant* **17**, 856-879 (2017).
- 2. M. M. Abecassis *et al. Transplantation* **63**, 275-279 (1997).

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