# **Quality assays = quality diagnostics**

Elena B. Volokhina, PhD, Nijmegen, The Netherlands 31-10-2019



university medical center

## **TRANSLATIONAL METABOLIC** LABORATORY

#### "Expert diagnostics of metabolic disorders"



#### TRANSLATIONAL METABOLIC LABORATORY

Expert diagnostics of metabolic disorders

"Functional testing of unsolved variants"



#### About us:

The Translational Metabolic Laboratory of the Radboud University Medical Center offers an extensive portfolio of functional tests for diagnosis of metabolic diseases and the characterization of genetic variants of unknown significance. The laboratory is ISO 15189 accredited. Please contact us for further information on how we can help you to put unknown genetic variants into functional context.

#### Our laboratory offers diagnostics for:

🧆 Metabolic diseases Sector Complement mediated disorders Mitochondrial disorders K Neurodegenerative disorders Fe Iron disorders **Congenital disorders of glycosylation** 

#### **Innovative translational technologies**

#### used:

- **Functional genomics**
- Metabolomics
- Glycoproteomics
- Fluxomics





# The art of quality assays.... Wat does it mean at a University hospital?

 Of course all of the usual: sensitivity, specificity, reproducibility, linearity, recovery etc. .

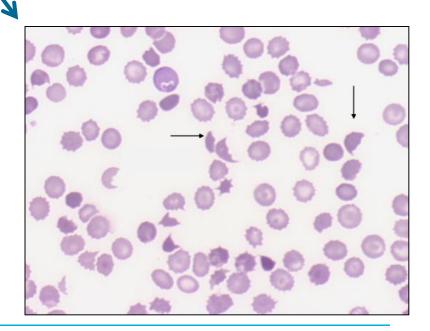
# The art of quality assays.... Wat does it mean at a University hospital?

 Of course all of the usual: sensitivity, specificity, reproducibility, linearity, recovery etc. .

But there is more.

Thrombotic microangiopathy characterized by:

- Hemolytic anemia Abnormal breakdown of red blood cells
- Thrombocytopenia
  Low platelet count
- Acute renal failure



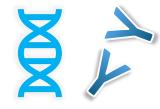


Two types of HUS:

• 90-95%: *STEC*-HUS: infection with Shiga toxin producing *E. coli* (*STEC*)



 5-10% atypical HUS (aHUS): genetic defects and autoantibodies in complement (innate immunity). Prevalence 5/1000 000.



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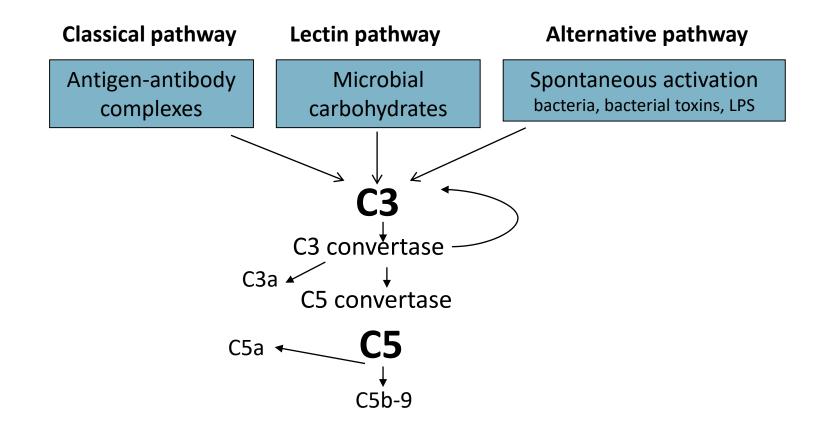
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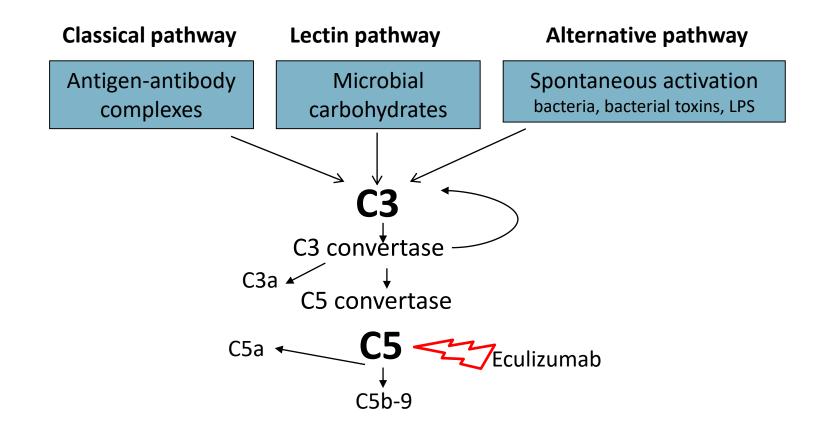
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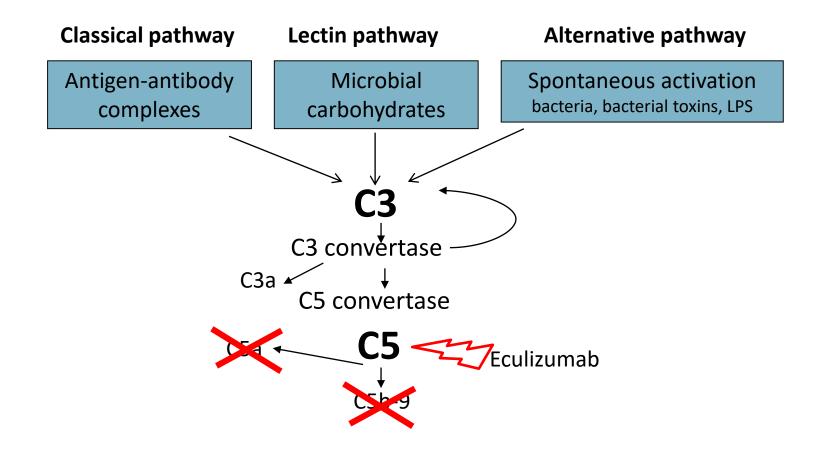
## **Complement system**



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## **Eculizumab (Soliris) for atypical aHUS**





Cost-effective treatment for aHUS patients.

http://cureihus.nl/



Eculizumab fails to inhibit generation of C5a in vivo.



## Single HELLP syndrome patient

## Commercial assay to detect C5a (BD Biosciences)

## **Question from the bedside**

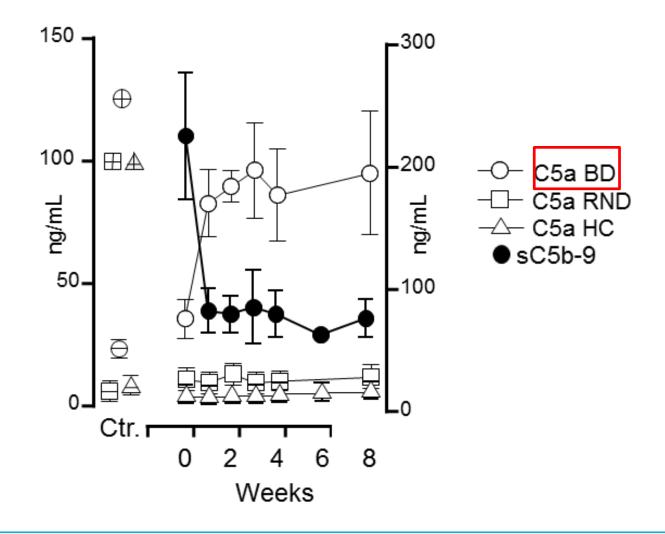
With eculizumab:

Is my patient still ill due to active C5a??

 64-73% complete recovery within 26 weeks.

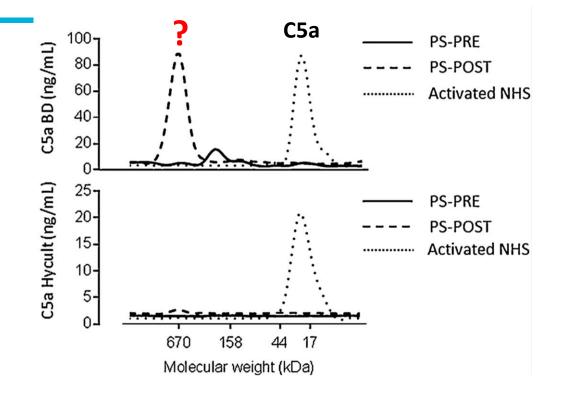
Fakhouri *et al*. Am J Kidney Dis. 2016;68(1):84-93. Greenbaum *et al. Kidney Int.* 2016;89(3):701-711.

### C5a under eculizumab is only detected in BD assay

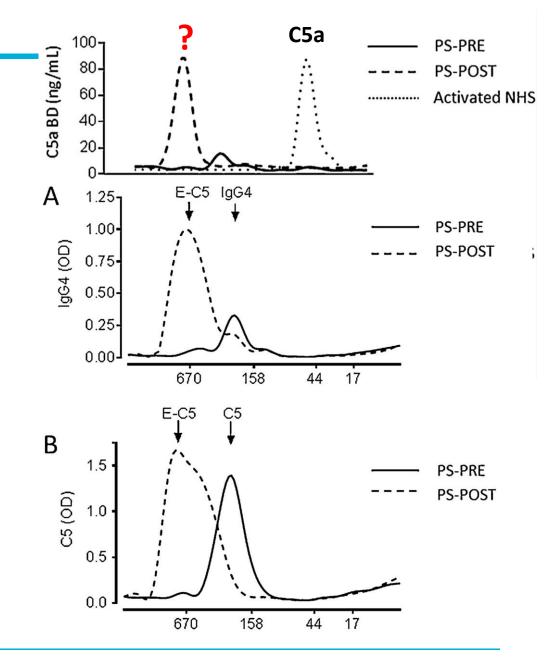


Volokhina et al., BLOOD 2015

### If it is not C5a, what is it???

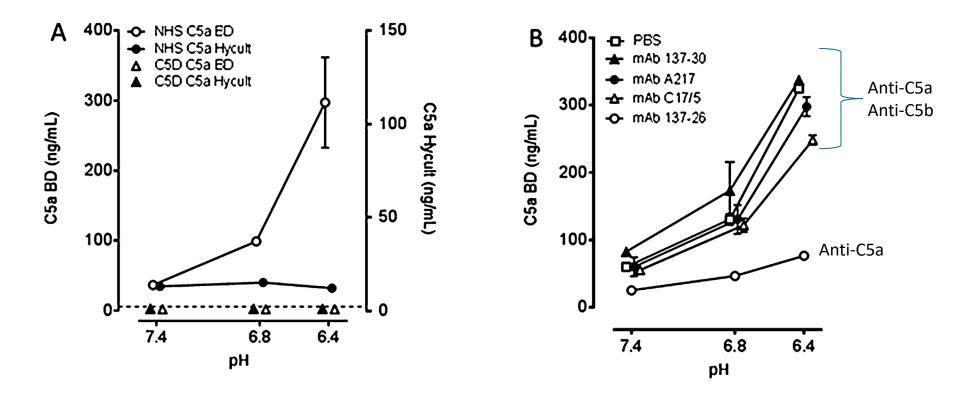


### If it is not C5a, what is it???



Nilsson et al., Mol Immunol 2017

## **Detection of C5a neoepitope in acidified serum**

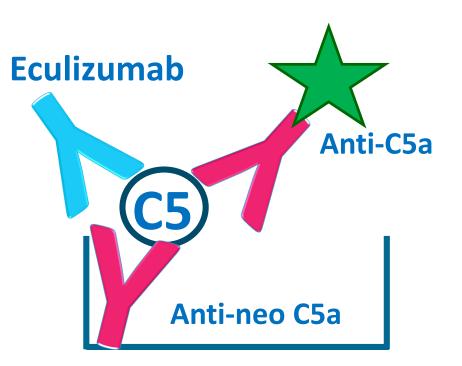


If it is not C5a, what is it???

C5a neoepitope

in C5-eculizumab complex

Interference of drug with the assay.



**Question from the bedside:** 

Is my patient still ill due to active C5a??

**Answer from the lab:** 

No, C5a is blocked, you do not need more C5 inhibiton. With eculizumab:

 64-73% complete recovery within 26 weeks.

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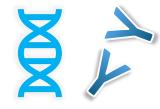
2. Interfering medication

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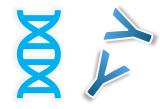
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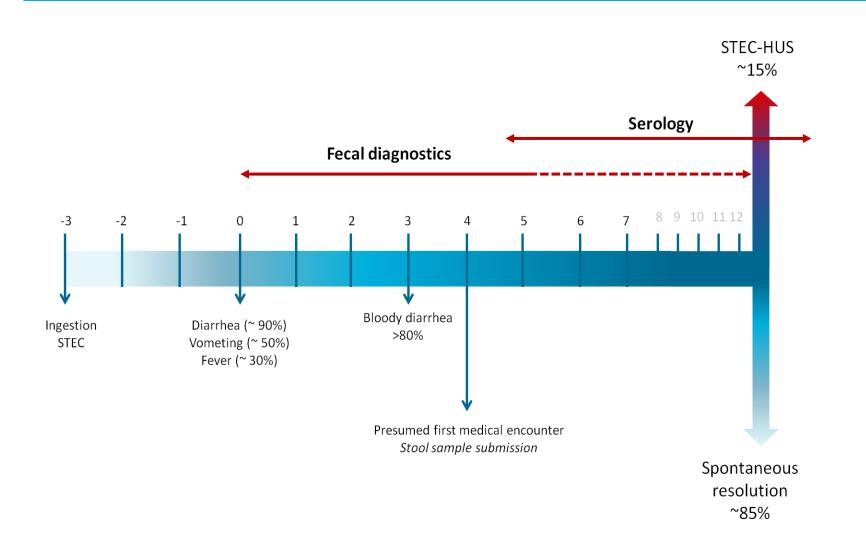
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## **2011: approval of eculizumab for atypical HUS**

- Works only for atypical aHUS.
- <u>STEC-HUS must be excluded.</u>



#### (K. Wijnsma, PhD thesis Radboudumc)

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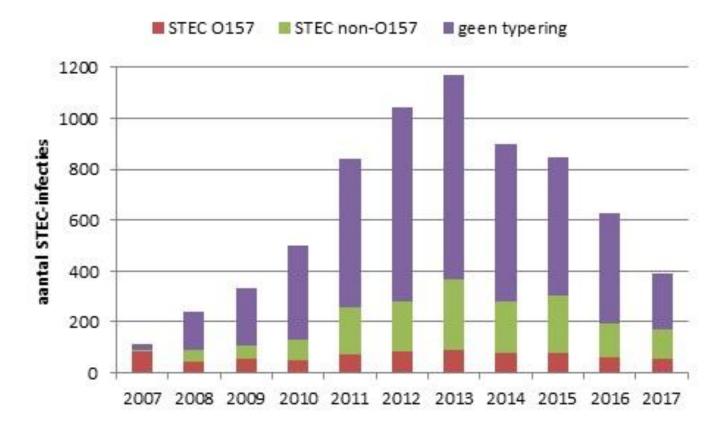
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But there is more.

2. Interfering medication

3. Timing

### **Fecal diagnostics**



RIVM: Surveillance van STEC in Nederland in 2017



Development of the STEC serological tests for the market

O157 ready to launch

non-O157 testing feasibility of commercialization







# The art of quality assays.... Wat does it mean at a University hospital?

 Of course all of the usual: sensitivity, specificity, reproducibility, linearity, recovery etc. .

But there is more.

- 2. Interfering medication
- 3. Timing
- 4. Choice of analytes

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But there is more.

- 2. Interfering medication
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**Clinical context** 

# Take home message

-Clinical context: it is all about the patient

-Relevance for particular application

-Be critical to the reagents and data (also your own)

-Work together (clinicians, scientists, industry)



# Acknowledgements

Radboudumc Laboratory medicine Elena Volokhina Bert van den Heuvel Susan Veissi Marloes Michels Romy Bouwemeester Thea van der Velden Andrei Sarlea Joop Goertz Monique van Gerritsen-Otten Sanne van Kraaij Marieke van Mullem

### Nephrology

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**Linnaeus University, Kalmar, Sweden** Dr. P. Nilsson

**University Medical Center Groningen** Prof. dr. A. Friedrich

Münster University Hospital Prof. dr. A. Mellmann

**Hycult Biotech** Dr. E. Toonen HUNDOW HAT A SIGNAL





### Dutch national working group on aHUS

Pediatric Nephrology Nicole van de Kar





