

Serological tests for tuberculosis: the evidence is reviewed

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Chennai, December 13 2010

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Disclosure

- ▶ I serve as co-chair of the Evidence Synthesis subgroup of Stop TB Partnership's New Diagnostics Working Group

Overview

- ▶ WHO recommendations on the use of serological tests
- ▶ Review of the evidence
 - Background
 - Serological tests: An updated systematic review and meta-analysis
 - Cost effectiveness model of serological tests in India

WHO issues a strong recommendation *against* the use of serological tests

- ▶ WHO Expert Group recommended that serological tests should not be used in individuals suspected of active pulmonary or extrapulmonary TB, irrespective of their HIV status (22 July 2010)
- ▶ The WHO Strategic and Technical Advisory Group for TB (STAG-TB, highest policy making body for TB at WHO) endorsed the Expert Group recommendations (27 September 2010)
http://www.who.int/tb/advisory_bodies/stag_tb_report_2010.pdf
- ▶ A negative WHO policy on TB serology is expected in early 2011

BACKGROUND

Serological (antibody-detection) tests for TB...

- ...have been around for a long time
- ...are attractive, especially if made into point of care tests
- ▶ But existing serological tests have variable accuracies and a limited clinical role (based on 3 systematic reviews)

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PLOS MEDICINE

Commercial Serological Antibody Detection Tests for the Diagnosis of Pulmonary Tuberculosis: A Systematic Review

Karen R. Steingart^{1,2}, Megan Henry³, Suman Laal^{4,5,6}, Philip C. Hopewell^{1,2}, Andrew Ramsay⁷, Dick Menzies^{8,9}, Jane Cunningham⁷, Karin Weldingh¹⁰, Madhukar Pai^{4,11}

Clinical and Vaccine Immunology, Feb 2009, p. 260-276
1556-4814/09/0206-00-00 doi:10.1186/14752875-06
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Performance of Purified Antigens for Serodiagnosis of Pulmonary Tuberculosis: a Meta-Analysis^{1,2,†}

Karen R. Steingart,^{1*} Nandini Dendukuri,² Megan Henry,^{3,‡} Ian Schiller,² Payam Nahid,⁴ Philip C. Hopewell,^{1,‡} Andrew Ramsay,⁵ Madhukar Pai,² and Suman Laal^{6,7,8}

A systematic review of commercial serological antibody detection tests for the diagnosis of extrapulmonary tuberculosis

Karen R Steingart, Megan Henry, Suman Laal, Philip C Hopewell, Andrew Ramsay, Dick Menzies, Jane Cunningham, Karin Weldingh, Madhukar Pai

PloS 2007;2:911-918. doi: 10.1136/hv.2006.075754

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WHO/TDR Laboratory-based...2008

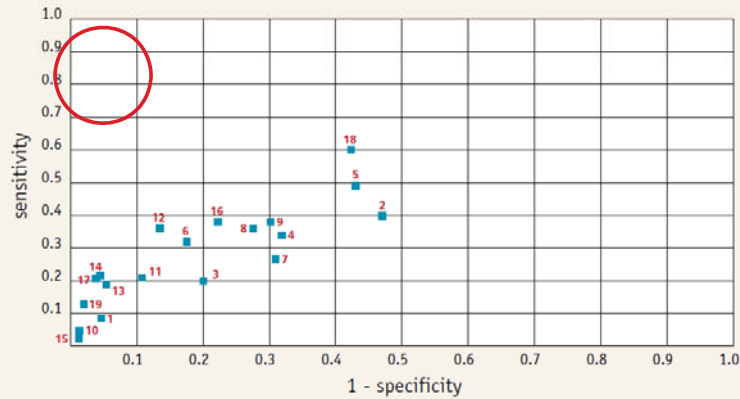
- ▶ Rapid - test result (< 15 mins)
- ▶ Simple - 1 or 2 steps, minimal training and no equipment
- ▶ Easy to interpret - card or strip format with visual readout
- ▶ Gold standard - culture plus clinical follow-up
- ▶ Archived specimens



Table 4. Performance of 19 rapid tests for pulmonary tuberculosis

	Manufacturer	Rapid Test	Sensitivity % (95% CI)	Specificity % (95% CI)
1	ABP Diagnostics	Focus Sure Check TB	8 (4-11)	95 (92-99)
2	Advanced Diagnostics	Tuberculosis Rapid Test	40 (33-46)	53 (45-61)
3	American Bionostica	Rapid Test for TB	20 (15-26)	80 (73-86)
4	Ameritek dBest	One Step TB Test	34 (27-40)	68 (61-76)
5	BioMedical Products Corp	TB Rapid Screen Test	49 (42-56)	57 (49-65)
6	Chembio	TB Stat-Pak II	32 (25-38)	83 (76-89)
7	CTK Biotech TB Antibody	Onsite Rapid Screening Test	27 (21-33)	69 (62-77)
8	Hema Diagnostic	Rapid 1-2-3 TB Test	36 (29-42)	72 (65-80)
9	Laboratorio Silanes	TB-Instantest	38 (31-44)	70 (62-77)
10	Millenium Biotechnology	Immuno-Sure TB Plus	2 (0-5)	99 (97-100)
11	Minerva Biotech	V Scan	21 (16-27)	89 (84-94)
12	Mossman Associates	MycDot	36 (30-42)	87 (81-92)
13	Pacific Biotech	Bioline TB	19 (14-25)	95 (91-98)
14	Premier Medical Corporation	First Response Rapid TB	21 (16-27)	95 (92-99)
15	Princeton BioMeditech	BioSign M tuberculosis	1 (0-2)	99 (97-100)
16	Span Diagnostics	TB Spot ver 2.0	38 (32-45)	78 (71-85)
17	Standard Diagnostics	SD Rapid TB	21 (15-26)	96 (93-99)
18	UniMED International Inc	FirstSign MTB Card Test	60 (53-66)	58 (50-66)
19	Veda Lab	TB Rapid Test	13 (8-17)	98 (96-100)

ROC curve, commercial rapid tests for the diagnosis of pulmonary TB (n=355)



Sensitivity range: 1 to 60%
Specificity range: 53 to 99%

Current situation

- ▶ No serological TB test for clinical use is recommended by international guidelines nor approved by the US Food and Drug Administration
- ▶ Dozens of commercial serological tests based on detection of antibodies are marketed in many parts of the world, especially in developing countries with weak regulatory systems

Claims of high accuracy

- Package inserts are usually based on internal company data



American Bionostica, Inc.

SUMMARY OF CLINICAL TEST RESULTS

Specimen no./origin	ABI Test Sensitivity	ABI Test Specificity
111 Mexico	64%	98%
100 Mexico	70%	100%
85 Russia	78%	91%
341 East Europe	89%	95%
321 Estonia Group 1	88%	97%
164 Estonia Group 2	93%	95%
73 Miami	92%	93%
200 Russia	86%	92%
95 Russia	85%	94%
19 Estonia	90%	89%
33 India (all positive)	91%	N/A
73 East Europe	72%	95%



2) Comparison SD Rapid TB vs. a commercial anti-TB ELISA

The SD Rapid TB have tested with positive and negative clinical samples tested by a leading commercial ELISA test. The result shows that the SD Rapid TB is very accurate to other commercial ELISA test.

		A Commercial PHA		Total Results
		Positive	Negative	
A commercial anti-Tuberculosis ELISA kit	Positive	112	2	114
	Negative	1	350	351
Total Results		113	352	465

In a comparison of the SD Rapid TB versus a leading commercial ELISA test, results gave sensitivity of 98.2% (112/114), a specificity of 99.7 % (350/351), and a total agreement of 99.35% (462/465).



PERFORMANCE CHARACTERISTICS:

Sensitivity : Sera were collected from patients under anti TB treatment. Results of sputum examination were not available. Among 75 sera collected, samples were positive by the TB onsite Rapid screening Test. Thus, the test sensitivity is 93%.

Specificity : In 53 sera derived from Northern America, all the samples were negative.

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Based on a survey of more than 80 Indian laboratories, some preliminary estimates

- About 50 large and medium *private labs* alone are doing over 60,000 tests per month
- ~1.5 million TB serological (ELISA) tests every year
- @ \$10 per test**, the market is worth at least \$15 million (this is highly conservative)

**The cost is actually ~\$10 per antibody (e.g. IgG). Testing for all 3 antibodies (IgG, IgA, IgM) is often done at cost of ~\$30 per patient; for simplicity, we have used \$10 per patient, a conservative estimate (RNTCP annual budget ~\$65 million)

Pai et al. Unpublished

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Commercial serological tests, framing the question

Population - adults and children with and without HIV infection suspected of active TB, all countries

Intervention - commercial serological test

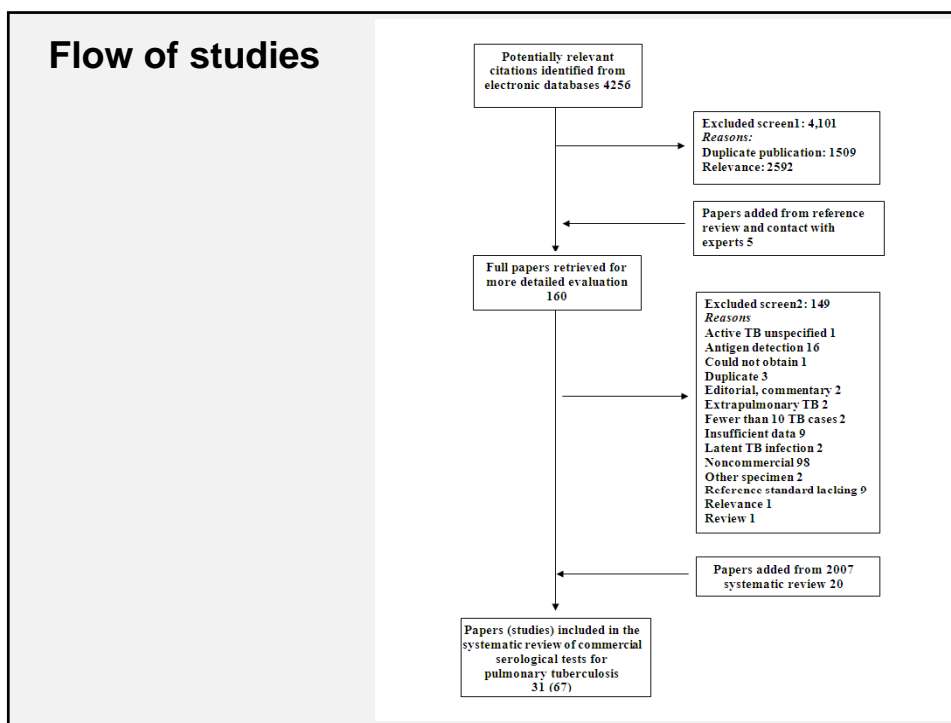
Comparison - no test/smear microscopy

Outcomes - sensitivity and specificity

Reference standard - culture (either solid or liquid)

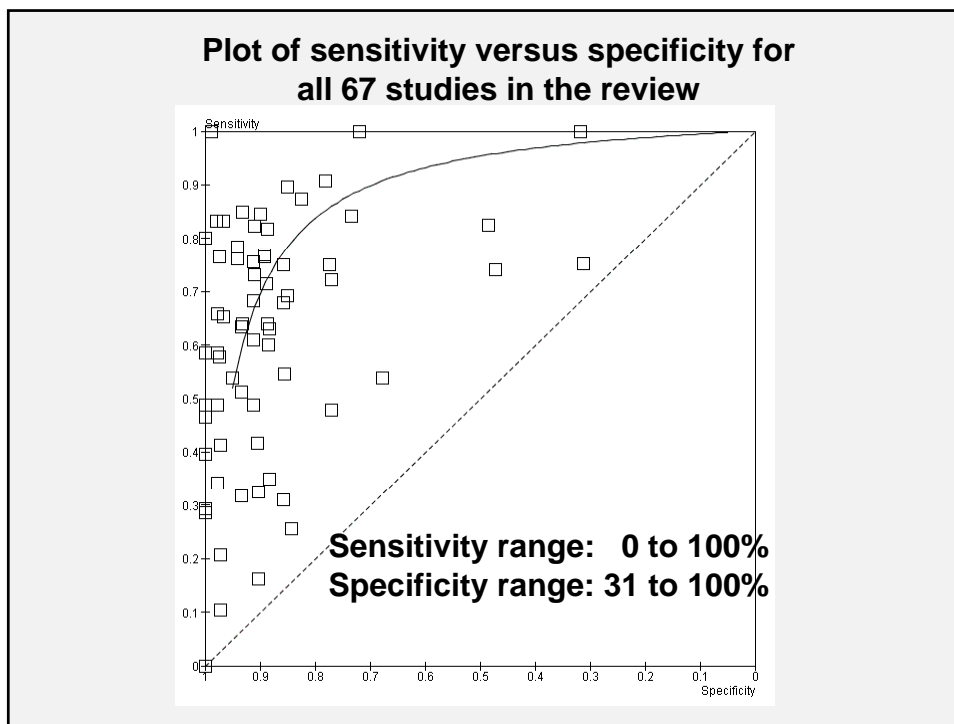
Excluded studies published before 1990 and studies with < 10 TB cases

Results - Pulmonary TB

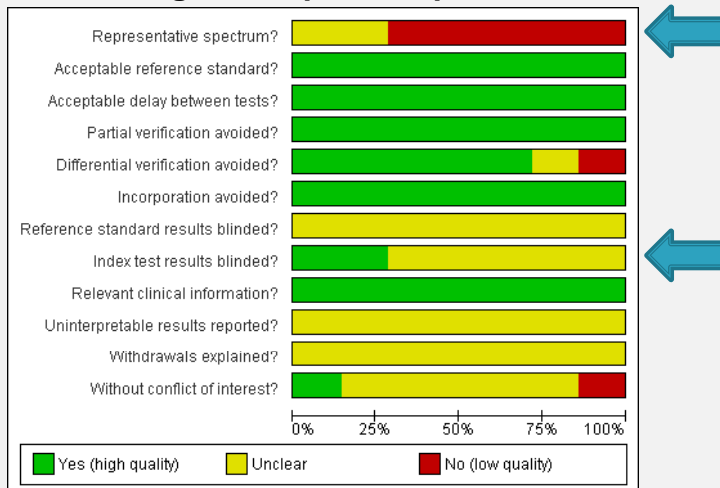


Study characteristics

- ▶ 67 studies used 18 different serological tests (anda-TB IgG most common, 19% of studies)
- ▶ 32 (48%) studies in low/middle-income countries
- ▶ Zero studies involved children; 1 study involved HIV-infected individuals
- ▶ Median TB patients 41 (IQR 33, 54)
- ▶ Studies were considered low quality (only 28% included a representative patient spectrum; only 51% reported blinding of the serological test result)
- ▶ No studies reported on patient-important outcomes
 - increased number of TB patients detected
 - decreased number false-positive TB patients treated
 - decreased number of patients lost due to fewer visits



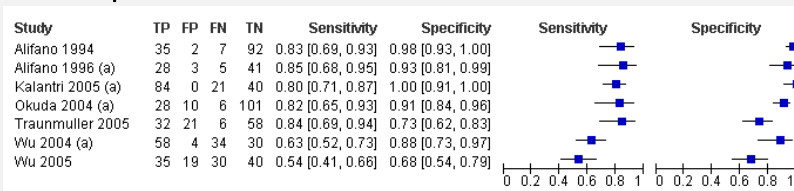
anda-TB IgG (Anda Biologicals, Strasbourg, France) studies involving smear-positive patients



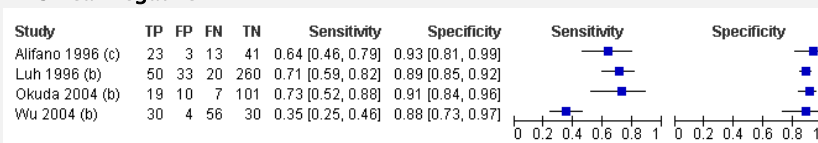
Steingart et al. submitted manuscript

anda-TB IgG

A. Smear positive



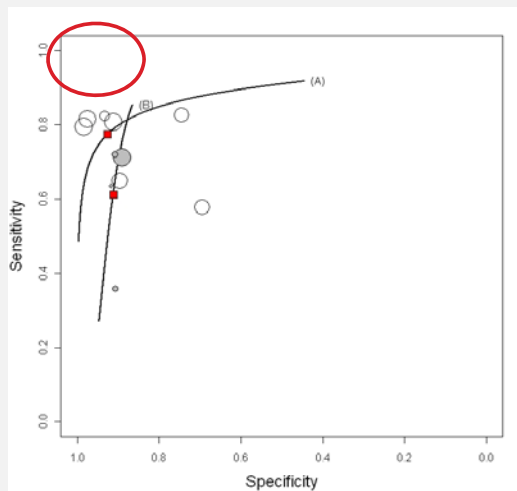
B. Smear negative



Bivariate meta-analysis, random effects, pooled estimates
Smear+ Sensitivity = 76% (63,87); Specificity = 92% (74, 98)
Smear- Sensitivity = 59% (10,96); Specificity = 91% (79, 96)

Steingart et al. submitted manuscript

Summary ROC plots for anda-TB IgG showing better performance in studies of smear-positive patients (A) than smear-negative patients (B). The red squares are summary sensitivity and specificity



Steingart et al. submitted manuscript

Head-to-head comparison SDHO and smear microscopy, HIV-infected individuals

Test	Sensitivity % (95% CI)	Specificity (95% CI)
SDHO (Saint-Sauveur des Monts, Canada)	16 (5, 34)	90 (74, 98)
Smear microscopy	68 (49, 83)	100 (89,100)


- 55 HIV-infected pulmonary TB suspects, hospitalized and outpatient
- 31 culture-confirmed TB cases
- Median age 31
- Central African Republic

Kassa-Kelembho et al. Clin Vaccine Immunol. 2006 June; 13(6): 702–3

Discussion

The sensitivity and specificity estimates in the meta-analysis are likely to be overly optimistic for at least two reasons:

1. study quality generally suffered from lack of a representative patient spectrum and could have resulted in inflated estimates of test accuracy
2. publication bias was possible because studies with poor performance were unlikely to be unpublished



THE NEW YORKER

NOVEMBER 8, 2010

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LETTER FROM INDIA

A DEADLY MISDIAGNOSIS
Is it possible to save the millions of people who die from TB?
 by Michael Specter

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Case report 2: A middle-aged woman from India complaining of cough received a serological TB test at a private medical clinic. Based on a false positive test result, the patient was misdiagnosed as having active TB disease and received a six month course of multidrug antituberculous therapy. After treatment completion, the patient's cough recurred, her condition worsened, and she was eventually diagnosed with active TB

Serological Testing for Active Tuberculosis in India is More Costly and Less Effective than Sputum Smear Microscopy

Dowdy DW, Steingart KR; Pai M

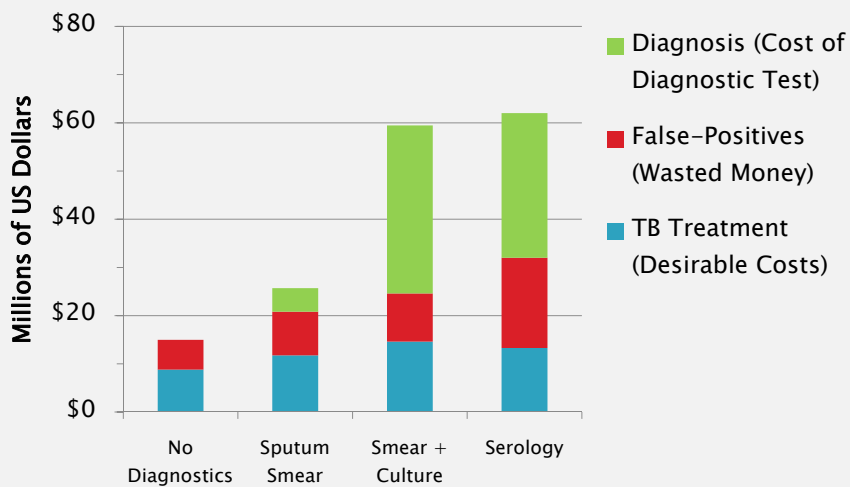
Hypothetical “Study Population”

- ▶ 1.5 million TB suspects
 - Conservative estimate of annual number of serologic tests in India
- ▶ 1 in 7 actually have TB
 - Estimate from FIND, comparable to other studies
- ▶ Among TB patients, 53% are “highly infectious”
 - Would be diagnosed with 2 sputum smears in ideal lab
- ▶ 5% HIV prevalence
 - 10% with access to ART (UNAIDS 2009); does not affect model results
- ▶ Accuracy estimates obtained from the systematic review

Dowdy et al., 2010 submitted manuscript

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What is the cost for 1.5 million TB suspects who undergo serologic testing in India?



Dowdy et al., unpublished

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Table 3. Cost-Effectiveness of Diagnostic Strategies for 1.5 Million TB Suspects in India. Relative

Diagnostic Test	Cost (US\$)	Additional TB Cases Treated	Additional False-Positive Cases Treated	Secondary Cases Averted
Sputum smear microscopy	\$11.9 million	44,000	36,000	443,000
Sputum smear + TB culture	\$45.0 million	71,000	48,000	555,000
Serological testing	\$47.5 million	58,000	157,000	411,000
Rapid molecular testing	\$52.8 million	86,000	12,000	629,000

Dowdy et al., 2010 submitted manuscript

In conclusion

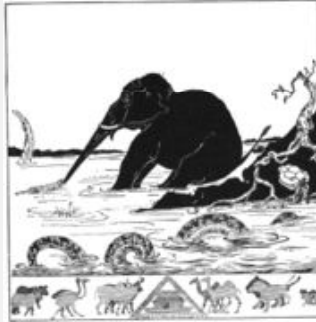
- ▶ **Published data on commercial serological tests for the diagnosis of active TB inconsistent and imprecise estimates of sensitivity and specificity**
- ▶ **Modeling study in a hypothetical cohort of 1.5 million adult Indian TB suspects suggests that serological testing for active TB is both more costly and less effective than sputum smear microscopy**

Acknowledgements

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Questions?



**“Satiabile curiosity...
and that means he asked ever so many questions.”**