

# **Genetic Analysis of Pyrazinamide Resistance in MDR/XDR South African *Mycobacterium tuberculosis* Strains Using Next-Generation Ion Torrent Sequencing**

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# Study Objectives

1. Develop a standardized sequencing methodology/protocol using the Ion Torrent.
  - » Streamlined library prep
  - » No ancillary equipment
  - » Reduced laboratory footprint
  - » Safe for standard laboratories
2. Develop a protocol using 5 full-length MTB genes for detecting and characterizing MDR/XDR strains.
  - » Proof or principle using 5 genes, expandable to 16+ genes
  - » Standardized amplification and thermocycling
3. Evaluate the developed protocol using a limited set of retrospectively collected susceptible, MDR and XDR strains.
  - » Collected from Gauteng and Kwa-Zulu Natal Provinces in South Africa
  - » Clinical isolates collected between July-November, 2011



SPECIMEN COLLECTION & PRESERVATION SOLUTION FOR  
MOLECULAR DIAGNOSTIC APPLICATIONS

PrimeStore® MTM is a sample collection solution  
that safely inactivates microbes,  
and stabilizes/preserves RNA and DNA for downstream  
Nucleic Acid Testing (NAT).....



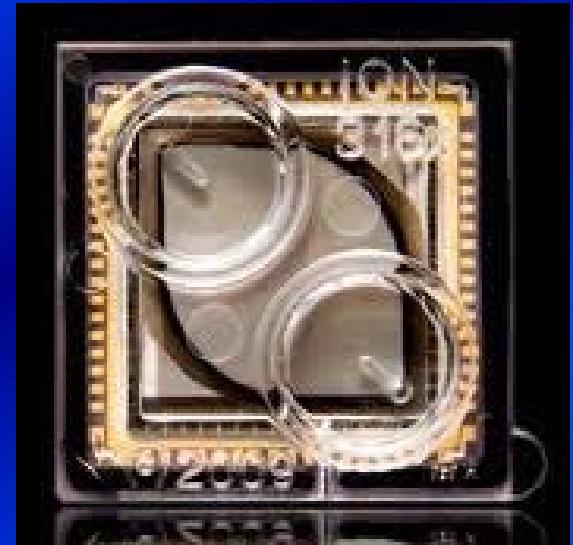
...and Next Generation Sequencing

# Next Generation Ion Torrent Sequencing

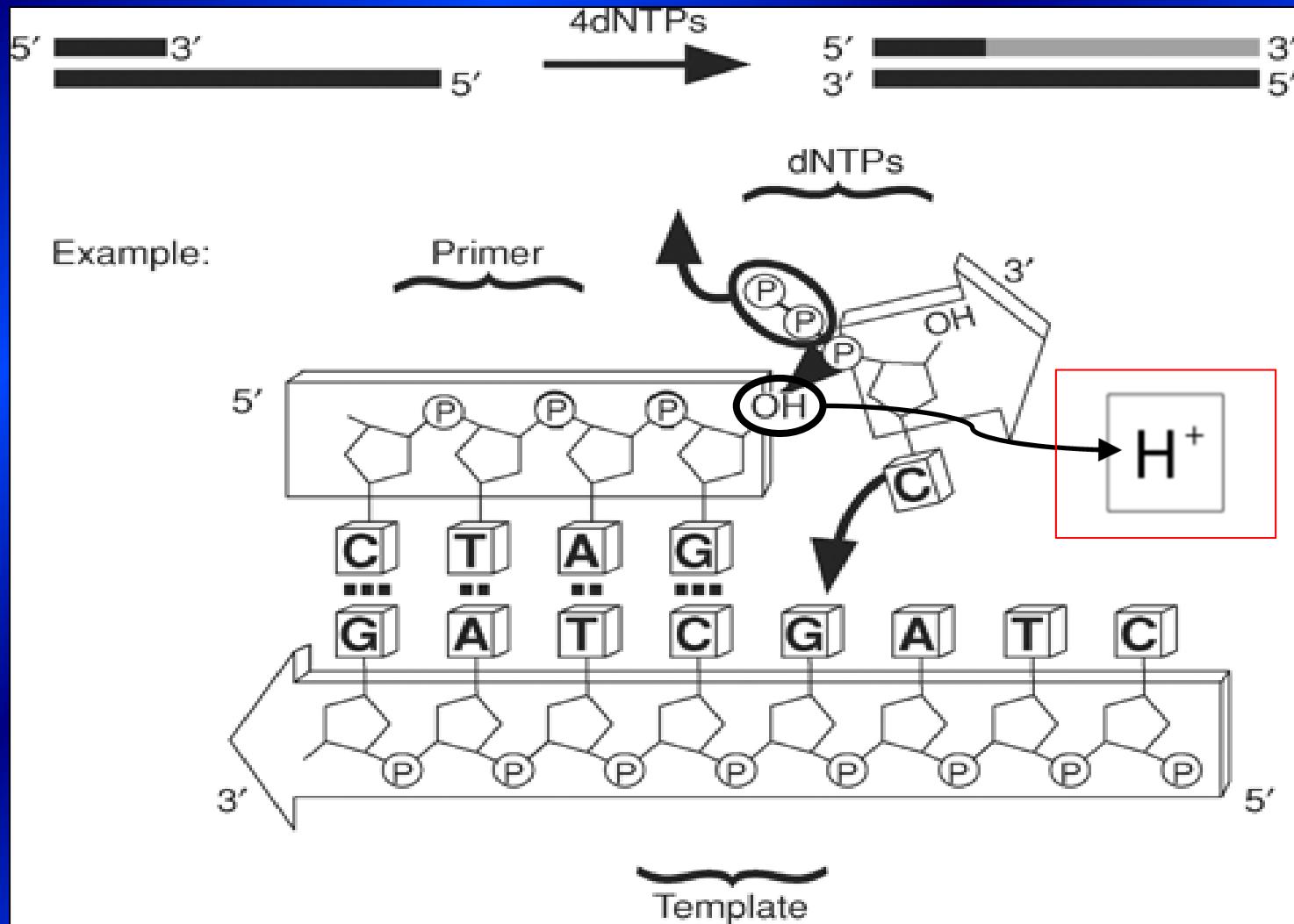


~TB drug resistance chip~

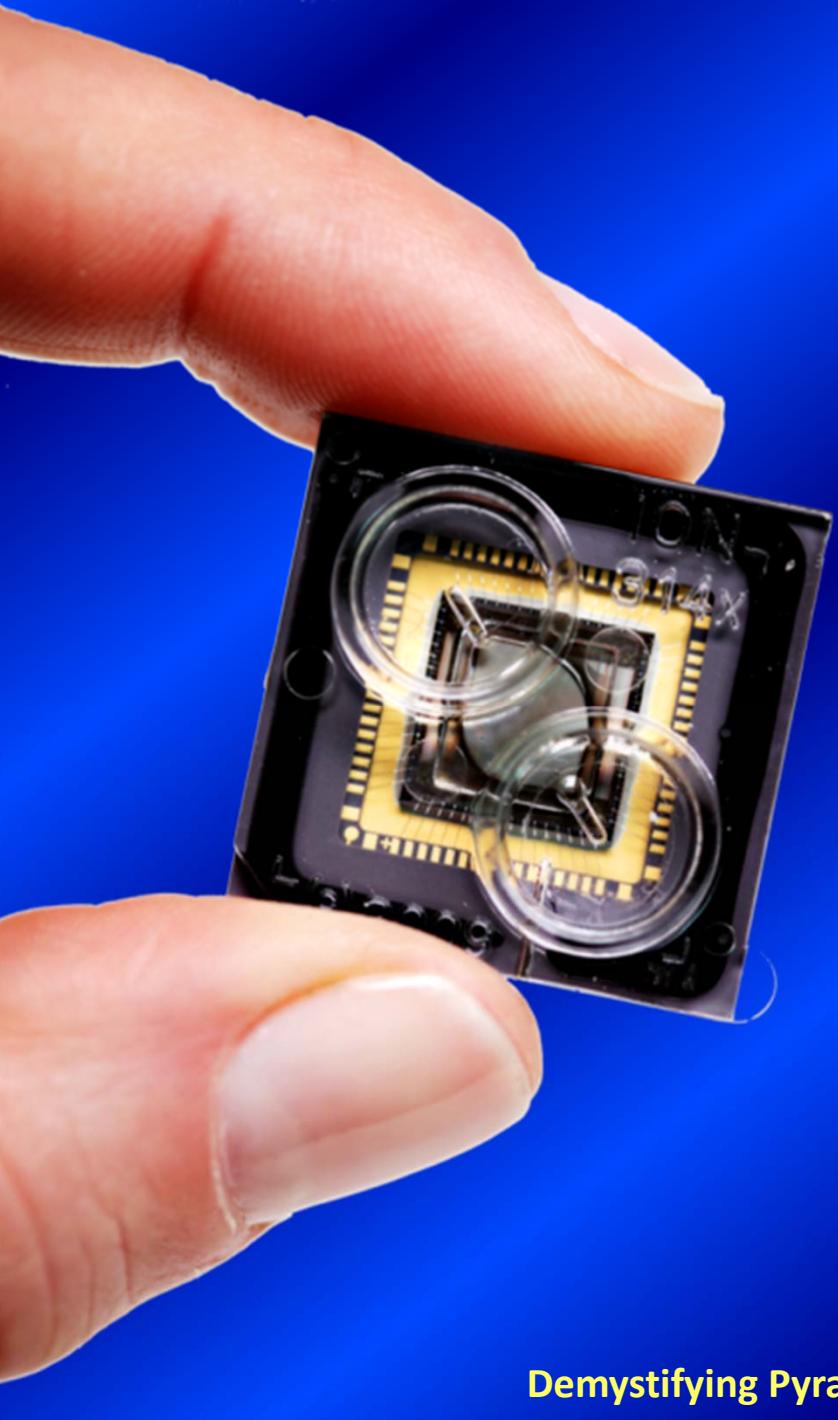
1. *rpoB*
2. *katG*
3. *gyrA*
4. *rrs* (16s rRNA)
5. *pncA*



# Ion Torrent-How does it work?



Simple,  
Natural  
Chemistry



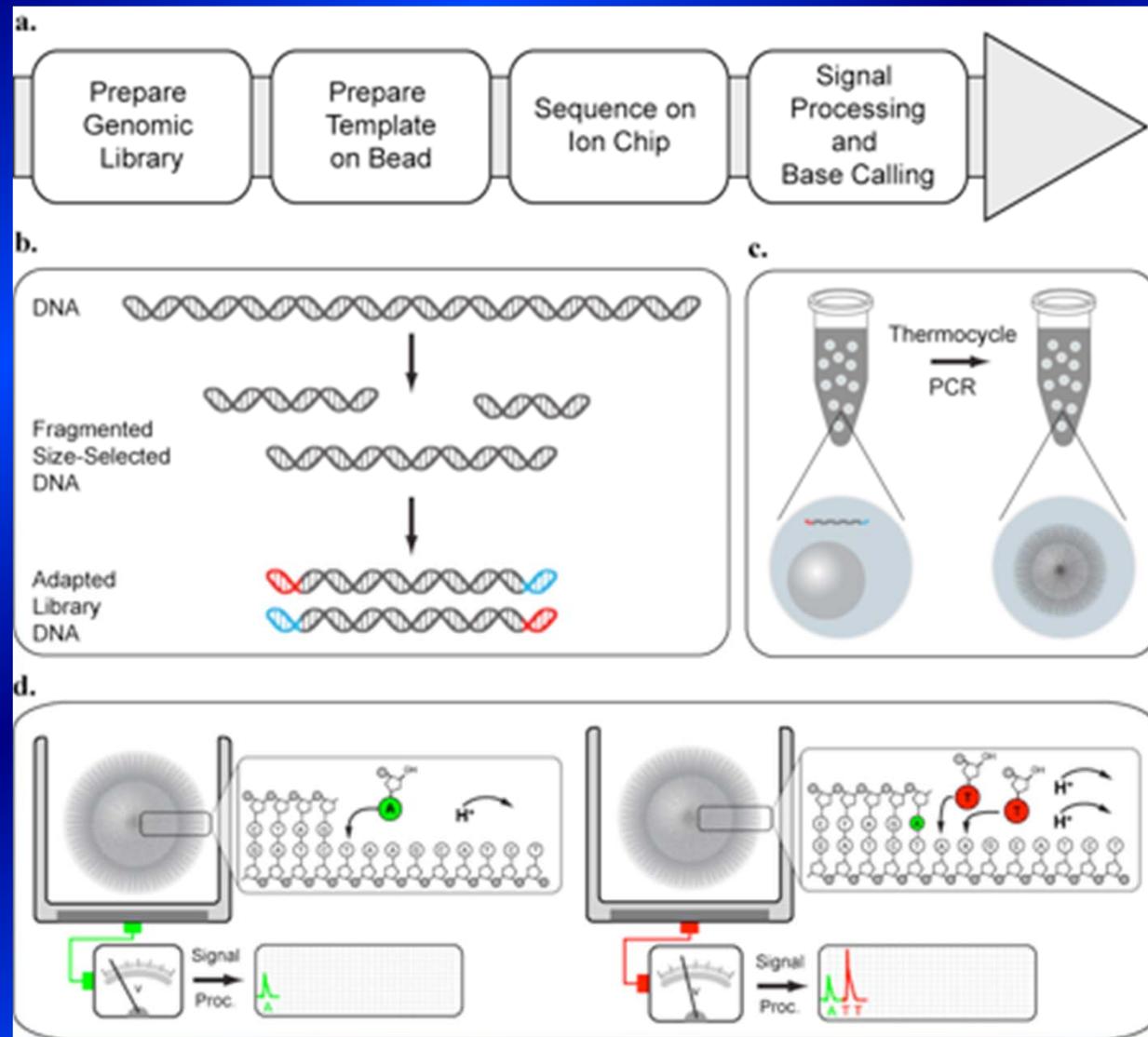
# The Chip is the Machine™

Scalability

Simplicity

Speed

# Technology Summary



# Ion DNA Barcode Adaptor 1-16



01

## Construct Library

- 1 Enzymatic Fragmentation
- 2 End Repair and Ligate Adaptors
- 3 Optional Amplification
- 4 Normalize and Pool Libraries

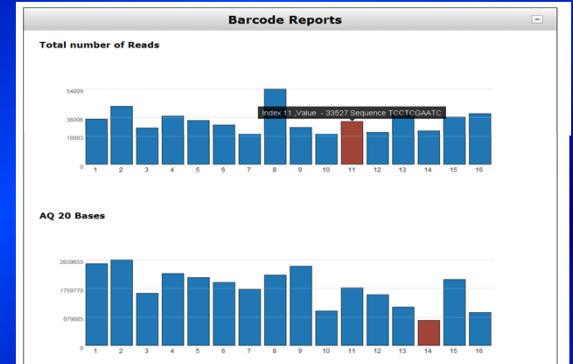
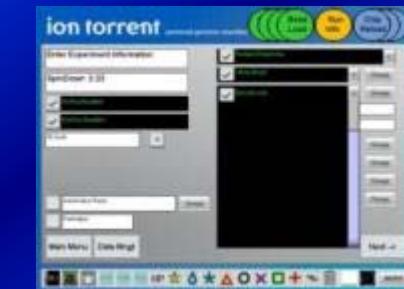
1 day

Efficient multiplexing up to 16 libraries

Reduces cost/sample

Minimal adaptor sequence for added sample identification confidence

Automation compatible



# Molecular Basis of Drug Resistance in *Mycobacterium tuberculosis*

Drug	Gene	Function	Prevalence (%)
Isoniazid	<i>katG</i>	Catalase peroxidase	~40–60
	<i>inhA</i>	Enoyl-acyl carrier protein reductase	~25
	<i>ahpC</i>	Alkyl-hydroperoxide reductase	~10
	<i>kasA</i>	Ketoacyl acyl carrier protein synthetase	
Rifampicin	<i>rpoB</i>	β-subunit of the RNA polymerase	~95
Pyrazinamide	<i>pncA</i>	Pyrazinamidase	~95
Streptomycin	<i>rpsL</i>	Ribosomal S12 protein	~60
	<i>rrs</i>	16S rRNA	~20
Amikacin/kanamycin	<i>rrs</i>	16S rRNA	~70–90
Capreomycin	<i>rrs</i>	16S rRNA	~90
	<i>tlyA</i>	rRNA methyltransferase	
Fluorochinolone	<i>gyrA, gyrB</i>	DNA gyrase	~80–90
Ethambutol	<i>embCAB</i>	Arabinosyl transferase	~60

Drug-susceptibility Testing in TB: Current Status and Future Prospects. Elvira Richter; Sabine Rüsch-Gerdes; Doris Hillemann. *Expert Rev Resp. Med.* 2009;3(5):497-510.

# Next Generation Ion Torrent Sequencing



PrimeStore MTM™ collection & shipment  
from Pretoria, South Africa

4 day transit to  
San Antonio, Texas, USA



ion torrent  
δ ★ ▲ ○ × □ + ~

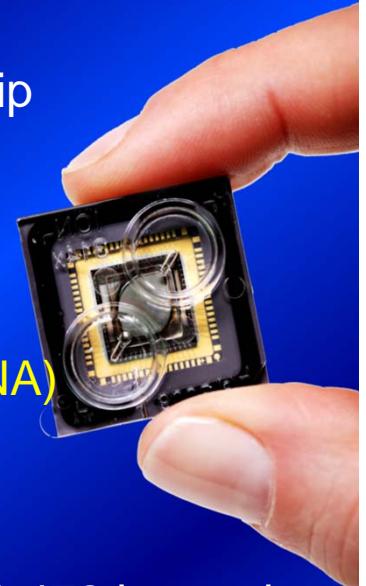
29 GB  
(Raw Data)



60 MB  
(FASTQ)



TB drug  
susceptibility chip

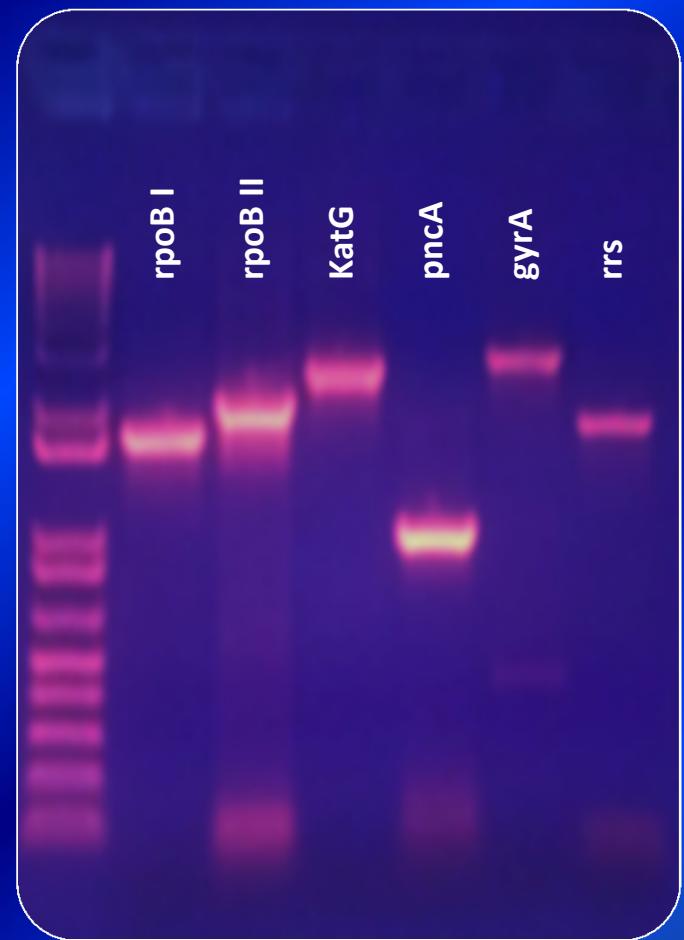


1. *rpoB*
2. *katG*
3. *gyrA*
4. *rrs* (16s rRNA)
5. *pncA\**

11,472 bp total  
X 16 barcodes  
=183,552 bps

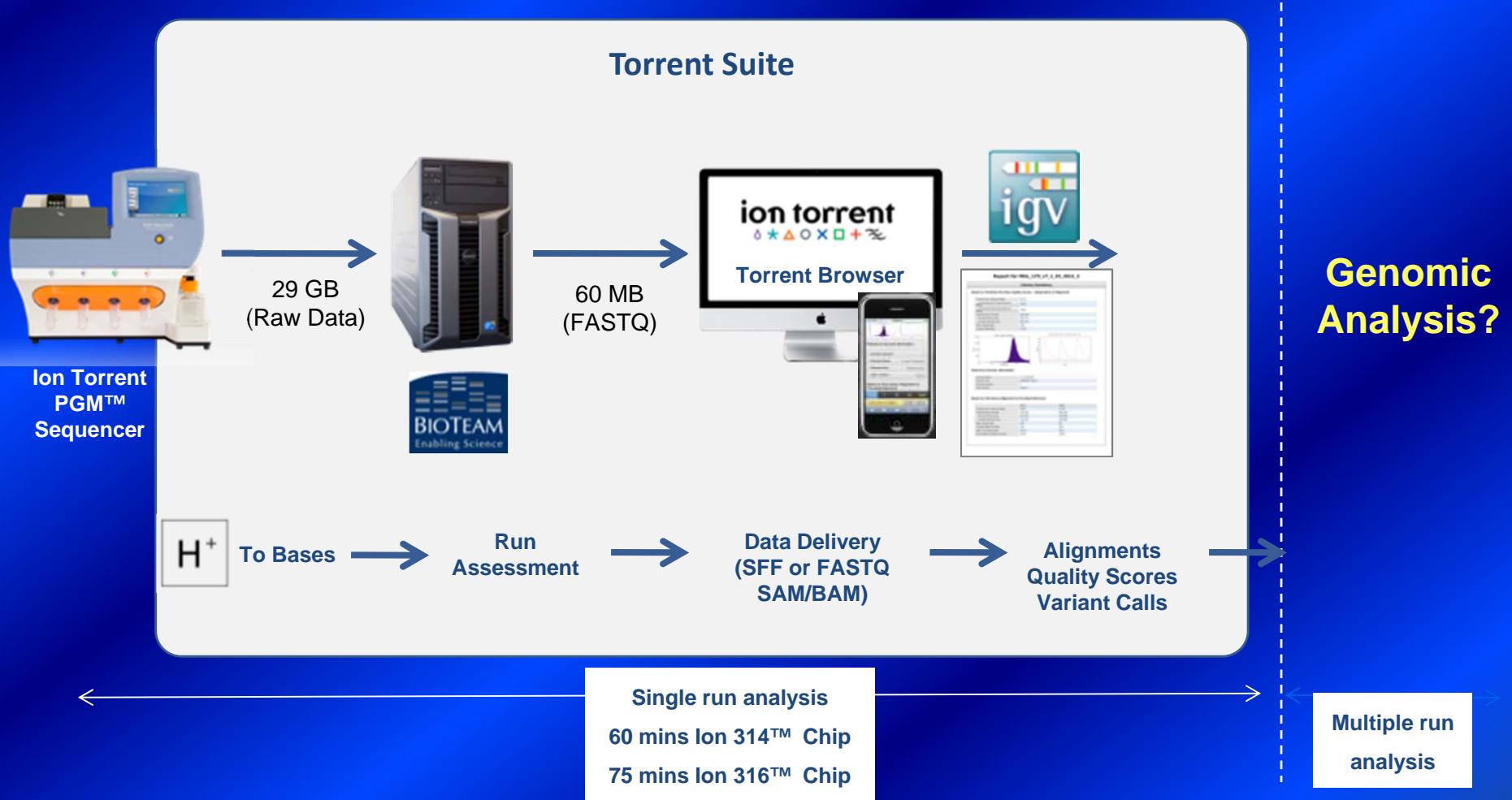
# Full-Length Gene Amplification for TB Drug Resistance

- ❖ Representative amplicons for 5 MTB genes (*rpoB*, *katG*, *pncA*, *gyrA*, and *rrs*).
- ❖ A total of 11,432 bps for five genes were sequenced for each clinical isolate.
- ❖ A 1.0% agarose gel with 1 KB ladder is shown.

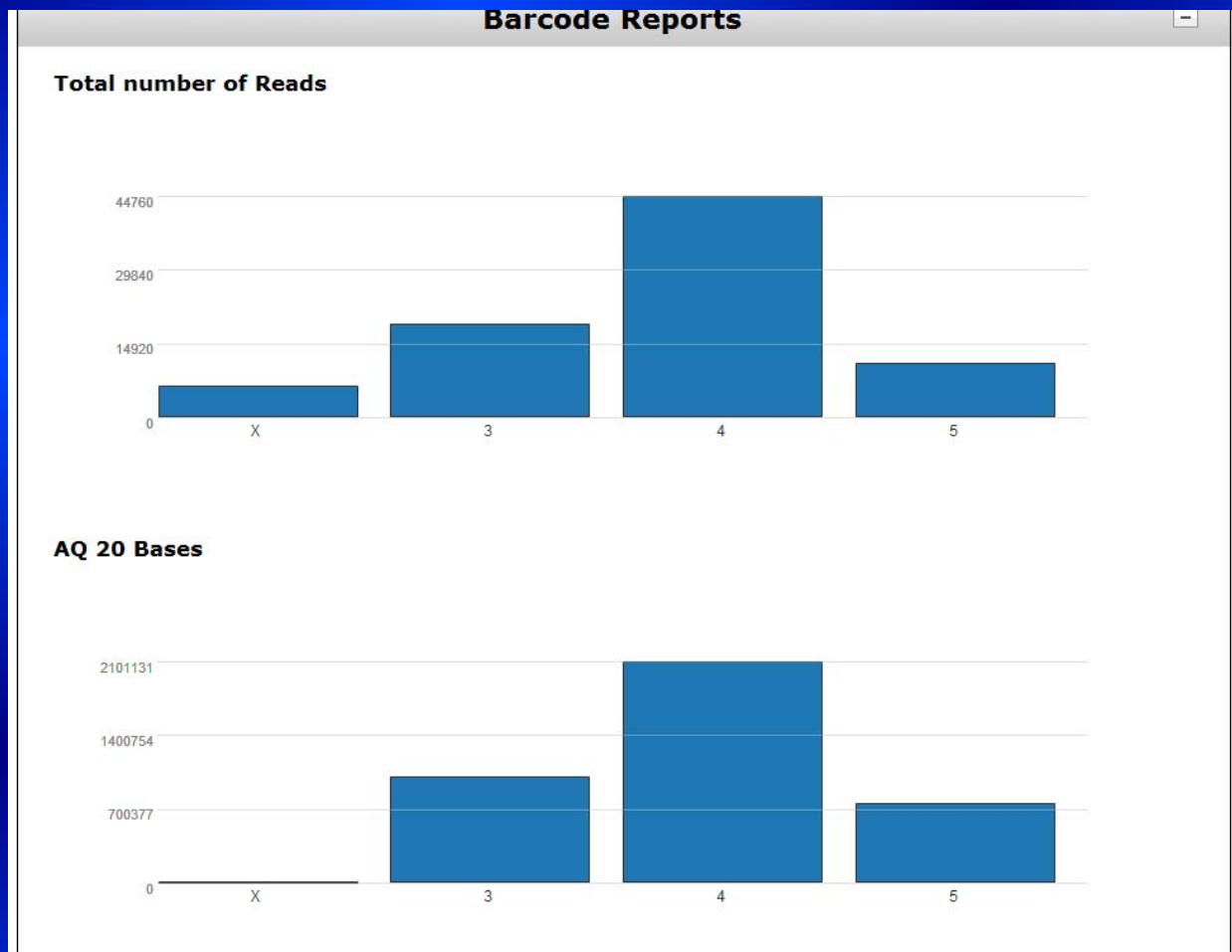


# Ion Torrent Server and Suite

*Web based data delivery with integrated alignment and variant calling*



# Barcode Samples

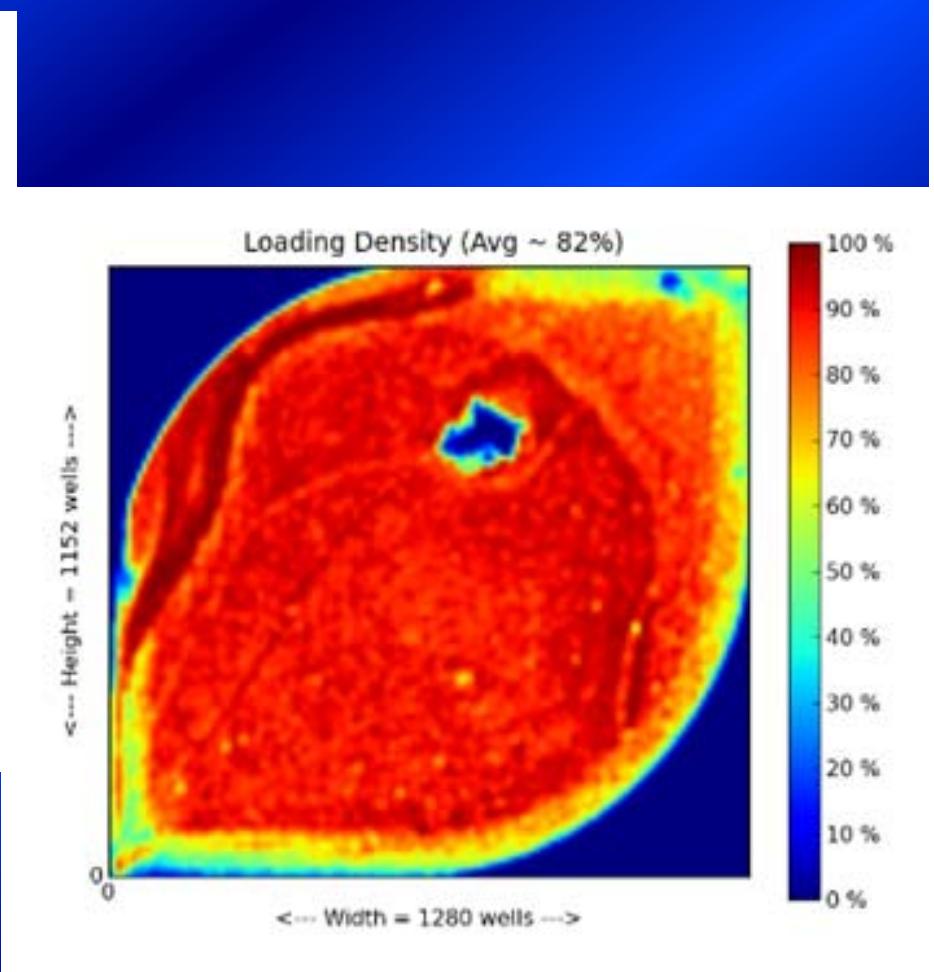


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# 314 Chip Ion Sphere Particle (ISP) Loading Density Map

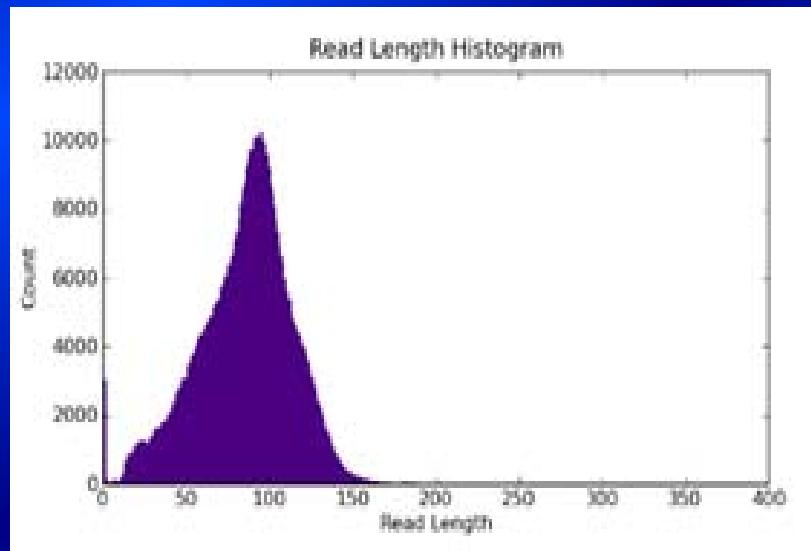
	Count	Percentage
Total Addressable Wells	1,262,519	
› Wells with ISPs	1,050,930	83%
› Live ISPs	1,003,694	96%
› Test Fragment ISPs	4,407	<1%
› Library ISPs	999,287	100%

	Count	Percentage
Library ISPs / Percent Enrichment	999,287	95%
› Filtered: Polyclonal	260,393	26%
› Filtered: Primer dimer	577	<1%
› Filtered: Low quality	163,448	16%
› Final Library Reads	574,869	58%



314 Chip Density Map

# MTB Library Run Summary



Based on Full Library Alignment to Provided Reference

	AQ17	AQ20	Perfect
Total Number of Bases [Mbp]	10.63	8.31	7.50
Mean Length [bp]	68	60	56
Longest Alignment [bp]	133	133	130
Mean Coverage Depth	1,232.90×	963.10×	868.90×
Percentage of Library Covered	96%	96%	96%



DNASTAR  
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## LaserGene 10 Core Suite



-  GeneQuest
-  GenVision Utility
-  GenVision
-  MegAlign
-  PrimerSelect
-  Protean 3D
-  Protean
-  SeqBuilder
-  SeqMan Pro
-  SeqNinja
-  EditSeq



Demystifying Pyrazinamide • September 5-6, 2012



# Compare Assembled Barcoded Samples

The screenshot shows the MegAlign software interface with a red arrow pointing to the "Sequence Name" column header. The window title is "MegAlign - [File: C:\Users\jason\Documents\H37Rv alignment.04-08-2012.meg]". The menu bar includes File, Align, View, Options, Net Search, Window, and Help. The "Sequence Name" column lists 29 sequences, including reference strains and patient samples. The main area displays a multiple sequence alignment of DNA fragments, with positions 1320 through 1400 shown. The alignment uses color-coded boxes to highlight specific nucleotide changes or regions of interest.

Sequence Name	1320	1330	1340	1350	1360	1370	1380	1390	1400																		
H3Rv Ion Torrent reference strain	A	G	G	A	T	C	T	T	C	G	G	C	A	C	A	G	G	C	C	A	G	T	T	C	G	G	
Najir 1 H37Rv rpoB	A	G	G	A	T	C	T	T	C	G	G	C	A	C	A	G	G	C	C	A	G	T	T	C	G	G	
KZN 4207 reference strain	A	G	G	A	T	C	T	T	C	G	G	C	A	C	A	G	G	C	C	A	G	T	T	C	G	G	
BC1-rpoB Contig_1.seq	A	A	G	G	A	T	C	T	T	C	G	G	C	A	C	A	G	G	C	C	A	G	T	T	C	G	G
BC2-rpoB Contig_1.seq	A	A	G	G	A	T	C	T	T	C	G	G	C	A	C	A	G	G	C	C	A	G	T	T	C	G	G
BC3-rpoB Contig_1.seq	A	A	G	G	A	T	C	T	T	C	G	G	C	A	C	A	G	G	C	C	A	G	T	T	C	G	G
BC4-rpoB Contig_1	A	A	G	G	A	T	C	T	T	C	G	G	C	A	C	A	G	G	C	C	A	G	T	T	C	G	G
BC5-rpoB Contig_1.seq	A	A	G	G	A	T	C	T	T	C	G	G	C	A	C	A	G	G	C	C	A	G	T	T	C	G	G
BC6-rpoB Contig_1.seq	A	A	G	G	A	T	C	T	T	C	G	G	C	A	C	A	G	G	C	C	A	G	T	T	C	G	G
BC7-rpoB Contig_1.seq	A	A	G	G	A	T	C	T	T	C	G	G	C	A	C	A	G	G	C	C	A	G	T	T	C	G	G
BC8-rpoB Contig_1.seq	A	A	G	G	A	T	C	T	T	C	G	G	C	A	C	A	G	G	C	C	A	G	T	T	C	G	G
BC9-rpoB Contig_1.seq	A	A	G	G	A	T	C	T	T	C	G	G	C	A	C	A	G	G	C	C	A	G	T	T	C	G	G
BC10-rpoB Contig_1.seq	A	A	G	G	A	T	C	T	T	C	G	G	C	A	C	A	G	G	C	C	A	G	T	T	C	G	G
BC11-rpoB Contig_1.seq	A	A	G	G	A	T	C	T	T	C	G	G	C	A	C	A	G	G	C	C	A	G	T	T	C	G	G
BC12-rpoB Contig_1.seq	A	A	G	G	A	T	C	T	T	C	G	G	C	A	C	A	G	G	C	C	A	G	T	T	C	G	G
BC14-rpoB Contig_1.seq	A	A	G	G	A	T	C	T	T	C	G	G	C	A	C	A	G	G	C	C	A	G	T	T	C	G	G
BC15-rpoB Contig_1.seq	A	A	G	G	A	T	C	T	T	C	G	G	C	A	C	A	G	G	C	C	A	G	T	T	C	G	G
BC16-rpoB Contig_1.seq	A	A	G	G	A	T	C	T	T	C	G	G	C	A	C	A	G	G	C	C	A	G	T	T	C	G	G
Patient 2919984	A	A	G	G	A	T	C	T	T	C	G	G	C	A	C	A	G	G	C	C	A	G	T	T	C	G	G
2961678.rpoB	A	A	G	G	A	T	C	T	T	C	G	G	C	A	C	A	G	G	C	C	A	G	T	T	C	G	G
3050732.rpoB	A	A	G	G	A	T	C	T	T	C	G	G	C	A	C	A	G	G	C	C	A	G	T	T	C	G	G
2875244.rpoB	A	A	G	G	A	T	C	T	T	C	G	G	C	A	C	A	G	G	C	C	A	G	T	T	C	G	G
2937643.rpoB	A	A	G	G	A	T	C	T	T	C	G	G	C	A	C	A	G	G	C	C	A	G	T	T	C	G	G
2997164.rpoB	A	A	G	G	A	T	C	T	T	C	G	G	C	A	C	A	G	G	C	C	A	G	T	T	C	G	G
rpoB.barcode6	A	A	G	G	A	T	C	T	T	C	G	G	C	A	C	A	G	G	C	C	A	G	T	T	C	G	G
rpoB.barcode7	A	A	G	G	A	T	C	T	T	C	G	G	C	A	C	A	G	G	C	C	A	G	T	T	C	G	G
rpoB.Barcode8	A	A	G	G	A	T	C	T	T	C	G	G	C	A	C	A	G	G	C	C	A	G	T	T	C	G	G
rpoB.Barcode9	A	A	G	G	A	T	C	T	T	C	G	G	C	A	C	A	G	G	C	C	A	G	T	T	C	G	G
rpoB.barcode10	A	A	G	G	A	T	C	T	T	C	G	G	C	A	C	A	G	G	C	C	A	G	T	T	C	G	G

Multiple sequence alignments



# Protein Translation

## **amino acid substitution mutations**

# Ion Torrent Sequencing

## Sample 3100029

### >100X Coverage

# *pncA* Gene

## Raw nucleotides (960 bps)

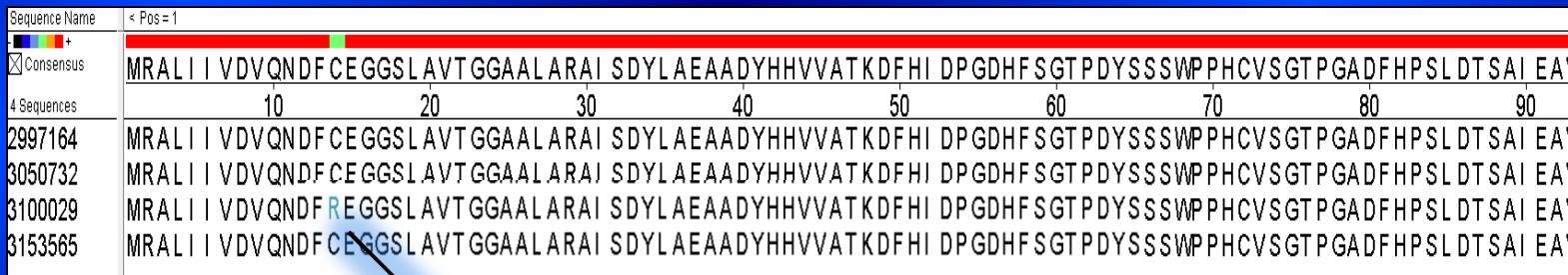
Full coding region  
(561 bps)

**C → R**

**Protein  
(186 amino acids)**

**MRALIIVDVQNDFREGGSLAVTGGAAALARAIISDYLAEAADYHHVATKDFHIDPGDHSGTPDYSSS  
WPPHCVSGTPGADFHPSDLTSIAIEAVFYKGAYTGAYSGFEGVDENGTPLLNWLQRGVDEVDVVGIA  
TDHCVRQTAEDAVRNGLATRVLVDTAGVSADTTVAALEEMRTASVELVCSS.**

# Genetic Analysis of *pncA* gene from a Clinical Sample



Cys → Arg

C<sup>14</sup>R substitution  
PZA Resistance

# PCR amplification primers used for full-length analysis of MTB Genes

Amplification Target	Forward	Reverse	Amplicon (bp)
rrs (16s)	5' -TTCTAAATACCTTGGCTCCCT -3' 22nt	5' -TGGCCAACTTGTTGTCAAGCA -3' 22nt	1680
rpoB	5' - TCCTCTAAGGGCTCTCGTT -3' 19nt	5' - GTCAGGTACACGATCTCGT -3' 19nt	1625
rpoBII (2nd half)	5' - ATCGAAACGCCGTACCGCAA -3' 20nt	5' - TGACGTCGAGCACGTAACCCCT -3' 23nt	2056
katG	5' - ACACCAAACCTGGGAAGGAAT -3' 21nt	5' - TGATCGCACATCCAGCACATT -3' 22nt	2447
gyrA	5' - AAGGATGTTGGTTCTGGAT -3' 21nt	5' - TAACACTCGTACCCGGCT -3' 18nt	2664
pncA	5' - <b>GACGGATTGTCGCTACTAC-3' 21nt</b>	5' - <b>GCCGGAGACGATATCCAGAT-3' 20nt</b>	<b>960</b>

- ✓ 11,432 bases per isolates
- ✓ Universal amplification parameters
- ✓ Universal thermocycling parameters

# *pncA* Gene Results

**Summary of 6 amino acid mutations in the *pncA* gene of 26 (14 MDR, 7 XDR and 5 fully susceptible) *M. tuberculosis* isolates from South Africa deduced by Ion Torrent sequencing and culture.**

No. of isolates (n=26)	GenBank Accession No(s).	Amino Acid Substitution(s)‡ in the <i>pncA</i> gene (3619 bps)	Pyrazinamide Result by:	
			Ion Torrent†	Bactec MGIT 960
3		C14R	Resistant	Resistant
1		A102V	Resistant	Resistant
1		Q122(Stop)	Resistant	Resistant
16		Wild Type†	Sensitive	Sensitive
1		V139G	Resistant	Resistant
1		R154G	Resistant	Resistant
2		L172P	Resistant	Resistant
1		Silent (C195T)¥	Sensitive	Sensitive

†Pyrazinamide resistance is known to occur in several mutations described by *Mphahlele et al.*

‡Compared to H37Rv reference strain.

¥One strain contained a silent (synonymous) nucleotide mutation at position 195 (C→T).

# Conclusions

- Collection and ambient temperature shipment of MTB samples in PrimeStore® MTM provides a safe and cost effective approach for global MTB drug resistance surveillance using Ion Torrent/Next Gen sequencing.
- PZA resistance was observed in 9 of 26 isolates characterized, with 6 different mutations detected in at least one strain.
- Ion Torrent sequencing characterized 5 substitution mutations and an uncommon Q122(Stop) mutation in the *pncA* gene.
- Combined with other full-length resistance genes the developed Ion Torrent method characterizes MDR and XDR strains with overall performance comparable to Hain LPA, and offers potential discovery of novel resistance mutations.
- Future studies are in progress to include ALL (known) genes implemented in TB drug resistance and to compare newly identified and known resistance mutations to quantitative MIC value.

# Semiconductor Sequencing Review

FROM  
ION TORRENT

VOLUME 01  
ISSUE NO. 02  
WINTER 2012

## Dr. Luke Daum, co-founder of Longhorn Vaccines & Diagnostics, discusses the development of an antibiotic-resistance test for tuberculosis on the Ion Personal Genome Machine™ (PGM™) Sequencer.

Dr. Luke T. Daum, Chief Scientific Officer and a co-founder of Longhorn Vaccines & Diagnostics has developed an assay on the Ion PGM® Sequencer for detecting an antibiotic resistance and sensitivity in tuberculosis strains collected from developing countries, starting with those in Africa. The assay is for epidemiological and surveillance monitoring of geographically significant strains of the disease, which infects one third of the world's population, with upwards of 10 percent of those people developing active tuberculosis. Using current culture methods, it can take up to four months or longer to get results from drug susceptibility tests in developing countries throughout Africa. Dr. Daum's multi-drug resistant (MDR) test would provide results in two days. Ion Torrent produces, including the Ion PGM Sequencer, are for Research Use Only. They are not intended for any animal or human therapeutic or diagnostic use. This interview was conducted with Dr. Luke T. Daum who is currently conducting research in Africa. The comments given in the interview relate to the use of the Ion technology in Africa only. No use of the Ion technology in the U.S. is implied. Dr. Daum is not employed by Life Technologies, nor was he paid to take part in this interview.

We want to talk about your test, but before we get into that, can you give us some background on TB in the developing world? How big of a problem is it?

Luke Daum: Tuberculosis or TB is an infectious bacterial disease that is caused by

*Mycobacterium tuberculosis*, which infects the lungs. It's transmitted from person to person through droplets from the throat or lungs of people who have active respiratory disease. Tuberculosis is a major problem worldwide, and a lot of people don't understand this. Overall, one third of the world's population is currently infected with TB, and upwards of 10% will develop active tuberculosis. In any given year, on average 1.7 million people die of complications due to active tuberculosis, which

equates to an average of 4,700 deaths per day, and the TB problem in Africa specifically is staggering. Among the 15 countries with the highest estimated TB incidence rates, 13 are in Africa. Africa also has a high incidence of HIV infection – about 10% of the population in South Africa has HIV. People that are infected with HIV and TB are about 20 to 40 times more likely to develop active Tuberculosis than people not infected with HIV living in the same country.



DR. LUKE T. DAUM  
Co-founder, Longhorn Diagnostics, Inc.

Luke T. Daum earned a Ph.D. in Cell and Molecular Biology at the University of Texas at San Antonio and spent eight years establishing and managing the Air Force's Influenza Strain Surveillance Laboratory. In 2007 he left the Air Force to co-found Longhorn Vaccines & Diagnostics. The company's first product, PrimeStore® MTM, inactivates microbes and then stabilizes and preserves the released RNA and DNA at ambient temperature until the samples can be processed in a molecular diagnostics laboratory by PCR or other nucleic acid tests.

# Acknowledgements



Luke T. Daum, Ph.D.



QUESTIONS?

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San Antonio, Texas 78209

Phone: (210) 826-0910

Email: [info@lhvnd.com](mailto:info@lhvnd.com)