## **Contact details:**

Nicole Schneiderhan-Marra NMI Natural and Medical Sciences Institute at the University of Tübingen Markwiesenstrasse 55, 72770 Reutlingen, Germany Phone:+49-(0)7121-51530-815 Email: nicole.schneiderhan@nmi.de

## Combined multiplex analysis of serological response and a host marker from a TB study

Nicole Schneiderhan-Marra<sup>1</sup>, Anna Günther<sup>1</sup>, Jens Gruber<sup>1</sup>, Tobias Broger<sup>2</sup>,

Thomas Joos<sup>1</sup>, Romain Wyss<sup>2</sup>

1 NMI Natural and Medical Sciences Institute at the University of Tübingen, Reutlingen, Germany 2 FIND Foundation of Innovative New Diagnostics, Geneva, Switzerland

<u>Background and aim</u>: Infections with pathogens happens constantly and everywhere. For many pathogens, minor or disease unspecific symptoms leave them often undiagnosed or make a diagnosis difficult due to the lack of appropriate tests. Infection with *Mycobacterium tuberculosis* is one of the top 10 causes of deaths worldwide, but diagnosis of TB disease is time consuming, requires complex tests and electric powered lab space. Non-sputum biomarker-based tests are needed. Testing of antibody responses against pathogen derived antigens offers a simple and cheap method. However, the WHO does not recommend the use of serology-based ELISA or rapid tests on the market due to lacking sensitivity and specificity.

<u>Methods</u>: We have developed a multiplex serology assay for a broad screening of the antibody response towards four MTB antigens, including the glycolipid Lipoarabinomannan (LAM). In addition, IP10, a host response marker, has been quantified in a sandwich immunoassay. This leads to a unique combination of serology testing and protein quantification in a single multiplex assay. Validation data for this combination assay will be presented.

<u>Results</u>: Results showed that the parallel measurement of antibody response and quantification of IP-10 was possible. A combined evaluation of the markers provided a sensitivity of 80 % and specificity of 73 % in a first screening set with 476 serum samples.

<u>Conclusion:</u> In this case-control study, the measurement of 239 MTB positive and 237 MTB negative samples showed that HIV co-infection affects the clinical sensitivity of the assays. In the talk some hints will be given on critical assay development/validation steps and solutions for improvement.