

# Metagenomic Shotgun Sequencing in the Microbiology laboratory: Routine Implementation for complex cases

*C Rodriguez;*

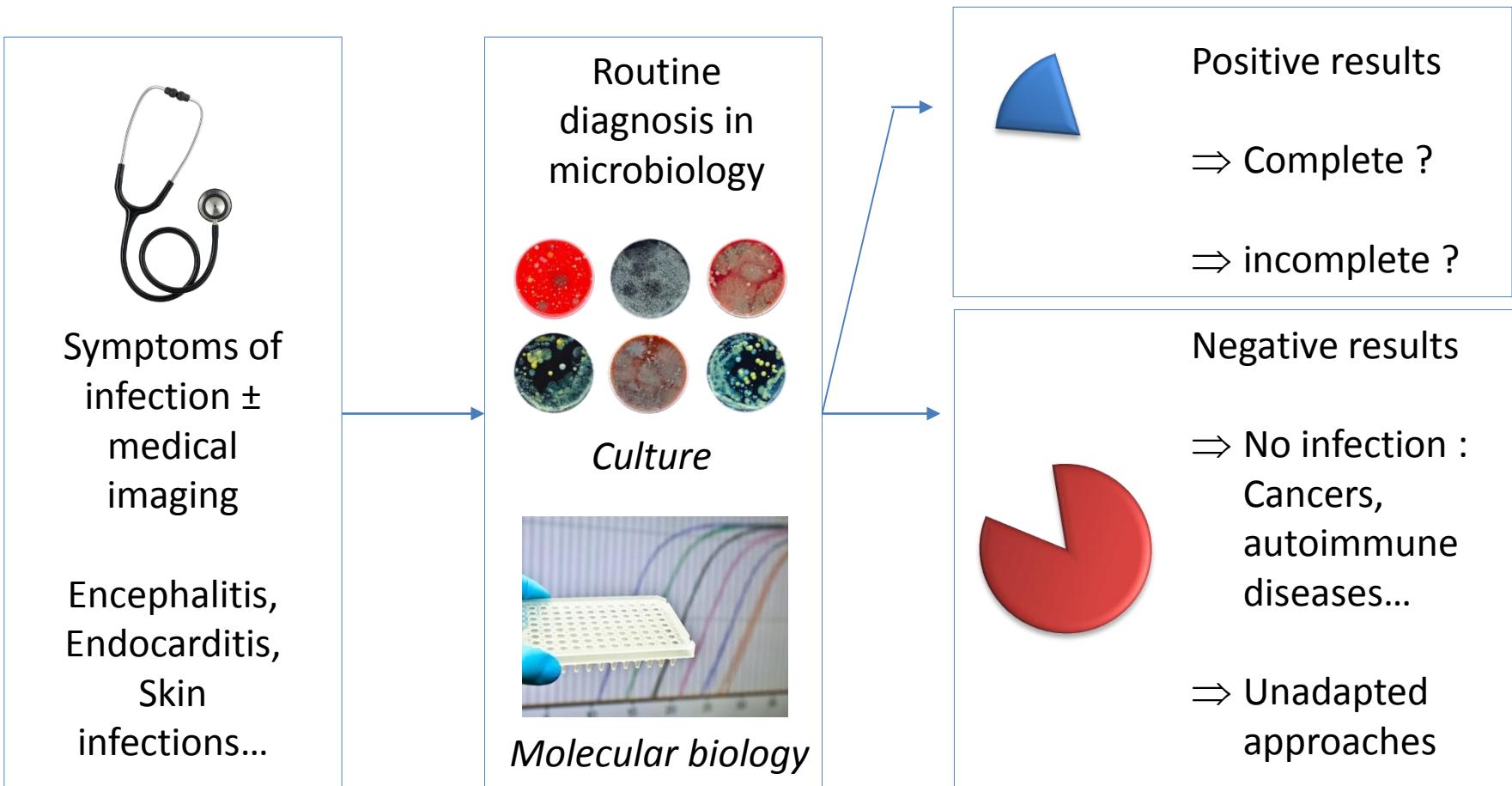
*R Lepeule; E Sitterlé; G Gricourt; V Demontant; V Fihman; JW Decousser; L Coutte; C. Angebault; F Botterel; A Lebouter; S. Fourati; JM Pawlotsky;*

*PL Woerther*

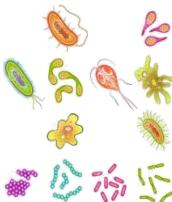
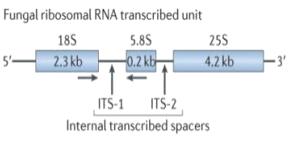
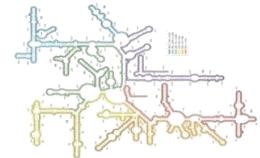
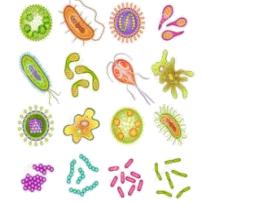
*Microbiology Dpt University Hospital Henri Mondor  
INSERM U955 Team 18, NGS platform IMRB,  
Creteil, France,*

# Background

- Infectious disease diagnosis



# Microbiological approaches

Organisms	Culture	PCR Panels	Sanger Targeted Metagenomic	NGS Targeted Metagenomic	DNA+RNA Shotgun Metagenomic
Bacteria	Partial	Targeted	16S	16S	Yes
Fungi	Partial	Targeted	ITS	ITS	Yes
Virus	Not used	Targeted	No	No	Yes
Plurimicrobial	partial	Targeted	No	Yes	Yes
Resistance	Yes (bacteria/Fungi)	Targeted	No	No	Yes
Limitations	Prior antibiotic therapy, unadapted media	Biased approaches	No virus detected	No virus detected	?
	 <i>Alive Pathogens</i>	<i>PCR panels</i> <i>Syndromic approaches</i>	 <i>Fungi, ribosomal ITS domains</i>	 <i>Bacteria, ribosomal 16S loop (V1-V2/V3-V4...)</i>	  <i>Whole Genome sequencing</i>

# Objectives of the study

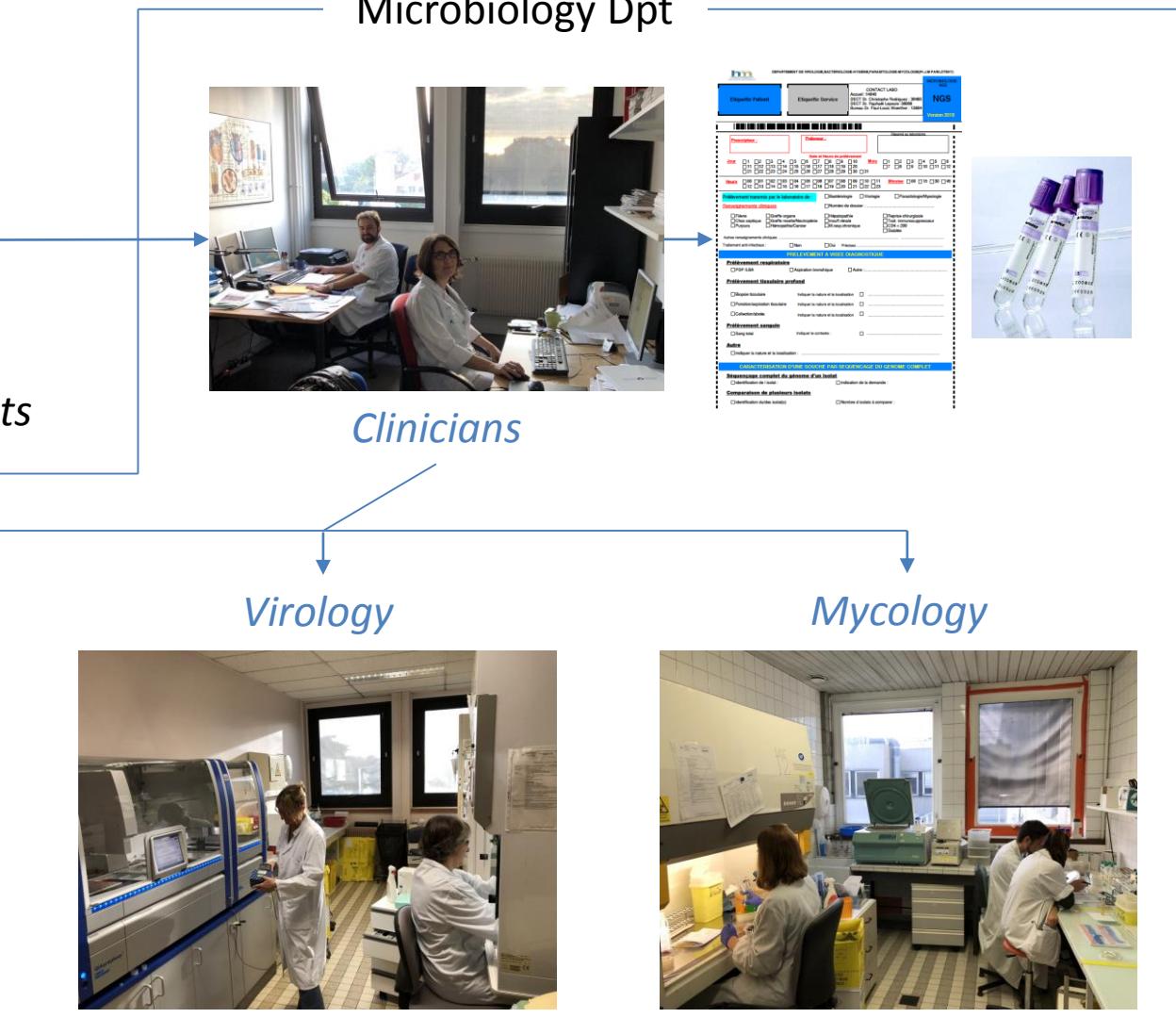
- Develop an infection Unbiased Screening Method :
  - Pan pathogens
    - Bacteria (ECCMID 2017, ECCMID 2018 P0640)
    - Fungi (oral communication RICAI 2017)
    - Virus (Oral Communication ECCMID 2018)
  - Pan biological matrix, low volume, only one extraction
- Organize the Mg laboratory for routine diagnosis (ISO EN NF 15189)
  - Prescription
  - Preanalytical-process
  - Analytical process
- Evaluate the benefit of this technic for patients with clinical infectious disease syndrome not or poorly documented by conventional microbiological approaches

# Patients and methods (I)

*Henri Mondor,  
University hospital*



*3000 beds, 1000 acute patients*

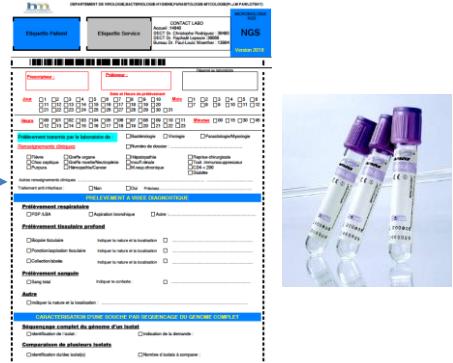


# Patients and methods (II)

Microbiology Dpt

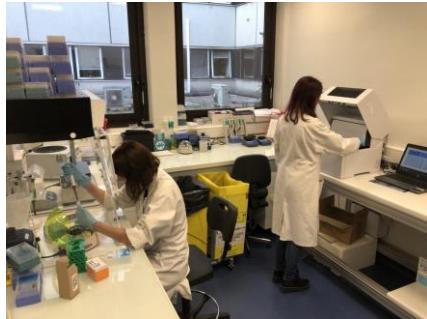


Clinicians



Mg prescription and  
sample collection

NGS platform



Pre-PCR extraction



Library prep

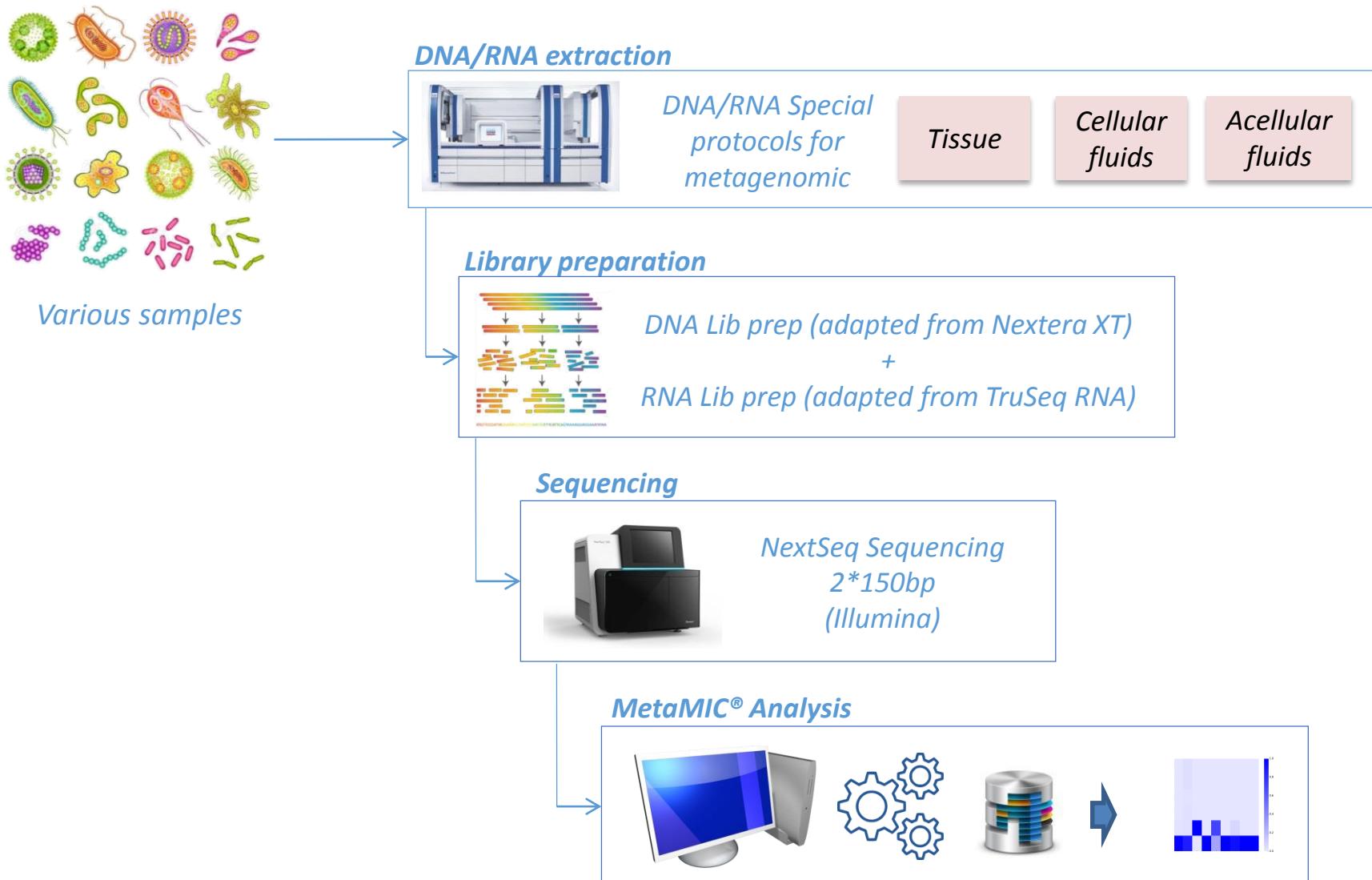


Sequencing



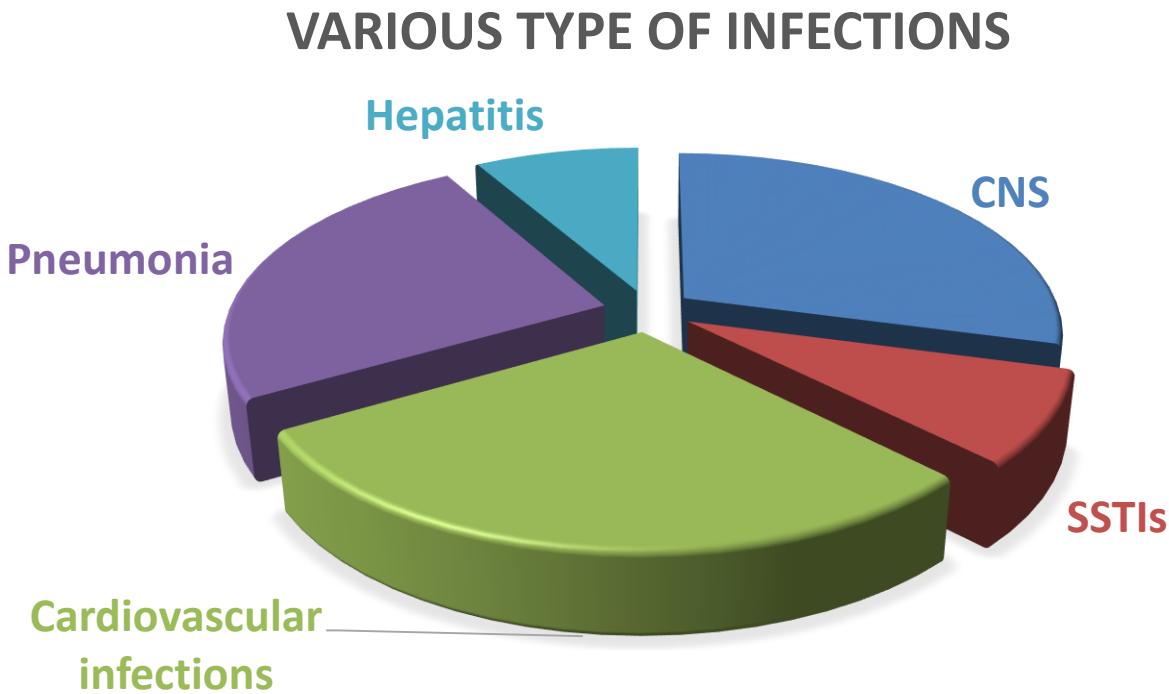
Analysis

# Unbiased MetaMIC Method



# Results 1 : type of infection

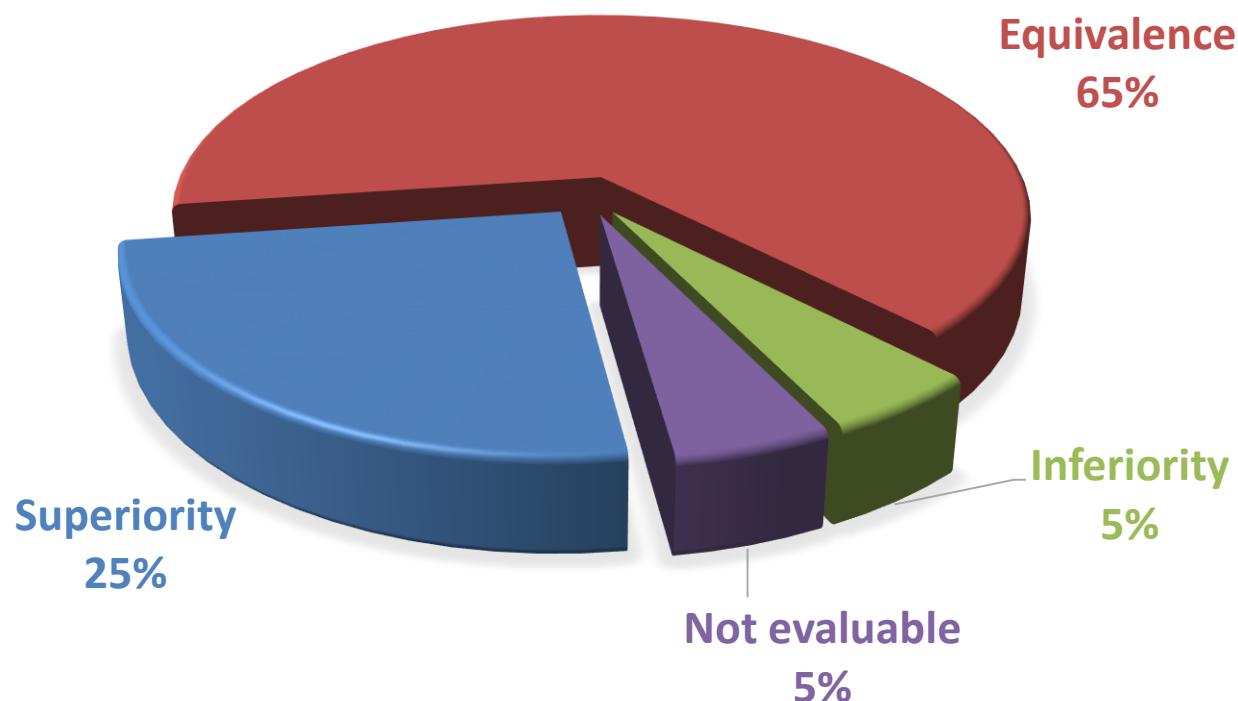
- 29 patients included from June 2017 to Dec 2017
- High suspicion of infection without documentation using conventional tools



# Results 2 : detection

- 25% of superiority vs Routine diagnosis

COMPARISON MG VS MICROBIOLOGICAL ROUTINE



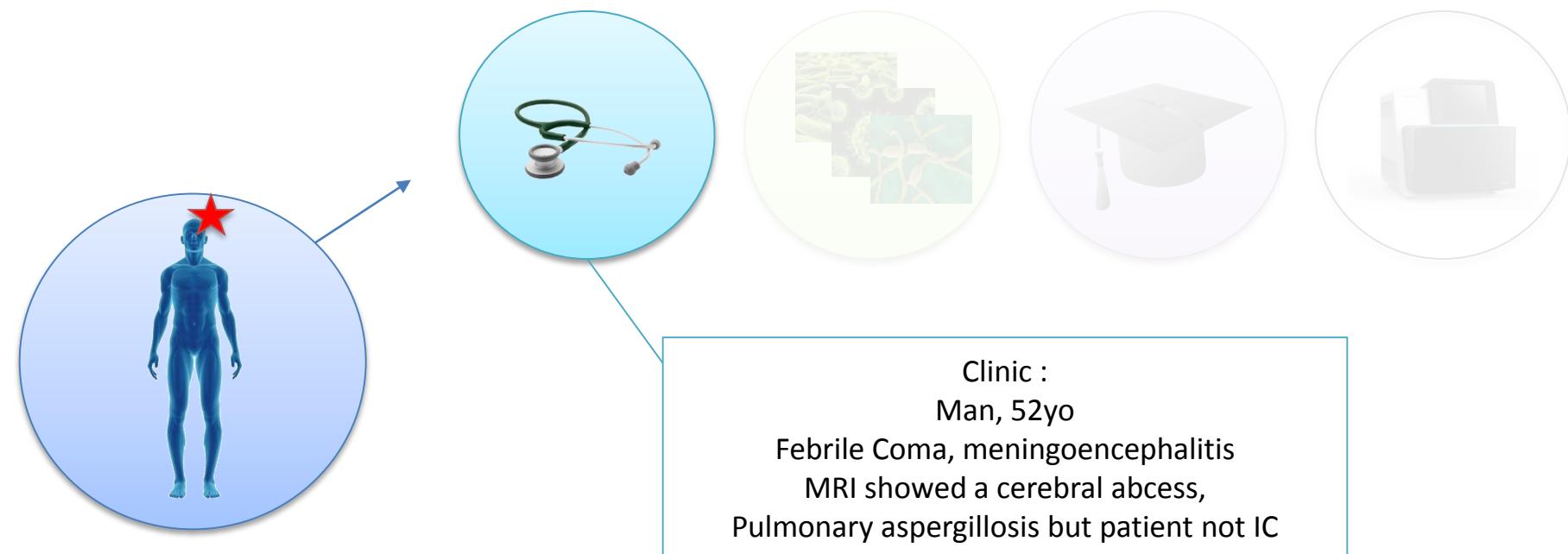
# Results 3 : Inferiority (1 case)

Patient	Underlying condition	Nature of the sample	Results of Microbiology								Mg Results	Conclusion		
			Bacteriology		Virology		Parasitology/Mycology							
			Culture	16S PCR	PCR*		Direct examination	Fungal culture	Antigen detection	PCR				
9	pulmonary tuberculosis, abdominal pain, alteration of general status	peritoneal puncture	<i>S. anginosus</i> , + <i>M. tuberculosis</i>	NP	NP		NP	NP	NP	NP	<i>Prevotella melaninogenica</i> + <i>Fusobacterium nucleatum</i> + <i>Streptococcus anginosus</i>	Inferiority		

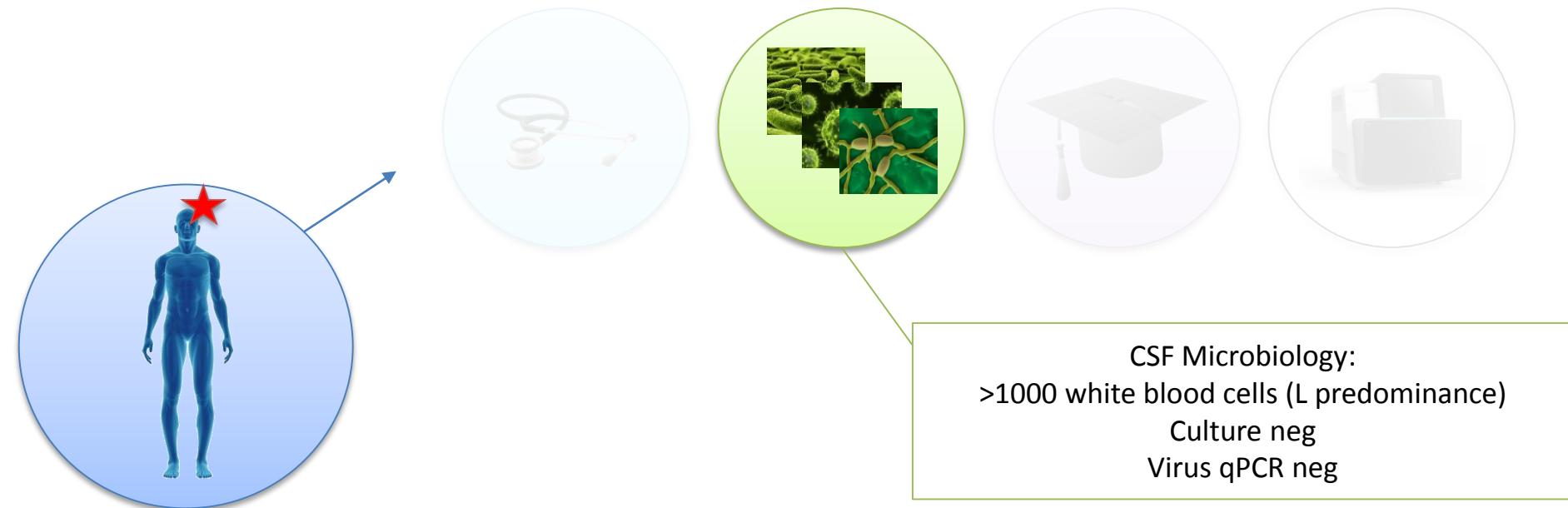
# Results 4 : Superiority (5 cases)

Patient	Underlying condition	Nature of the sample	Microbiology Results							NGS results	Conclusion
			Bacteriology		Virology		Parasitology/Mycology				
			Culture	16S PCR		PCR*	Direct examination	Fungal culture	Antigen detection	PCR	
2	Fasciitis	abdomino-pelvic sample	P. distasonis	NP	NP	NP	NP	NP	NP	P. gingivalis +	Superiority P. distasonis
7	Meningitidis	CSF	Negative (including Mycobacteria)	NP	neg (CMV; HSV1/2; VZV)	NP	NP	NP	NP	N. cyriageorgica	Superiority
14	Endocarditis	cardiac valve	S. pastouri	NP	NP	NP	NP	NP	NP	S. gallolyticus	Superiority
18	Acute hepatitis	plasma	NP	NP	NP	NP	NP	NP	NP	HHV6	Superiority
20	ARDS in a diabetic patient	LBA	Negative (including Mycobacteria)	NP	Respiratory panel: neg; HSV-1: pos (Ct=26);	Negative	C. albicans	Galactomannan Antigen: Negative	P. jirovecii: neg Aspergillus (28S, mitoch): neg	P. aeruginosa, Candida albicans, HSV1	Superiority

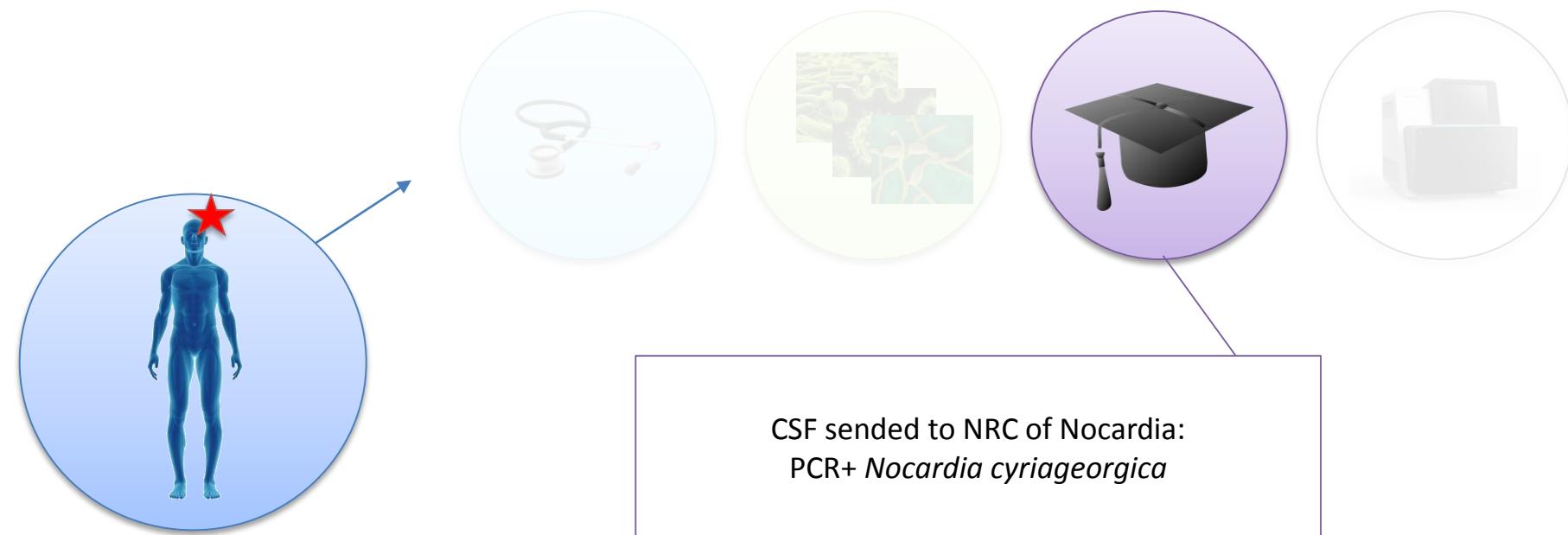
# Exemple of Real life Mg



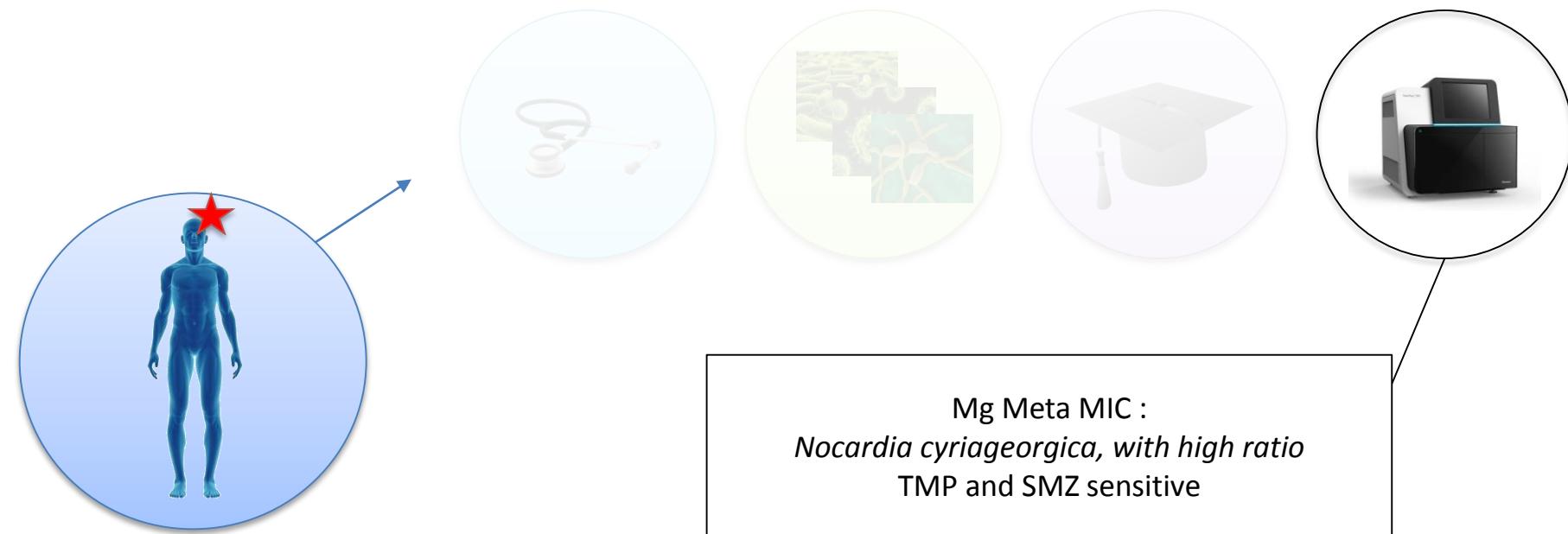
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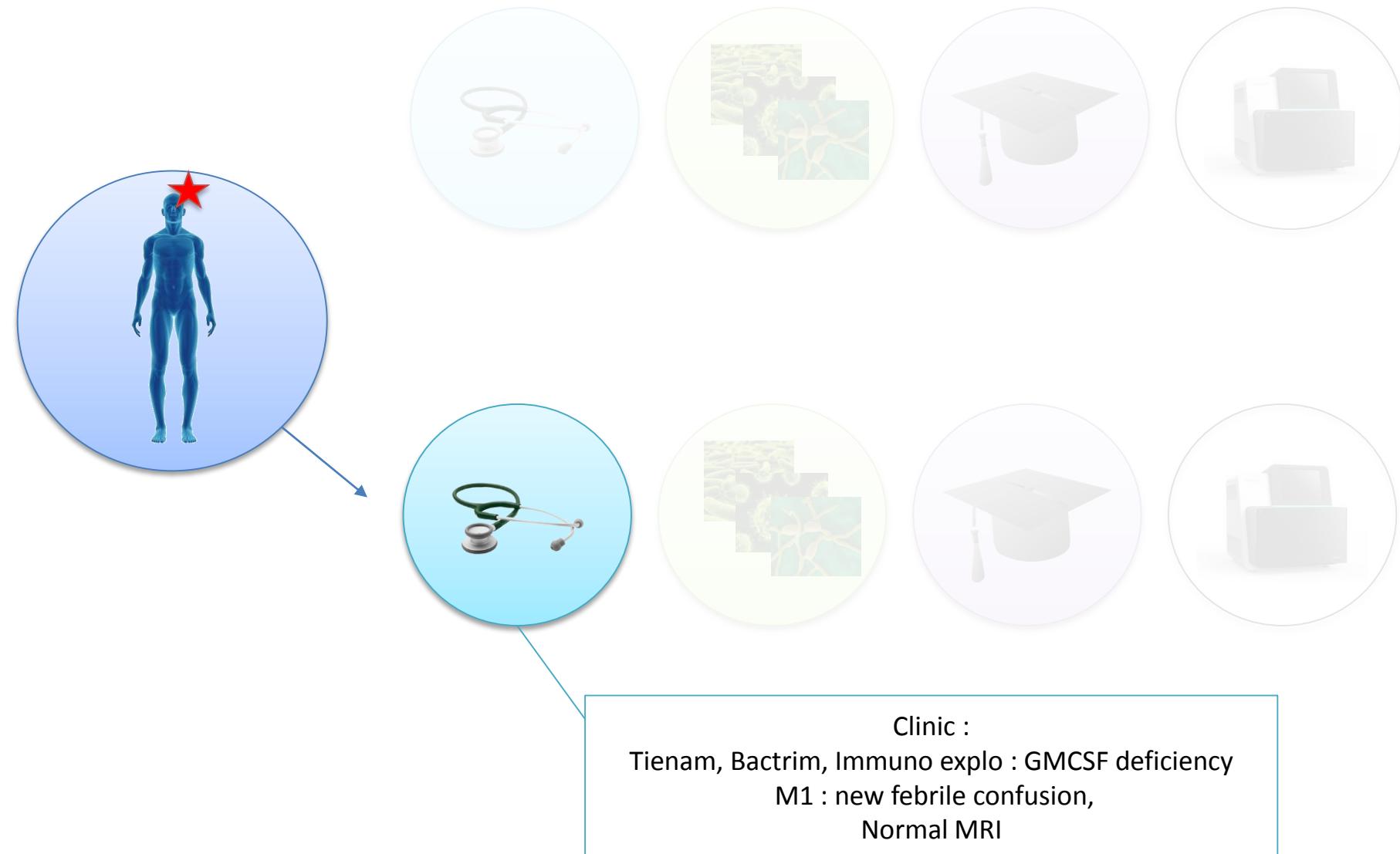
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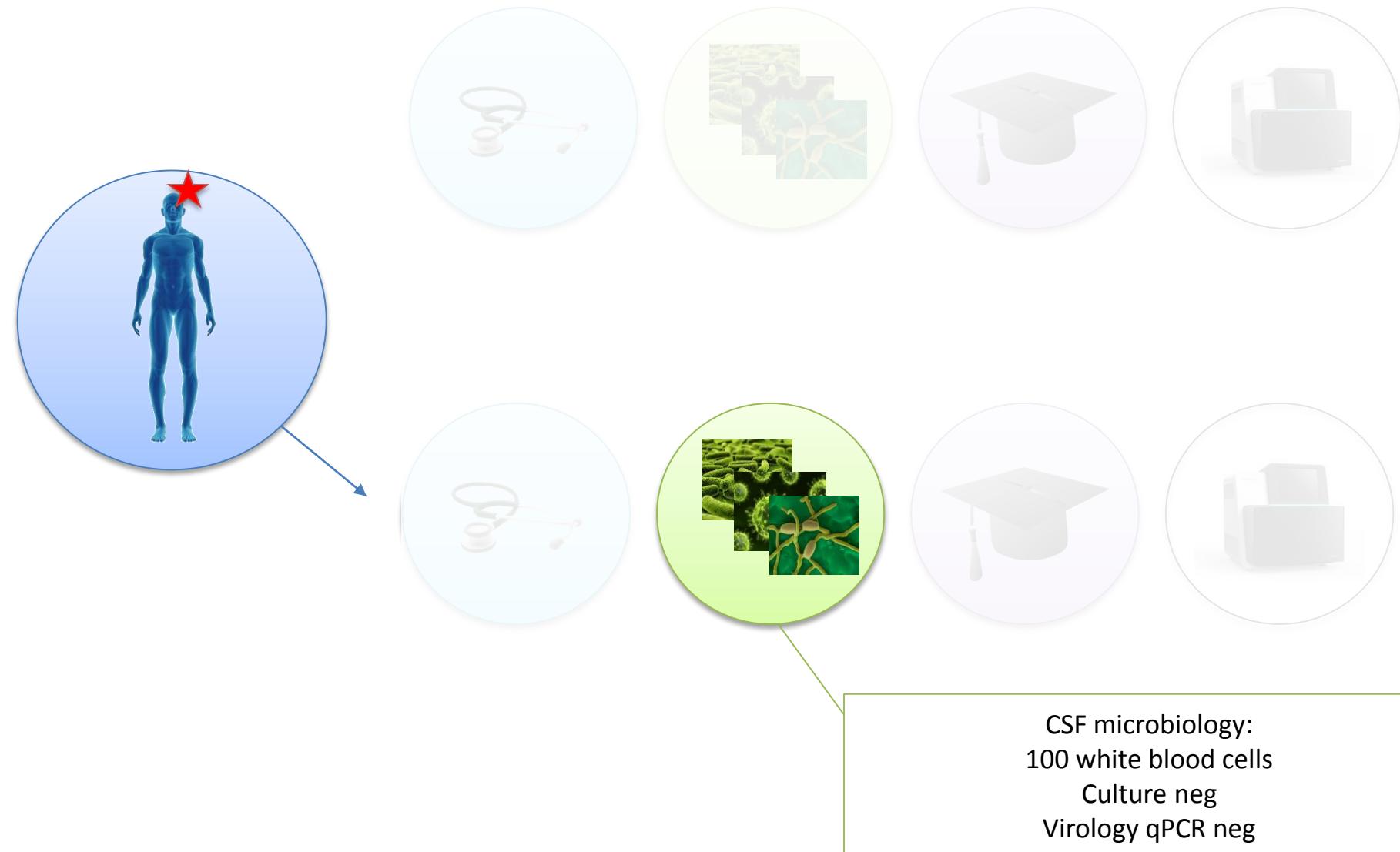
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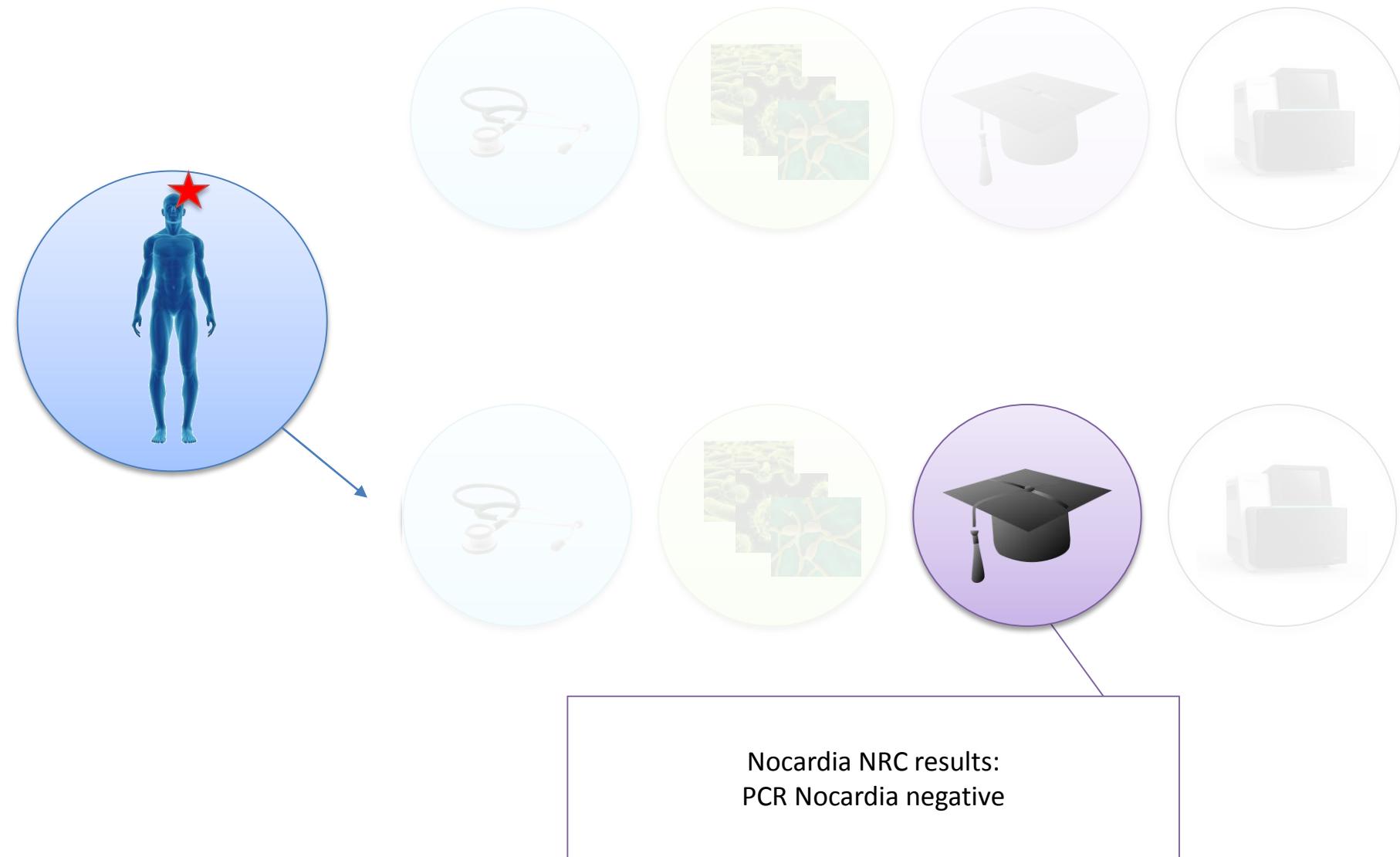
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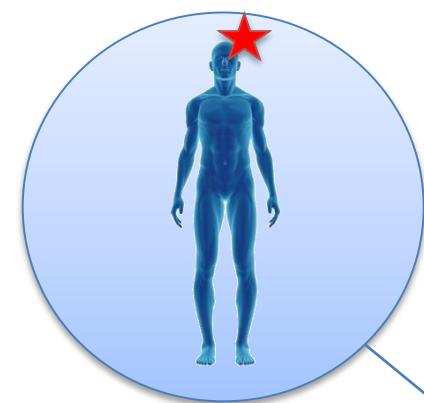
# Exemple of Real life Mg



# Exemple of Real life Mg



# Exemple of Real life Mg



Mg MetaMIC :  
Negative

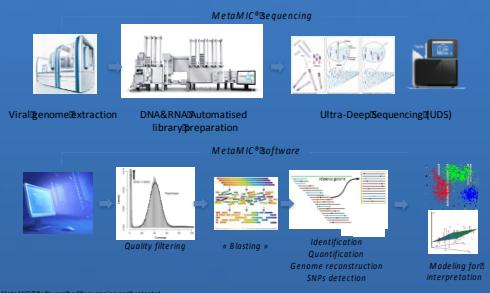
# Conclusion

- We have developed a clinical routine Mg Diagnosis approach
- Mg could be integrated in clinical routine and reached quality norms such as ISO EN NF 15189
- Various type of infectious disease could be assessed by this approach like other Microbiological technics
- 25% of cases are (better) documented by Mg
- Ability to find not only the suspected microbial etiologies but also those that are not expected!

# Many thanks...

## MetaMIC Project

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Emilie Bitterlé  
Jean-Michel Pawlotsky  
Paul Louis Woerther



## Collaborators

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Hepatitis National Reference Center

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Microbiology Necker



## Sponsors



Département  
Hospitalo-Universitaire



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Agence autonome de l'Inserm

