Rapid inference of antibiotic resistance and susceptibility by genomic neighbor typing

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HARVARD T.H. CHA

ICCMg 2021 October 22

Antibiotic resistance is a major threat to public health





Antimicrobial resistance

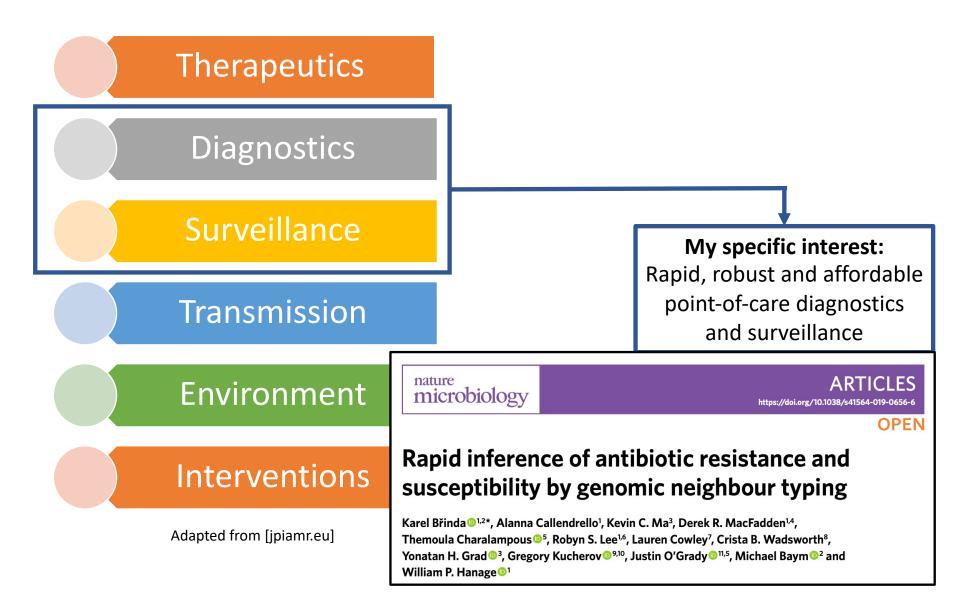
The development of antibiotics, antivirals and antimalirals are some of modern medicine's greatest successes. Now, time with these drugs is running out. Antimicrobial resistance – the ability of bacteria, parasites, viruses and fungi to resist these medicines – threatens to send us back to a time when we were unable to easily treat infections such as pneumonia, tuberculosis, gonorrhoea, and salmonellosis. The inability to prevent infections could seriously compromise surgery and procedures such as chemotherapy.

Resistance to tuberculosis drugs is a formidable obstacle to fighting a disease that causes around 10 million people to fall ill, and 1.6 million to die, every year. In 2017, around 600 000 cases of tuberculosis were resistant to rifampicin – the most effective first-line drug – and 82% of these people had multidrug-resistant tuberculosis.



ANTIMICROBIAL RESISTANCE - Antimicrobial resistance threatens the effective prevention at treatment of an ever-increasing range of infections caused by bacteria, parasites, viruses an fungi. WHO is supporting counties with development of national action plans and strengthenio of health and surveillance systems to help prevent and manage antimicrobial resistance and the systems to help prevent and manage antimicrobial resistance and the surveillance systems to help prevent and manage antimicrobial resistance and the surveillance systems to help prevent and manage antimicrobial resistance and the surveillance systems to help prevent and manage antimicrobial resistance and the surveillance systems to help prevent and manage antimicrobial resistance and the surveillance systems to help prevent and manage antimicrobial resistance and the surveillance systems to help prevent and manage antimicrobial resistance and the surveillance systems to help prevent and manage antimicrobial resistance and the surveillance systems to help prevent and manage antimicrobial resistance and the surveillance systems to help prevent and manage antimicrobial resistance and the surveillance systems to help prevent and manage antimicrobial resistance and the surveillance systems to help prevent and manage antimicrobial resistance and the surveillance systems and the surveillance systems and the surveillance and the surveillance systems and the surveillance and the surveillance systems are an antimicrobial to the surveillance and the surveillance

Combatting antibiotic resistance

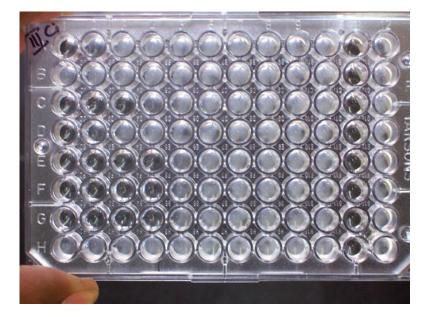


Traditional diagnostics are slow



Culturing bacteria

[www.promegaconnections.com]

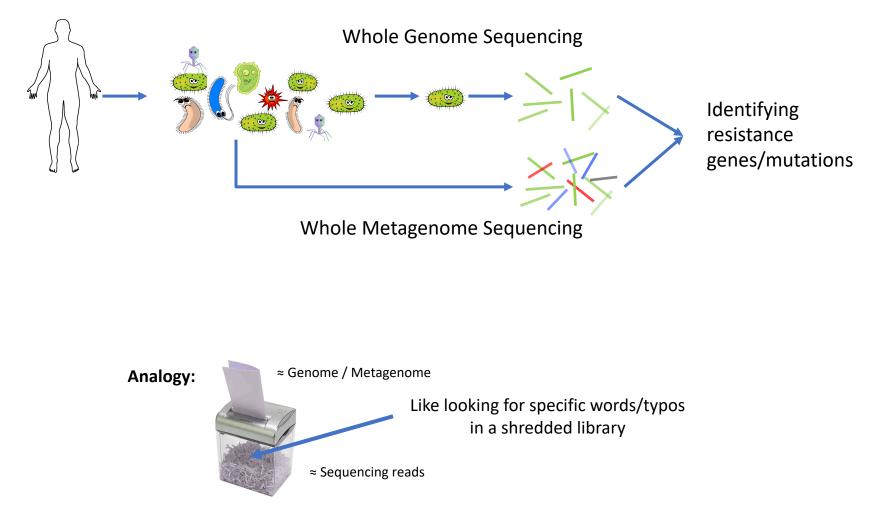


Microbroth dilution method

[https://courses.lumenlearning.com]

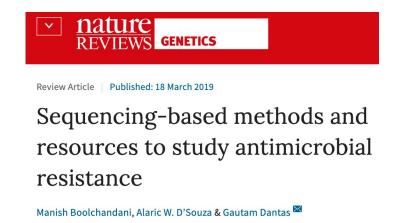
Rapid diagnostics requires avoiding culture

DNA sequencing getting faster



Current paradigm: Gene-based diagnostics

- General databases and tools RESFINDER, CARD, NDARO, ...
- Specialized e.g., Mykrobe predictor for *Mtb* and *S.aureus*



Limits of gene-based diagnostics

1) Resistance still well understood only for few pathogen-drug combinations (e.g., first-line drugs for Mtb) The NEW ENGLAND JOURNAL of MEDICINE

October 11, 2018

ORIGINAL ARTICLE

Prediction of Susceptibility to First-Line Tuberculosis Drugs by DNA Sequencing

The CRyPTIC Consortium and the 100,000 Genomes Project

2) SNP calling slow as it requires deep coverage (e.g., for Mtb no faster than 16 hours)



Same-Day Diagnostic and Surveillance Data for Tuberculosis via Whole-Genome Sequencing of Direct Respiratory Samples

Antonina A. Votintseva,^a Phelim Bradley,^b Louise Pankhurst,^a Carlos del Ojo Elias,^b Matthew Loose,^c Kayzad Nilgiriwala,^d Anirvan Chatterjee,^d E. Grace Smith,^{e,f} Nicolas Sanderson,^a Timothy M. Walker,^a Marcus R. Morgan,⁹ David H. Wyllie,^{a,f,h} A. Sarah Walker,^{a,i} Tim E. A. Peto,^{a,i} Derrick W. Crook,^{a,f,h}

3) Difficult to confidently reject a gene presence

Genome-search-based diagnostics

Observation:

Predicting susceptibility ≠ Identifying resistance mutations/genes

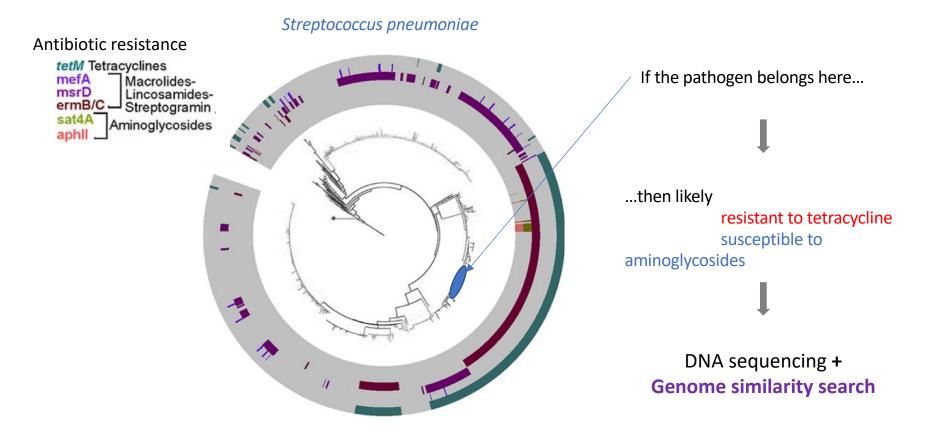
Trick:

Causation → Correlation

How:

Mutation/gene identification → Genome similarity search

Resistance diagnostics using the population structure



Andam & al., J. of Clin. Microbiology, 2017

Genomic Neighbor Typing

1. **Zooming** into the population structure of a given species

2. **Predicting** resistance and susceptibility based on the closest known relatives

Nanopore sequencing



3 key features for rapid diagnostics:

- 1. Portable
- 2. Streaming
- 3. Long reads

Short-vs. long-read sequencing



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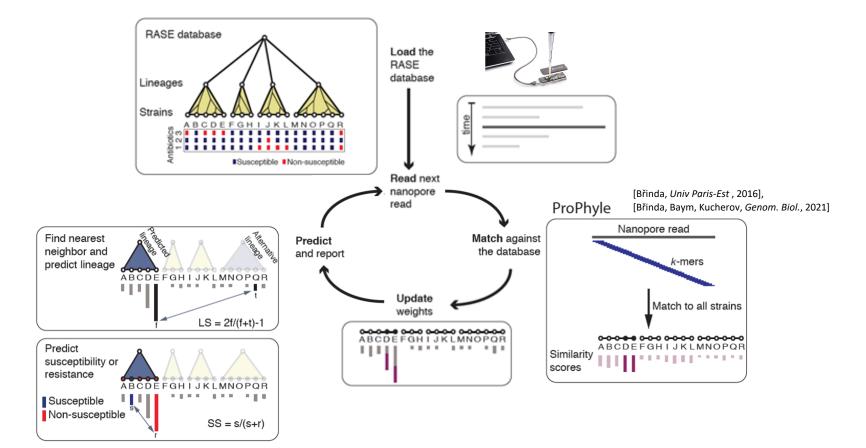


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[https://www.seattlepi.com/seattlenews/article/Northwest-icons-under-the-microscope-7229960.php]

RASE: an implementation of Genomic Neighbor Typing



RASE databases

Streptococcus pneumoniae

616 isolates from MA

Resistance data for **5 antibiotics**

[Croucher et al., *Nat. Gen.*, 2013; Croucher et al., *Sci. Data*, 2015]

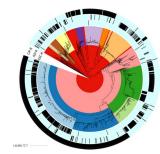


Neisseria gonorrhoeae

1,102 isolates from USA

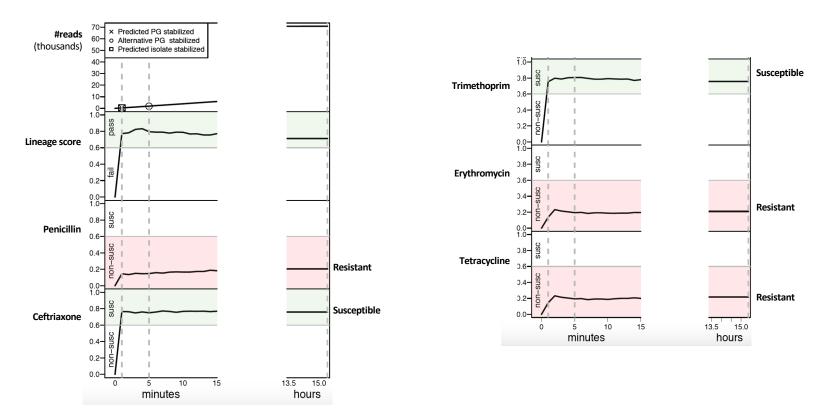
Resistance data for 4 antibiotics

[Grad et al., J. of Inf. Dis., 2016]

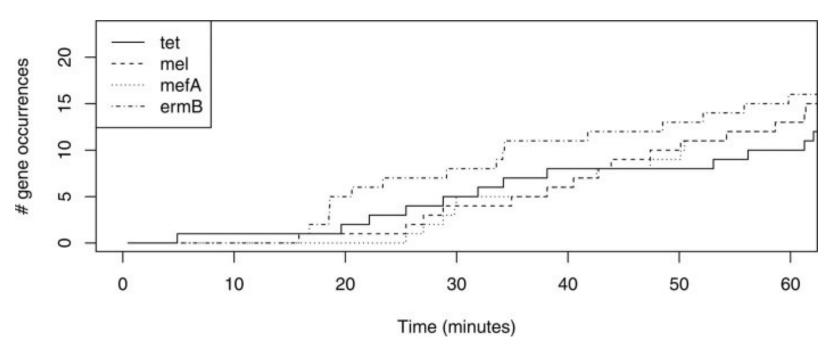


<u>Results:</u> Resistance diagnostics within 10 minutes of nanopore sequencing

Example: S. pneumoniae, a sputum sample



Resistance & susceptibility predicted even before resistance genes are sequenced

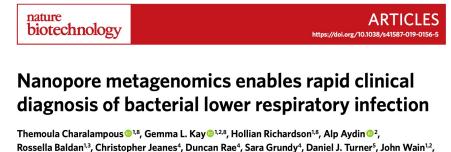


A multidrug-resistant isolate of S. pneumoniae

Results: overview

- S. pneumoniae isolates sens/spec 91%/100% (n=30), 5 min of seq
 - 5 antibiotics; 2 db isolates + 4 isolates from another state (Philadelphia)
- N. gonorrhoeae isolates sens/spec 81%/100% (n=76), 10 mins of seq
 - 4 antibiotics, 5 db isolates + 14 isolates from a different continent (Switzerland)
- S. pneumoniae clinical metagenomic sputum samples

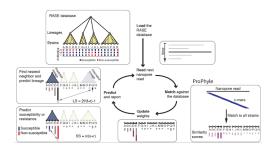
 sens/spec 75%/100% (n=16), 4 hours of sample collection
 - 3 antibiotics
 - 6 metagenomes from LRI patients from a different continent (Norwich, UK)



The framework is easy to extend

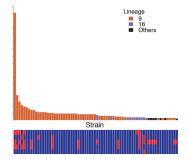
RASE-core

https://github.com/c2-d2/rase



RASE-pipeline

https://github.com/c2-d2/rase-pipeline



S. pneumoniae DB

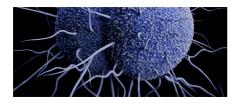
http://github.com/c2d2/rase-db-spneumoniae-

<u>sparc</u>



N. gonorrhoeae DB

http://github.com/c2-d2/rasedb-ngonorrhoeae-gisp



Skeleton for new DBs http://github.com/c2-d2/rase-

db-skeleton



Limitations of Genomic Neighbor Typing

- Not all species-drugs combinations will work
- Database must be representative
- The species must be sufficiently diverse
- It still 4+ hours

Could we scale the method to millions of genomes?

Several comprehensible microbial corpuses recently published:

Article | Published: 04 February 2019

Ultrafast search of all deposited bacterial and viral genomic data

Phelim Bradley, Henk C. den Bakker, Eduardo P. C. Rocha, Gil McVean & Zamin Iqbal

Nature Biotechnology 37, 152–159 (2019) Cite this article

425 thousand cleaned de Bruijn graphs of microbes from ENA (16.7 TB mccortex)

New Results

Follow this preprint

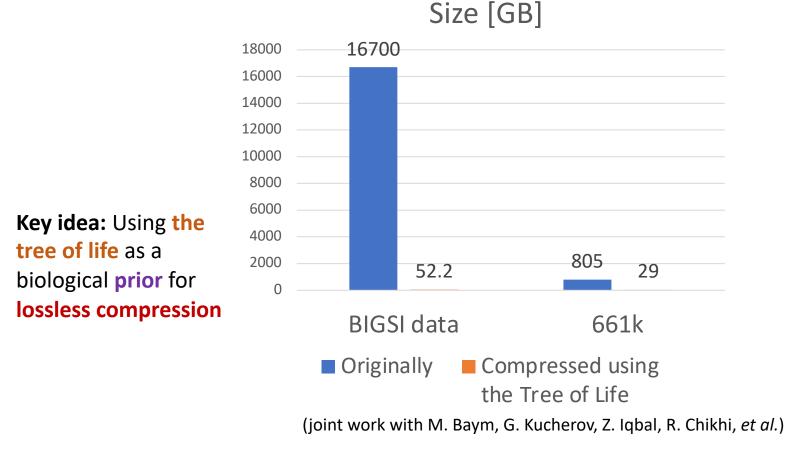
Exploring bacterial diversity via a curated and searchable snapshot of archived DNA sequences

B Grace A. Blackwell, B Martin Hunt, B Kerri M. Malone, D Leandro Lima, B Gal Horesh, B Blaise T.F.Alako,
 Nicholas R Thomson, Zamin Iqbal
 doi: https://doi.org/10.1101/2021.03.02.433662

661 thousand consistently assembled bacteria from ENA (805 GB gzip)

How to even get these huge data into your laptop??

Results: All microbes on a flash drive



Will continue working on this and other projects in Inria (starting from January 2022)

Innia

Conclusions

 RASE can predict antibiotic resistance within minutes of nanopore sequencing

- Current patient-to-result time: 4 hours
 - Approx. 4 hours of sample prep + 10 minutes of sequencing

• The RASE method can scale across continents

Thank you for your attention



Alanna Callendrello



Derek MacFadden



Robyn S. Lee



Themoula Charalampous



Lauren Cowley



Kevin C. Ma



Yonatan Grad



Gregory **Kucherov**



Justin O'Grady



Michael Baym



Bill Hanage









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