



# Clinical evaluation of the Altostar HDV RT-PCR Kit 1.5

Julia Carolin Eichholz<sup>1</sup>, Birgit Bremer<sup>1</sup>, Heiner Wedemeyer<sup>1,2,3,4</sup>, Benjamin Maasoumy<sup>1,2</sup>, Lisa Sandmann<sup>1,3,4</sup>

<sup>1</sup> Dept. of Gastroenterology, Hepatology, Infectious diseases and Endocrinology, Hannover Medical School, Germany

<sup>2</sup> German Center for Infection Research (DZIF), Hannover/Braunschweig, Germany

<sup>3</sup> D-SOLVE consortium, an EU Horizon Europe-funded project (no. 101057917)

<sup>4</sup> Excellence Cluster RESIST, Hannover Medical School, Hannover, Germany

## Introduction

- Chronic hepatitis D virus (HDV) infection is considered as the most severe form of viral hepatitis with high rates of liver-related complications<sup>1,2</sup>
- Detection and quantification HDV RNA is essential both for diagnosis and therapeutic management of chronic HDV infection<sup>3</sup>
- The aim of this study was to evaluate the diagnostic performance of the Altostar HDV RT-PCR Kit 1.5 compared to the local quantification standard in real-world clinical samples with and without treatment with bulevirtide (BLV)

## Study Design & Methods

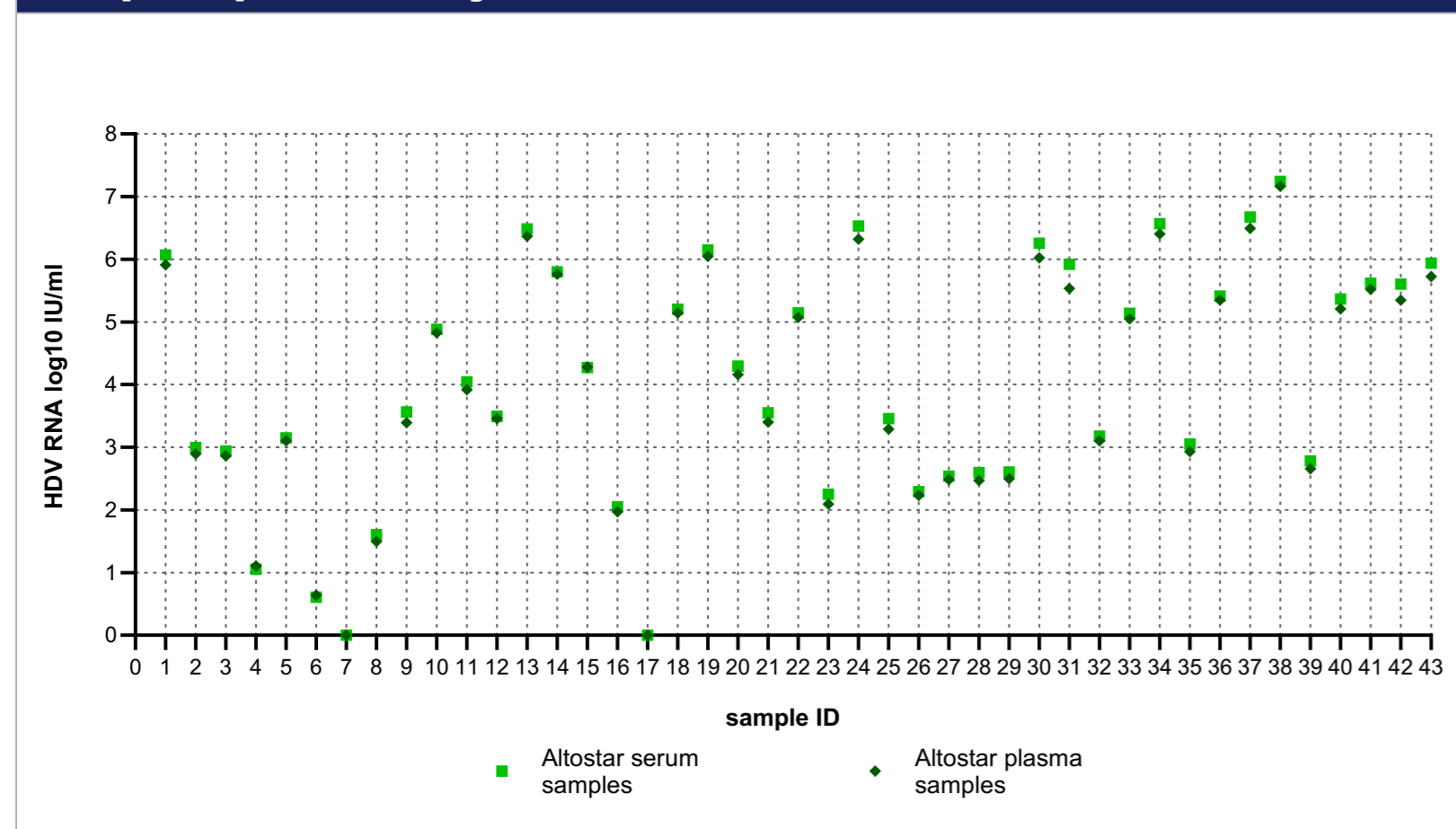
- 54 plasma samples obtained from 40 individual patients with chronic HDV infection were included
- HDV RNA quantification was performed with the Altostar HDV RT-PCR Kit 1.5 (extraction kit: AltoStar Purification Kit 1.5, sample volume 500 µl, elution volume 80 µl) and the RoboGene HDV RNA Quantification Kit 2.0 (extraction kit: QIAamp DNA Blood Mini Kit, sample volume 200 µl, elution volume 100 µl)
- Samples with different viral load levels (target not detected, below the lower limit of quantification and detectable) based on the local quantification standard were included
- Additionally, a comparison of 43 corresponding serum and plasma samples from the same time point was performed
- Baseline (BL) and follow up (FU) plasma samples of 20 patients receiving BLV treatment were analysed to compare virological treatment response rates based on the quantification assay
- Virological response was defined as a  $\geq 2$  log decline of HDV RNA (in IU per ml) or if the target was not detected

## Results

### Corresponding serum and plasma samples

- HDV RNA quantification was performed in 43 corresponding serum and plasma samples from the same time point
- No significant difference in HDV RNA levels was identified between serum and plasma samples, as the log<sub>10</sub> mean difference was 0.11 log<sub>10</sub> IU/ml ( $\pm 0.08$  log<sub>10</sub> IU/ml)

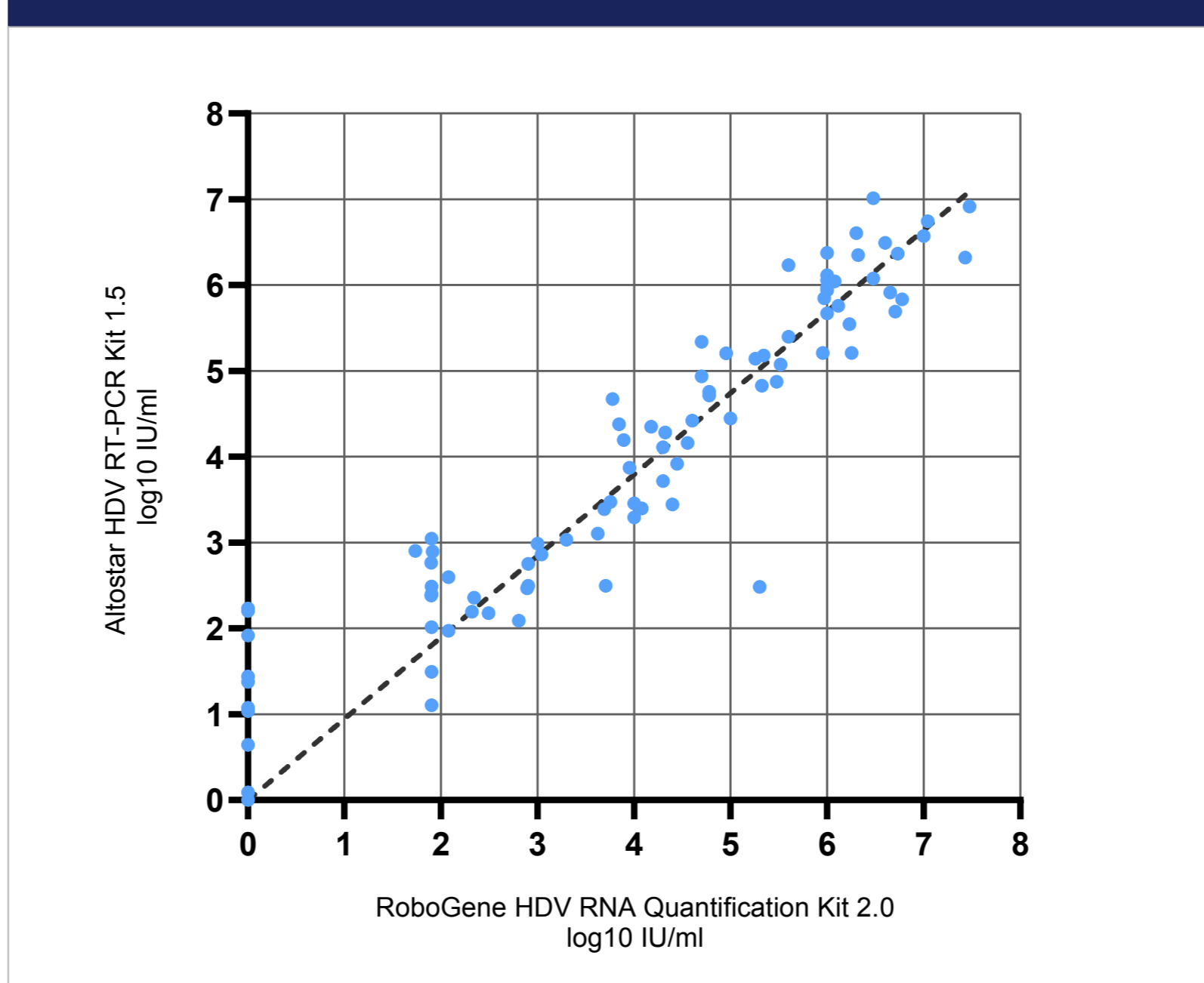
Figure 1 HDV RNA levels in 43 corresponding plasma and serum samples quantified by Altostar HDV RT-PCR Kit 1.5



### Viral load levels in plasma samples compared to the local standard assay

- Mean HDV RNA levels in plasma samples with detectable viral load quantified by the Altostar HDV RT-PCR Kit 1.5 were similar compared to the quantification with the local standard ( $5.04 \times 10^5$  IU/ml [ $\pm 1.12 \times 10^6$ ] vs.  $1.72 \times 10^6$  IU/ml [ $\pm 4.44 \times 10^6$ ],  $p=0.07$ )
- Two of five samples were undetectable by the local standard, but were detected and quantifiable by Altostar 1.5

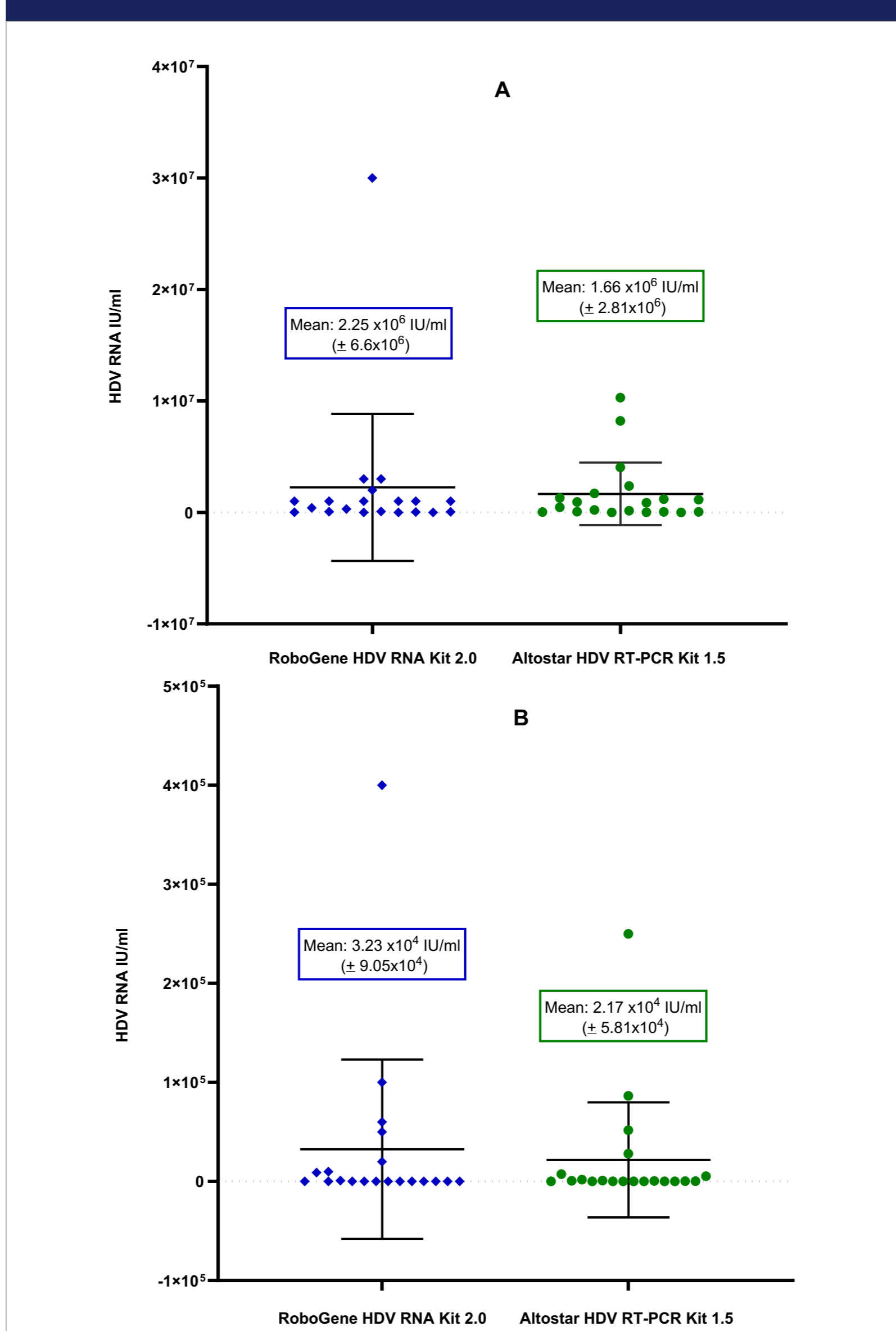
Figure 2 Comparison of viral load levels quantified by Altostar HDV RT-PCR Kit 1.5 and RoboGene HDV RNA Quantification Kit 2.0



### HDV RNA measurements during antiviral therapy

- HDV RNA was quantified with the Altostar HDV RT-PCR Kit 1.5 and the local standard at BL (A) and after 56 to 65 weeks (B) of treatment with BLV
- Mean HDV RNA levels at BL and FU up were comparable between the Altostar HDV RT-PCR Kit 1.5 and the local standard (BL:  $p=0.72$ ; FU:  $p=0.66$ )

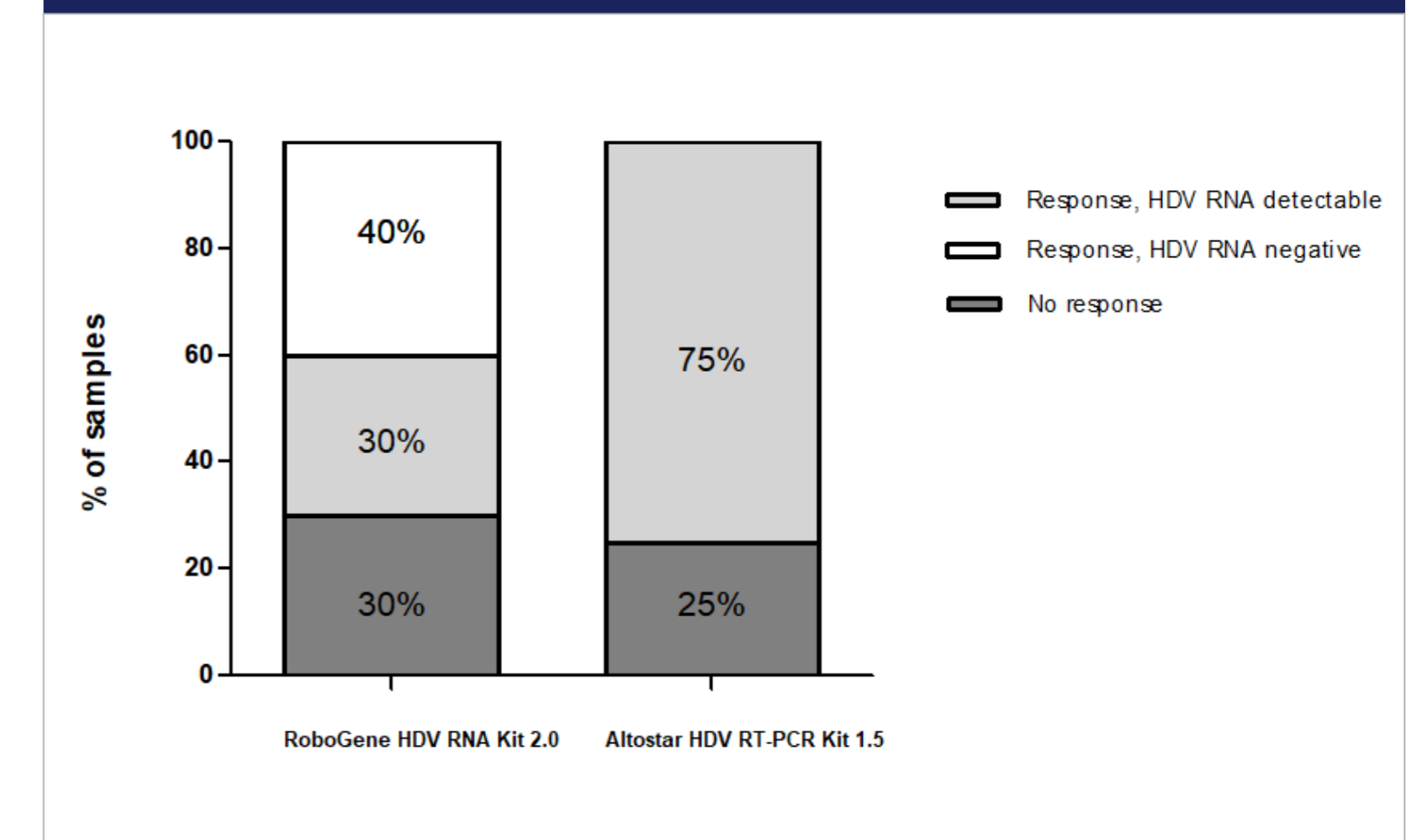
Figure 3 HDV RNA levels at baseline (A) and after up to 65 weeks of antiviral therapy with BLV (B)



### Virological response rates

- 8 samples (40%,  $n=8/20$ ) were undetectable with the local standard, but showed quantifiable HDV RNA in the measurement by the Altostar HDV RT-PCR Kit 1.5
- There was no significant difference in the proportion of samples with a virological response to antiviral therapy (75% ( $n=15/20$ ) as measured by Altostar HDV RT-PCR Kit 1.5 vs. 70% ( $n=14/20$ ) as quantified by the local standard)

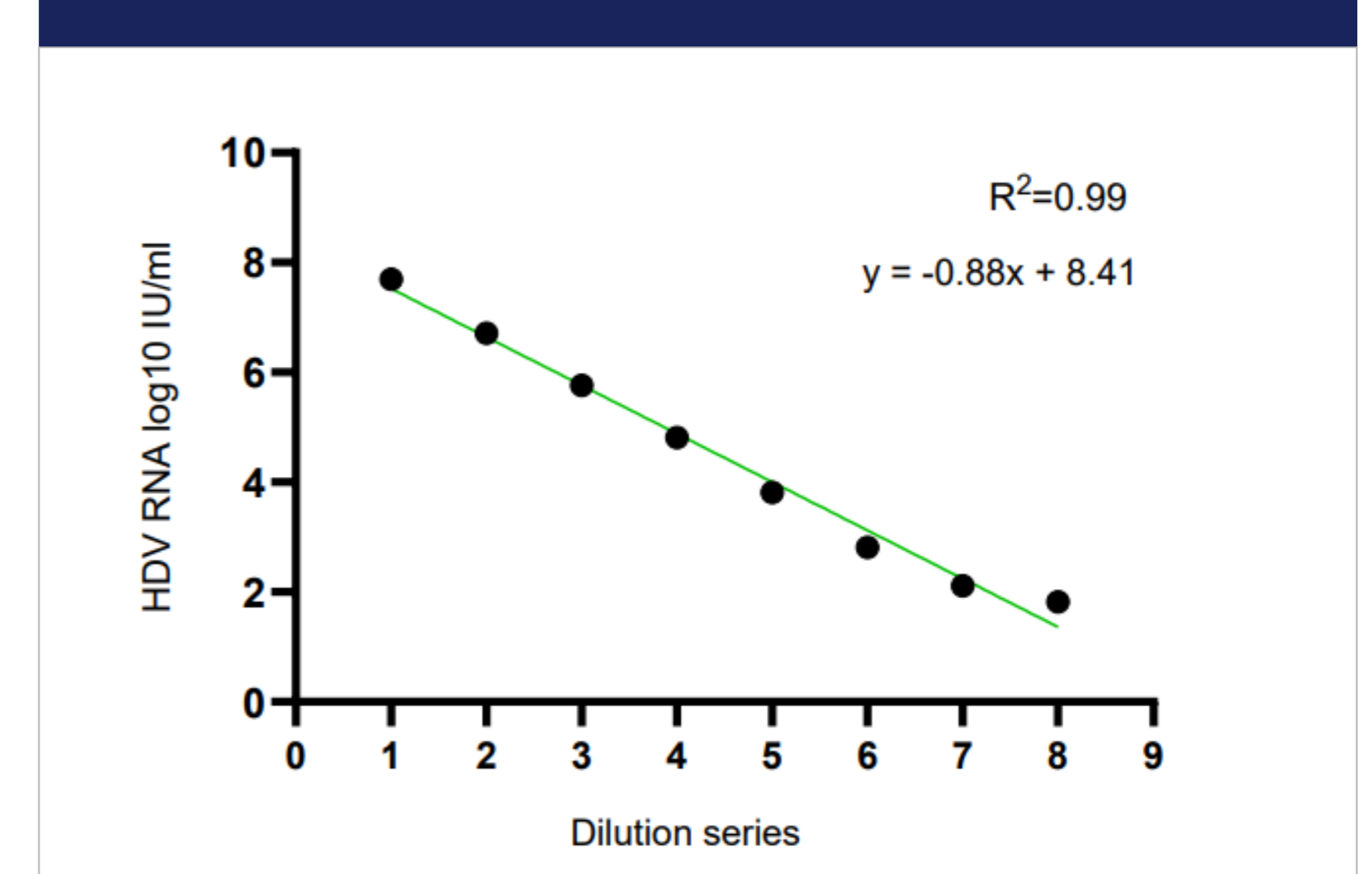
Figure 4 Proportions of virological response rates to antiviral therapy with BLV measured by RoboGene HDV RNA Quantification Kit 2.0 and Altostar HDV RT-PCR Kit 1.5



### Linearity analysis

- In order to evaluate the linearity of the Altostar HDV RT-PCR Kit 1.5, RNA measurements were performed with a series of dilutions
- The assay demonstrated a linearity up to a dilution factor of  $10^6$  with a correlation coefficient ( $R^2$ ) of 0.99

Figure 5 Linearity of the Altostar HDV RT-PCR Kit 1.5



## Conclusion

- HDV RNA levels quantified by the Altostar HDV RT-PCR Kit 1.5 are comparable to the local quantification assay, but showed a higher sensitivity for low viremic samples during antiviral therapy with BLV
- Importantly, evaluation of treatment response during BLV treatment (defined as undetectable HDV RNA or HDV RNA decline  $\geq 2$  log<sub>10</sub> IU/ml) was not influenced by the type of quantification assay



contact information: eichholz.julia@mh-hannover.de

## Reference

1. Hughes SA, Wedemeyer H, Harrison PM. Hepatitis delta virus. Lancet. 2011;378(9785):73-85. doi:10.1016/S0140-6736(10)61931-9.
2. Wranke A, Heidrich B, Deterding K, et al. Clinical long-term outcome of hepatitis D compared to hepatitis B mono-infection. Hepatol Int. 2023;17(6):1359-1367.
3. European Association for the Study of the Liver. EASL Clinical Practice Guidelines on hepatitis delta virus. J Hepatol. 2023;79(2):433-460.