



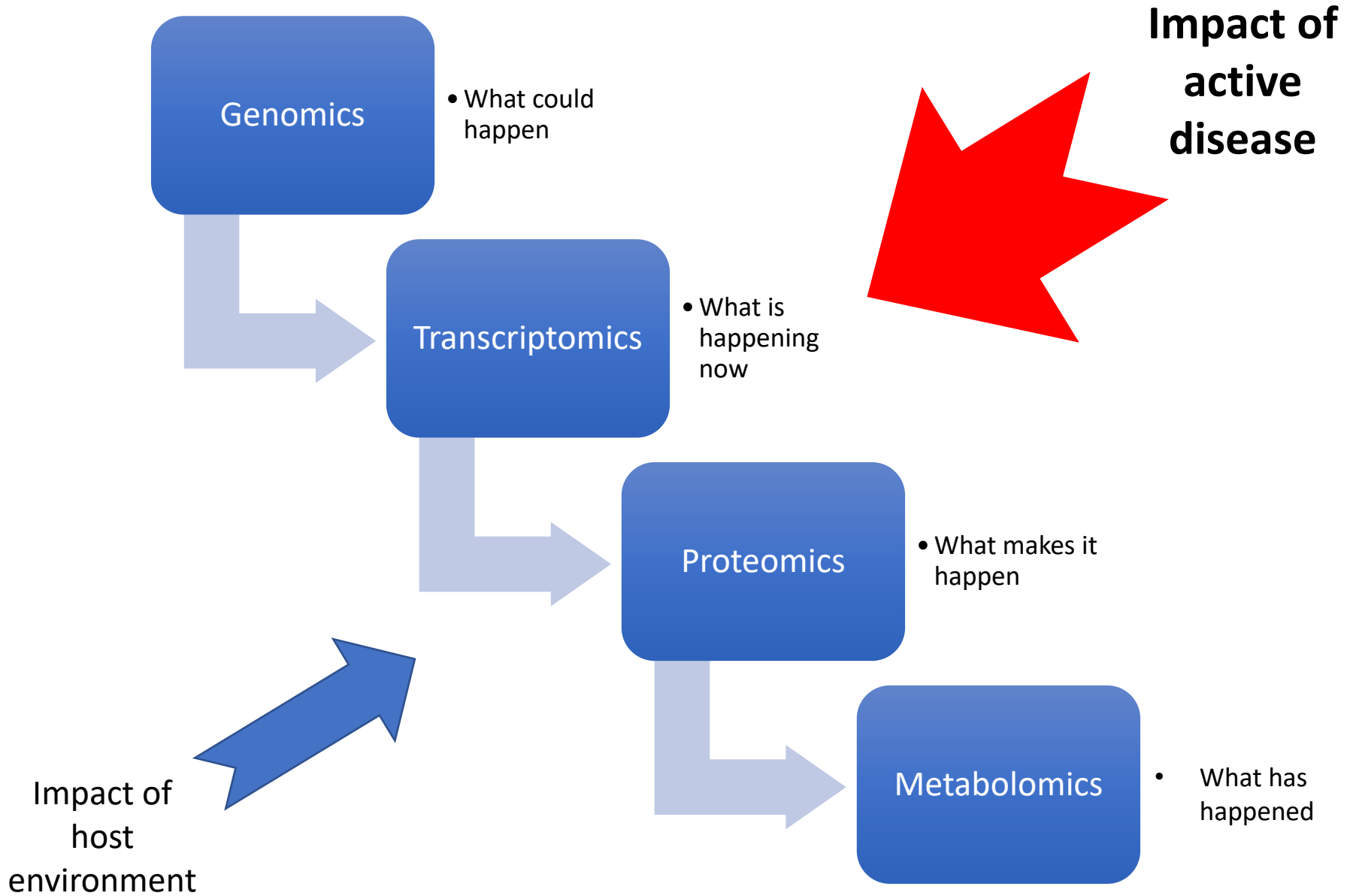
# TB Biomarker discovery: big data & bioinformatics

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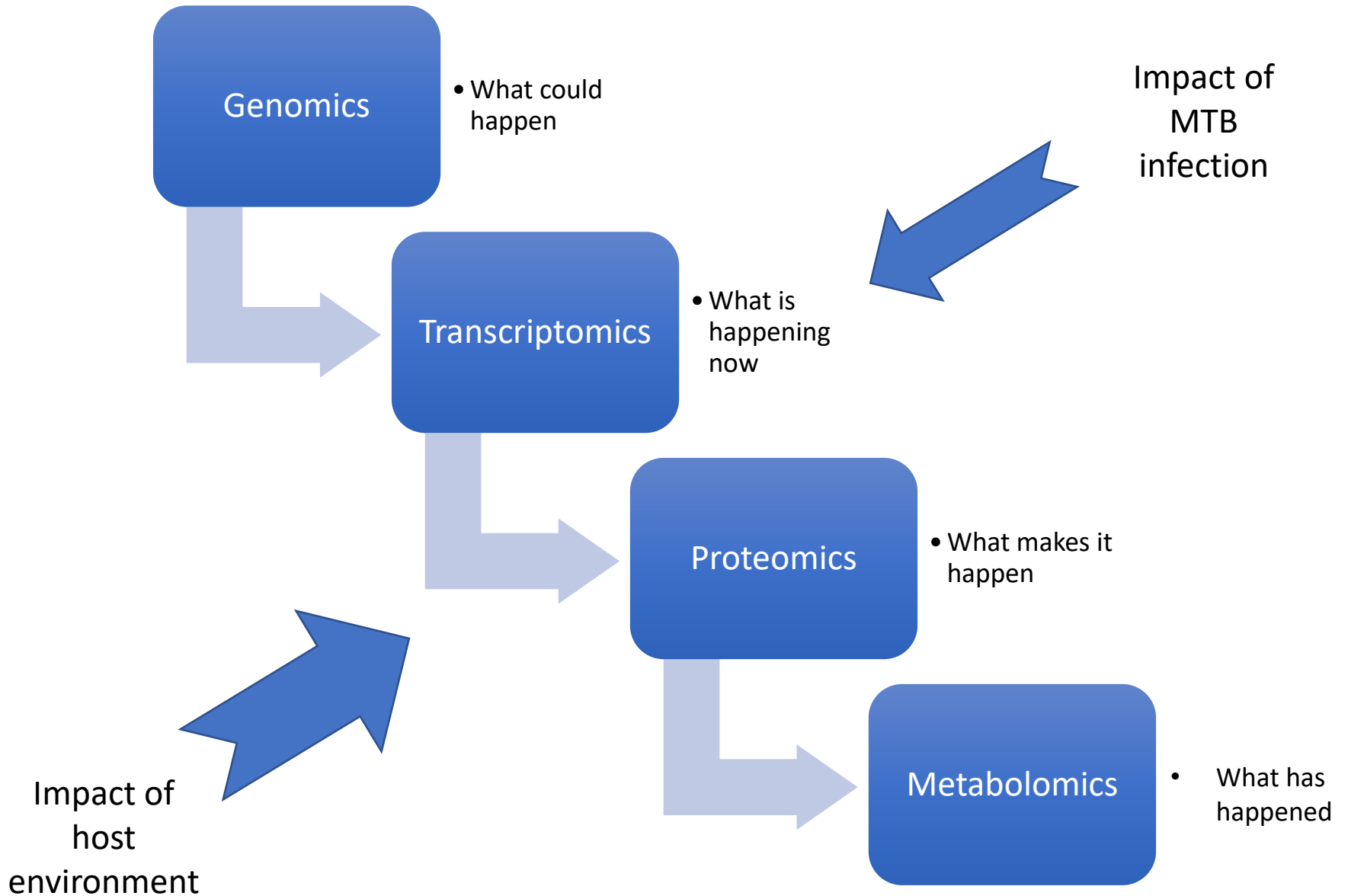


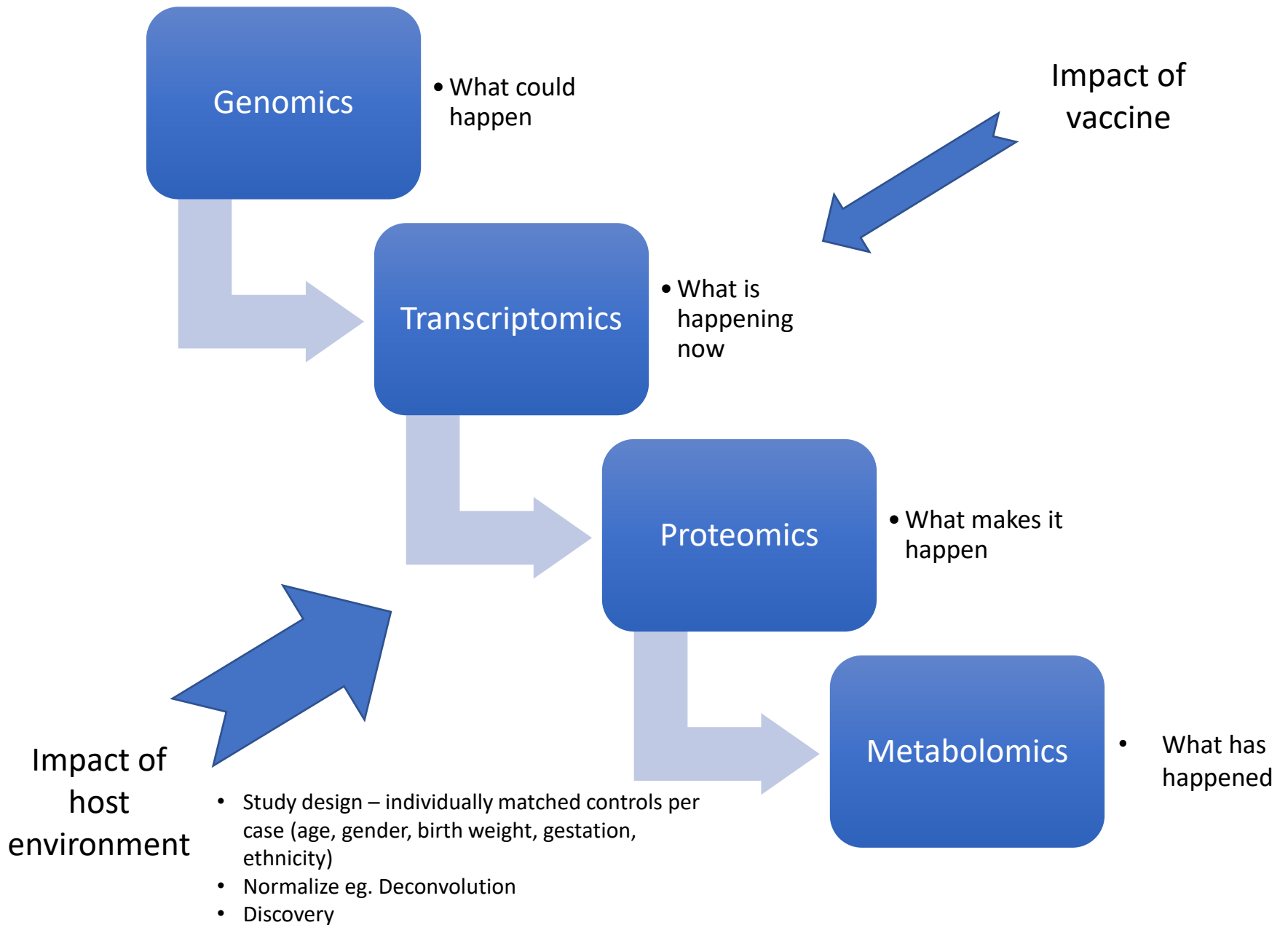
## TB disease studies until 2013

study	reference	population	sample collection	# TB patients	type of sample
				initial, independent	
1	Mistry R, JID, 2007: 195, 357	active TB disease vs healthy infected controls	South Africa	n = 10	whole blood
2	Jacobsen M, J Mol Med, 2007: 85, 613	active TB disease vs healthy infected controls	Germany	n = 9	PBMC
3	Berry MP, Nature, 2010: 466, 973	active TB disease vs healthy infected & uninfected controls vs other inflammatory disorders (SLE, Stills, Streptococcus, Staphylococcus)	United Kingdom (test), South Africa (validation)	n = 13, n = 20	whole blood
4	Maertzdorf J, Genes & Immunity, 2011: 12, 15	active TB disease vs healthy infected & uninfected controls	South Africa	n = 33	whole blood
5	Maertzdorf J, PLoS ONE, 2011: 6, e26938	active TB disease vs healthy infected & uninfected controls	The Gambia	n = 46	whole blood
6	Maertzdorf J, PNAS, 2012: 109, 7853	active TB disease vs healthy infected & uninfected controls & sarcoidosis	Germany	n = 8	whole blood
7	Cliff J, JID, 2013: 207, 18	active TB disease over time during treatment	South Africa	n = 27, n = 9	whole blood
8	Ottenhoff TH, PLOS ONE, 2012: 7, e45839	active TB disease over time during treatment vs healthy controls	Indonesia	n = 23	PBMC

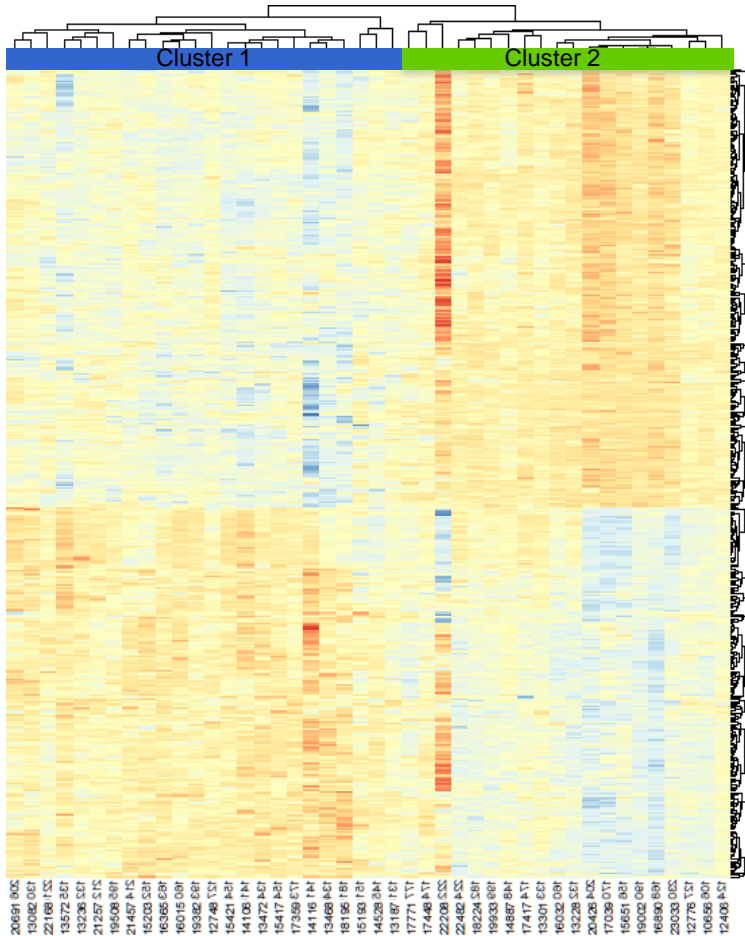
doi:10.1371/journal.pone.0073230.t002

Joosten SA, Fletcher HA, Ottenhoff THM (2013) A Helicopter Perspective on TB Biomarkers: Pathway and Process Based Analysis of Gene Expression Data Provides New Insight into TB Pathogenesis. PLOS ONE 8(9): e73230. doi:10.1371/journal.pone.0073230  
<http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0073230>





# Monocyte frequency and phenotype variable in South African infants



Fletcher *et al. BMC Medicine* (2016) 14:76  
DOI 10.1186/s12916-016-0617-3



World TB Day

BMC Medicine

RESEARCH ARTICLE

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## Human newborn bacille Calmette–Guérin vaccination and risk of tuberculosis disease: a case-control study

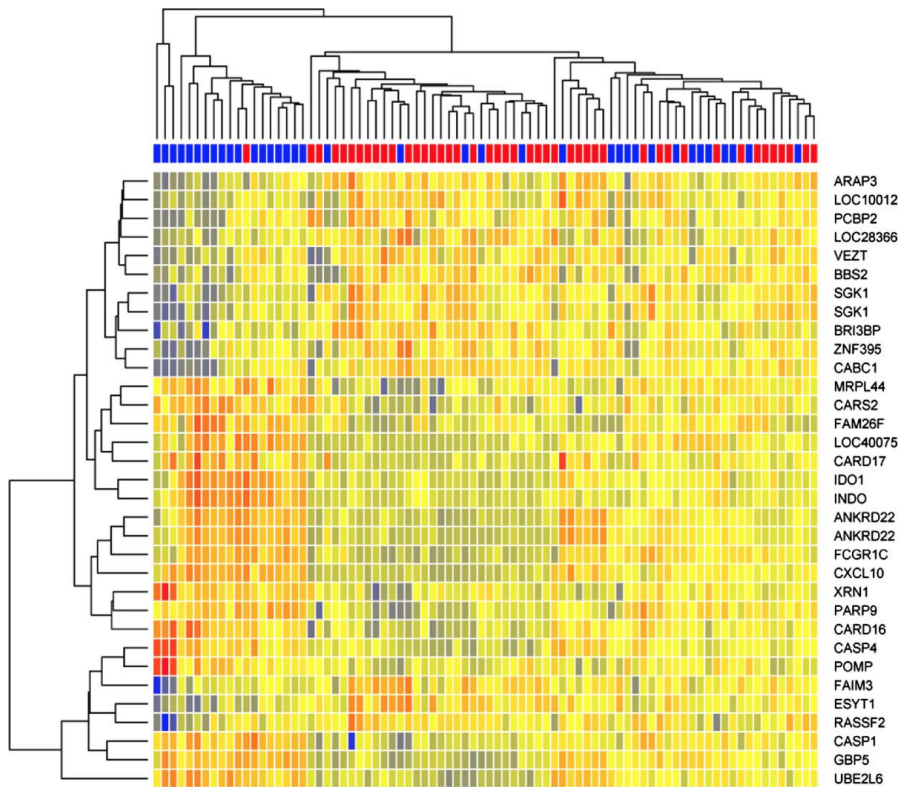
Helen A. Fletcher<sup>1†</sup>, Ali Filali-Mouhim<sup>2†</sup>, Elisa Nemes<sup>3†</sup>, Anthony Hawkrigde<sup>3</sup>, Alana Keyser<sup>3</sup>, Samuel Njikan<sup>3</sup>, Mark Hatherill<sup>3</sup>, Thomas J. Scriba<sup>3</sup>, Brian Abel<sup>3</sup>, Benjamin M. Kagina<sup>3</sup>, Ashley Veldsman<sup>3</sup>, Nancy Marín Agudelo<sup>4</sup>, Gilla Kaplan<sup>5</sup>, Gregory D. Hussey<sup>3</sup>, Rafick-Pierre Sekaly<sup>2</sup>, Willem A. Hanekom<sup>3\*</sup> and the BCG study team

Differences in;

- CD4+ Th1 response
- Monocyte frequency
- Lymphocyte frequency
- Monocyte phenotype (M1/M2)

# Both responders and non-responders 1 day post MVA85A vaccination

MVA85A (blue) or Candin (red)



## Inflammatory and myeloid-associated gene expression before and one day after infant vaccination with MVA85A correlates with induction of a T cell response

Magali Matsumiya , Stephanie A Harris, Iman Satti, Lisa Stockdale, Rachel Tanner, Matthew K O'Shea, Michelle Tameris, Hassan Mahomed, Mark Hatherill, Thomas J Scriba, Willem A Hanekom, Helen McShane and Helen A Fletcher 

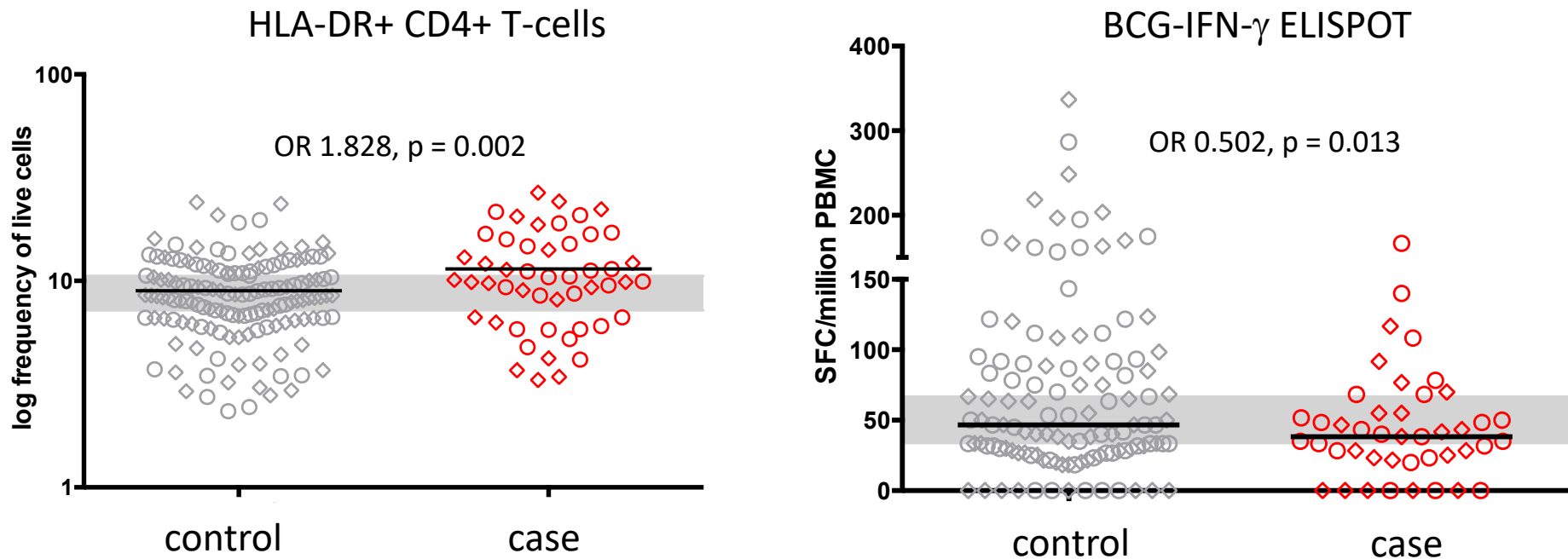
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Whole blood from infant heel-stick

# T-cell activation is a correlate of risk in BCG-vaccinated infants



Result significant if Conditional Logistic Regression  $P < 0.05$  and  $FDR < 2$   
Shaded bar indicates medium third of immune response level

BCG Antigen specific IFN-g positive T cells (CD4+ polyfunctional) in peripheral blood associated with reduced risk of disease in BCG vaccinated infants



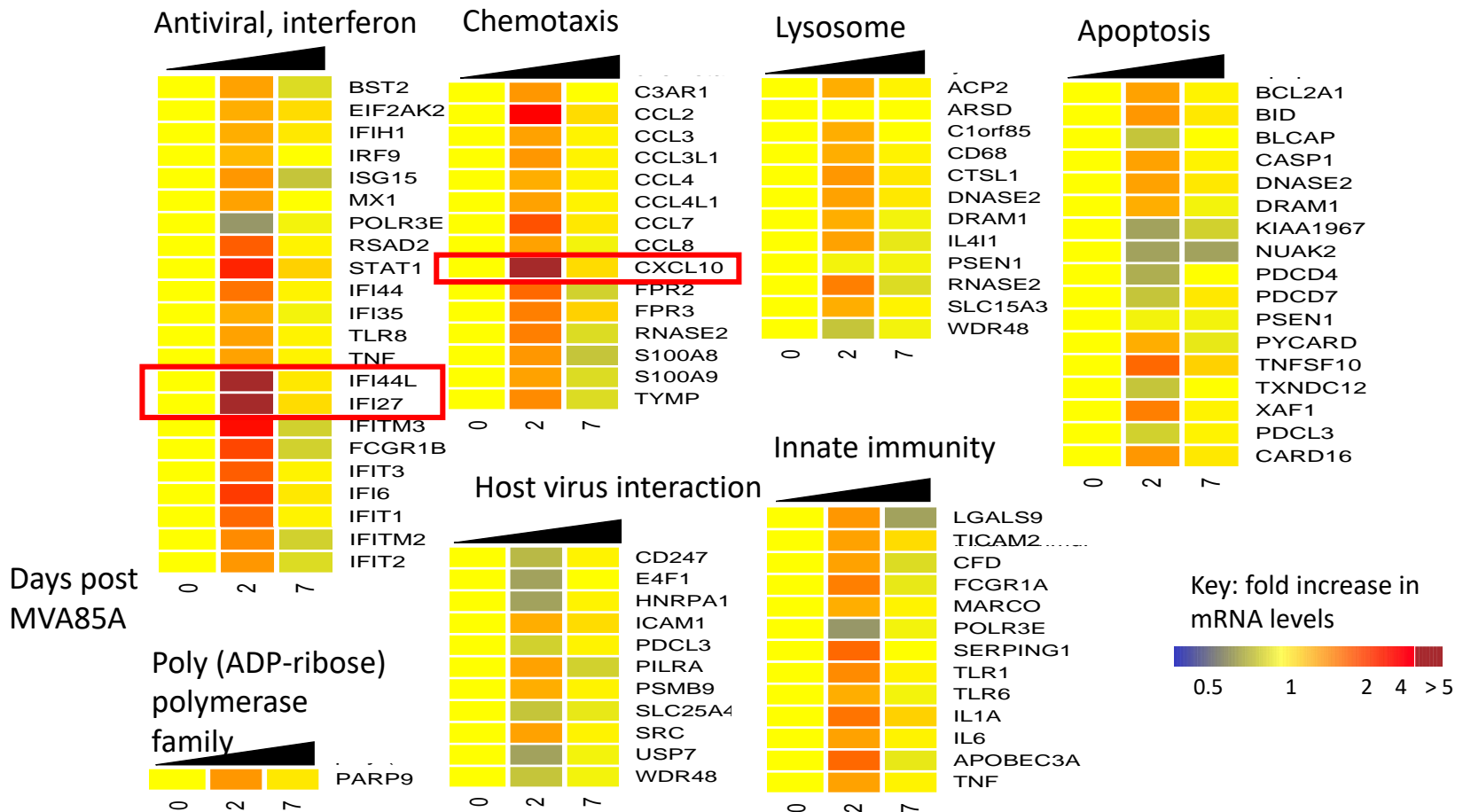
RESEARCH ARTICLE

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# Inflammatory and myeloid-associated gene expression before and one day after infant vaccination with MVA85A correlates with induction of a T cell response

Magali Matsumiya<sup>1\*</sup>, Stephanie A Harris<sup>1</sup>, Iman Satti<sup>1</sup>, Lisa Stockdale<sup>1</sup>, Rachel Tanner<sup>1</sup>, Matthew K O'Shea<sup>1</sup>, Michelle Tameris<sup>2</sup>, Hassan Mahomed<sup>3,4</sup>, Mark Hatherill<sup>2</sup>, Thomas J Scriba<sup>2</sup>, Willem A Hanekom<sup>2</sup>, Helen McShane<sup>2</sup> and Helen A Fletcher<sup>1,5\*</sup>

## Does MVA85A drive Type I/II IFN and T cell activation?



# Omic methods low input and high output

## Challenges

- Small sample size - poor statistical Power
- Sensitive to type I error (false positive)
- Heterogeneity – clinical samples

## Solutions

- False discovery rate (FDR) - if too stringent type 2 error
  - Larger sample sizes – reduced costs
  - Normalisation
- 
- Study design - case definition, matched controls
  - When is heterogeneity noise and when is it telling you something important?

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**MVA85A Study team**  
**All the mothers and babies**