

Window Period Detection of HCV Antibodies by *in-vitro* Lymphocyte Stimulation

**Presented at the CDC-HCV-2011 Symposium:
Identification, Screening and Surveillance of HCV
Infections in the Era of Improved Therapy for
Hepatitis C**

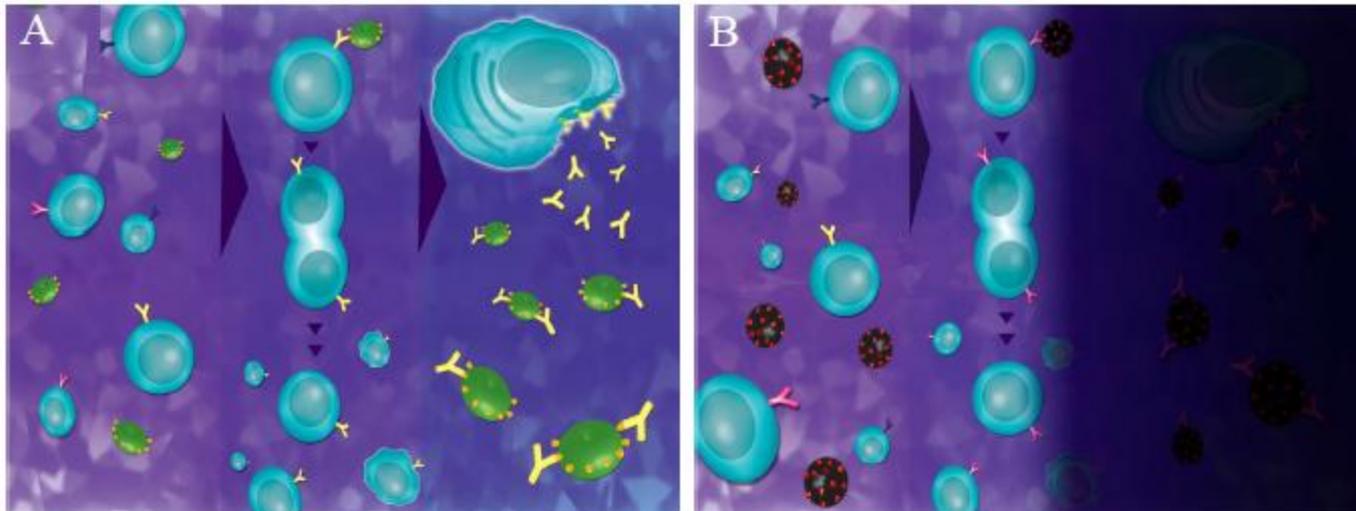
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Diagnosis of HCV - Challenges of antibody testing

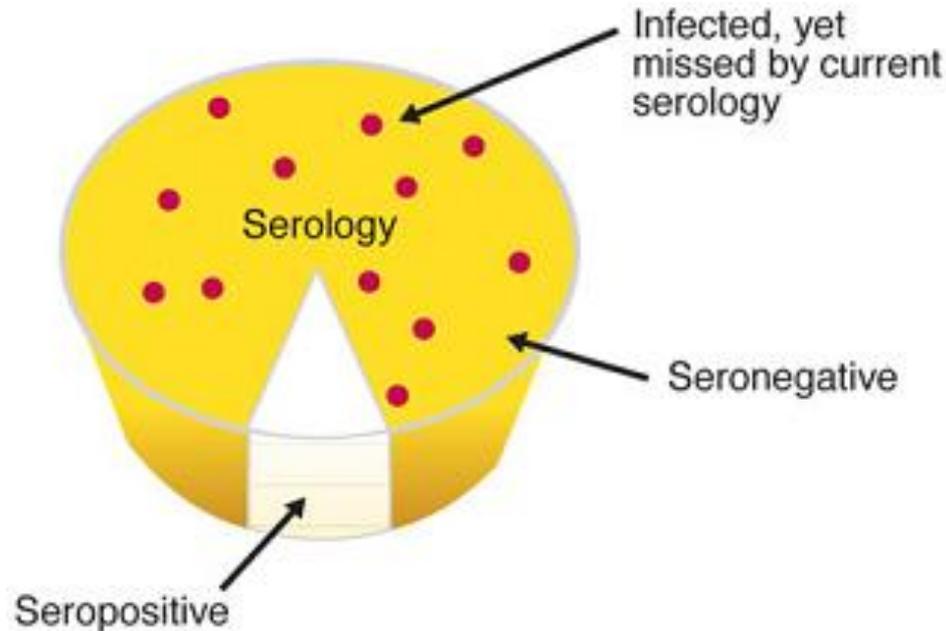
- 1. Long window period** – need tools for early detection
- 2. High (and variable) levels of false positive**, the rate changing from population to population
A major concern as it means:
 - I. Epidemiologically** - over estimating prevalence
 - II. Blood supply** - loss of good blood units.
- 3. Routine antibody testing in serum does not differentiate between current / chronic infection and cleared / resolved infection**

Diagnosis of HCV - Challenges of antibody testing

1. Long window period – need tools for early detection

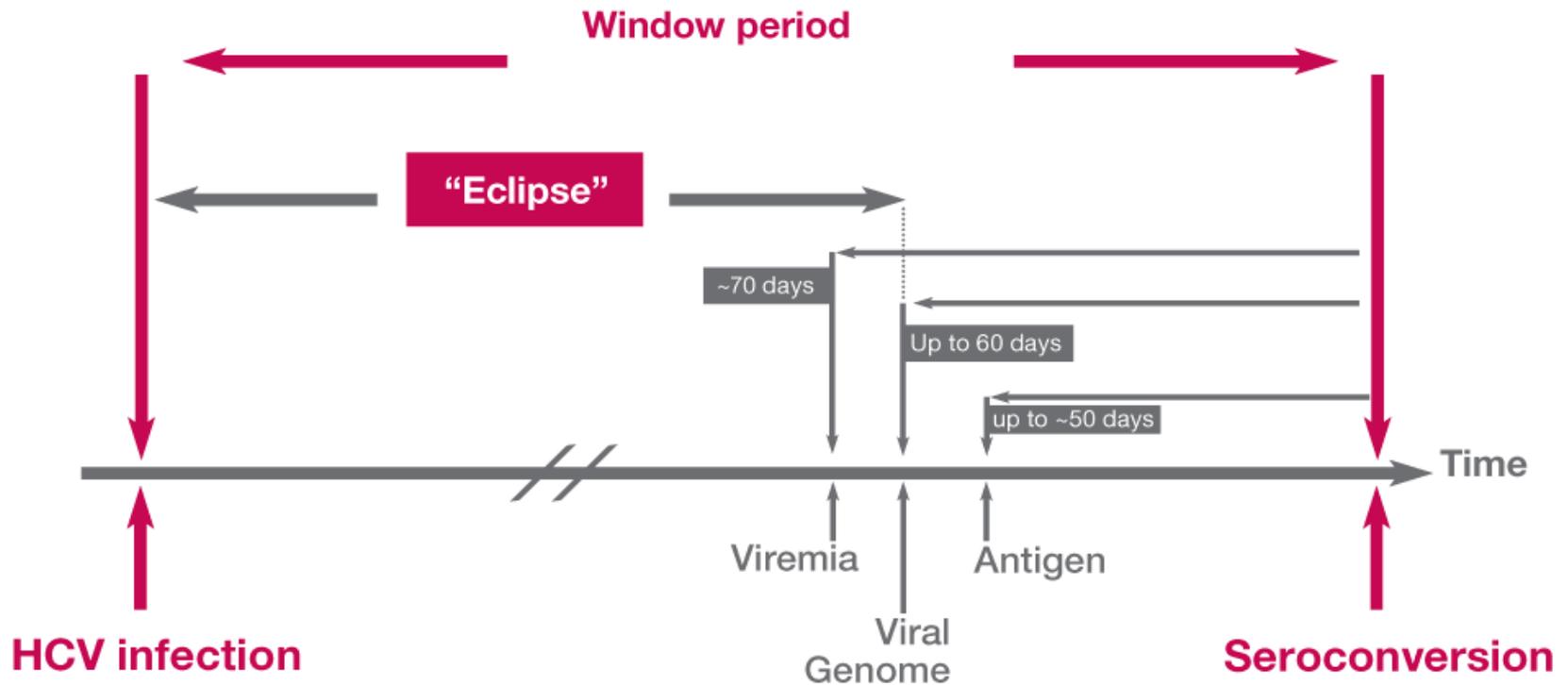


The HIV and HCV Problem: Missed infections in the Window Period



- In a high risk group, seronegative results require repeat testing several months later.
- When the reason for liver damage is sought, a negative HCV result could lead to liver biopsies.
- In tracking / mapping a potential HCV outbreak, the most recent infections are missed.

The HCV Window Period: Shortening Methods

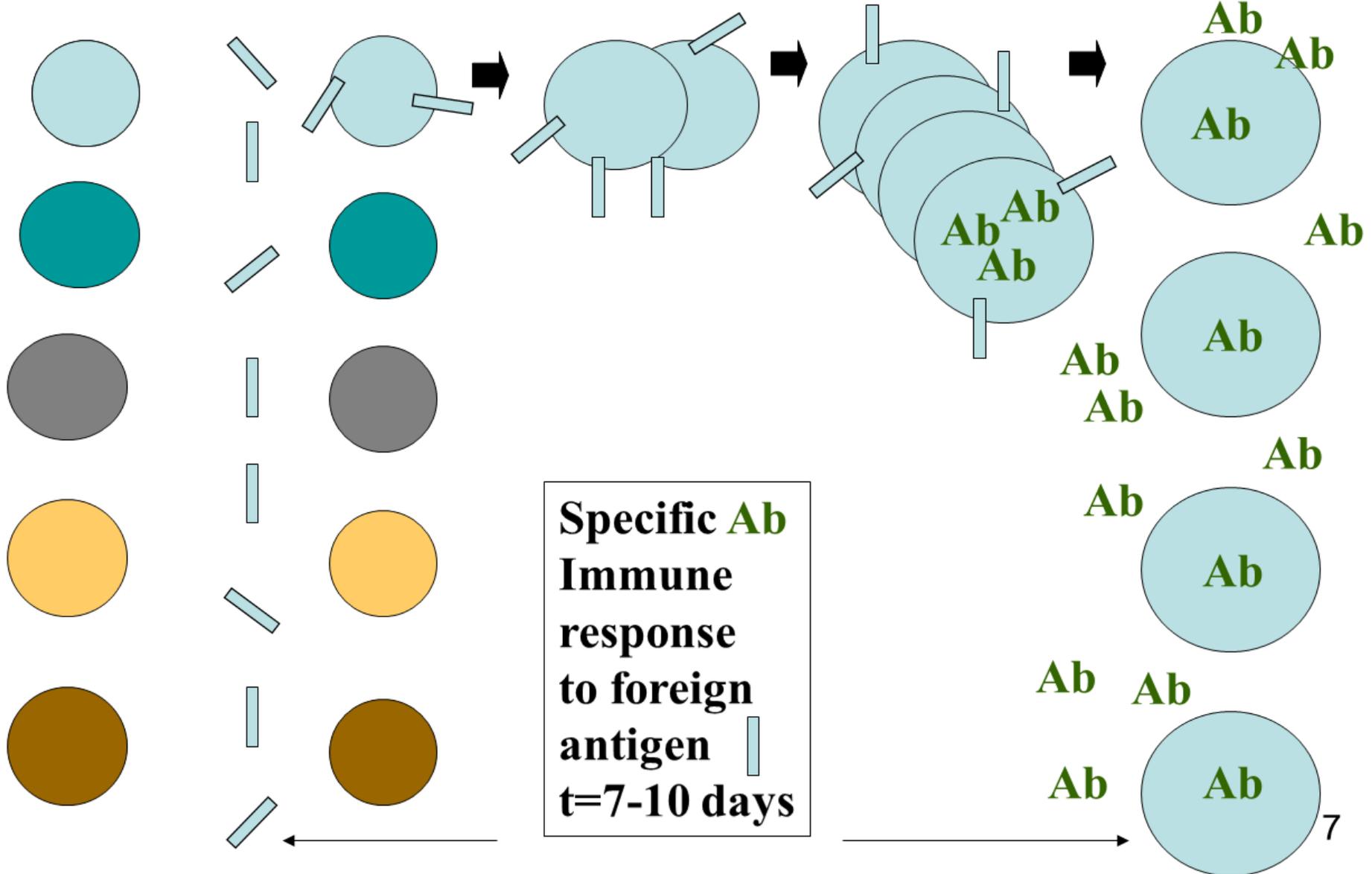


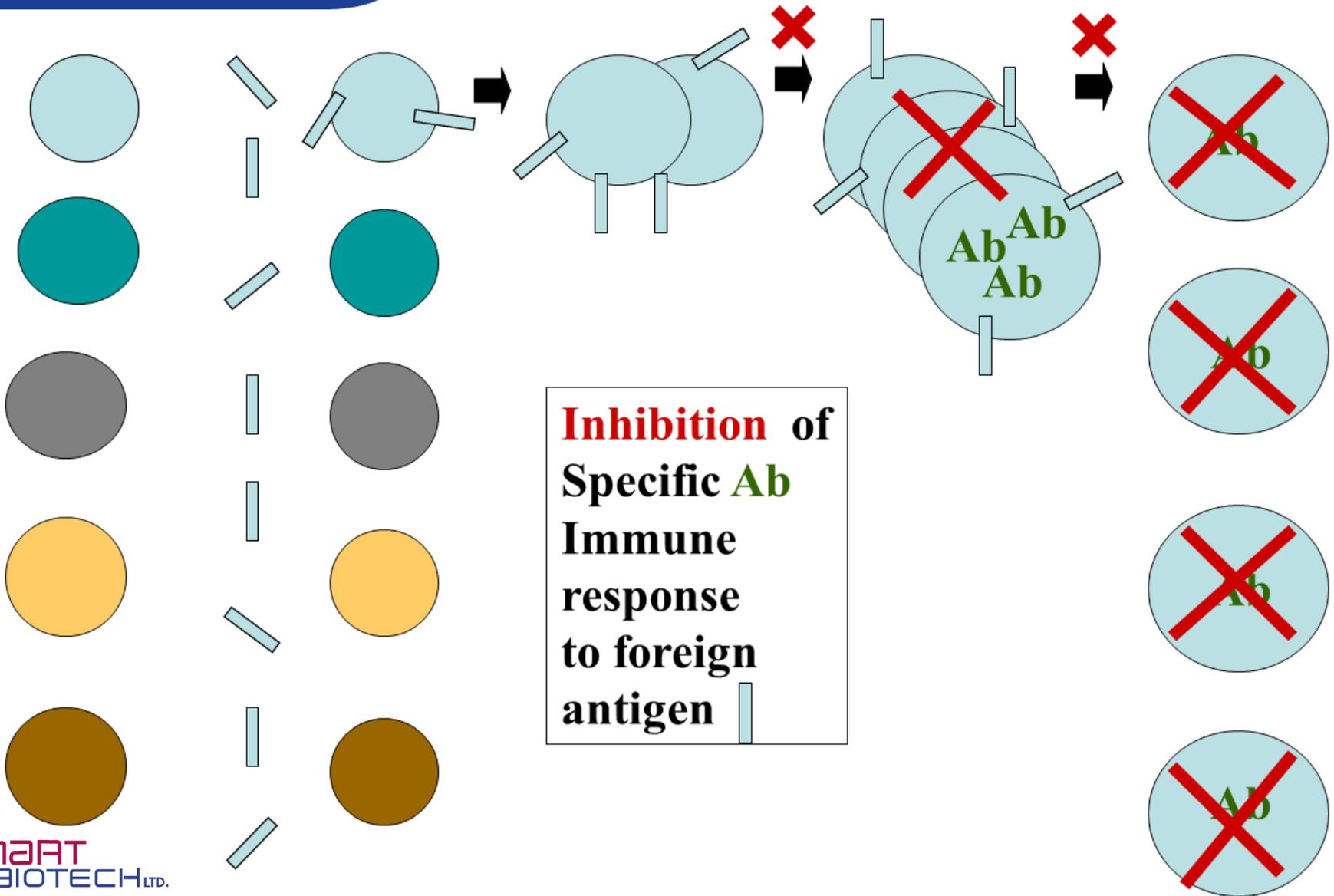
A Platform Technology:

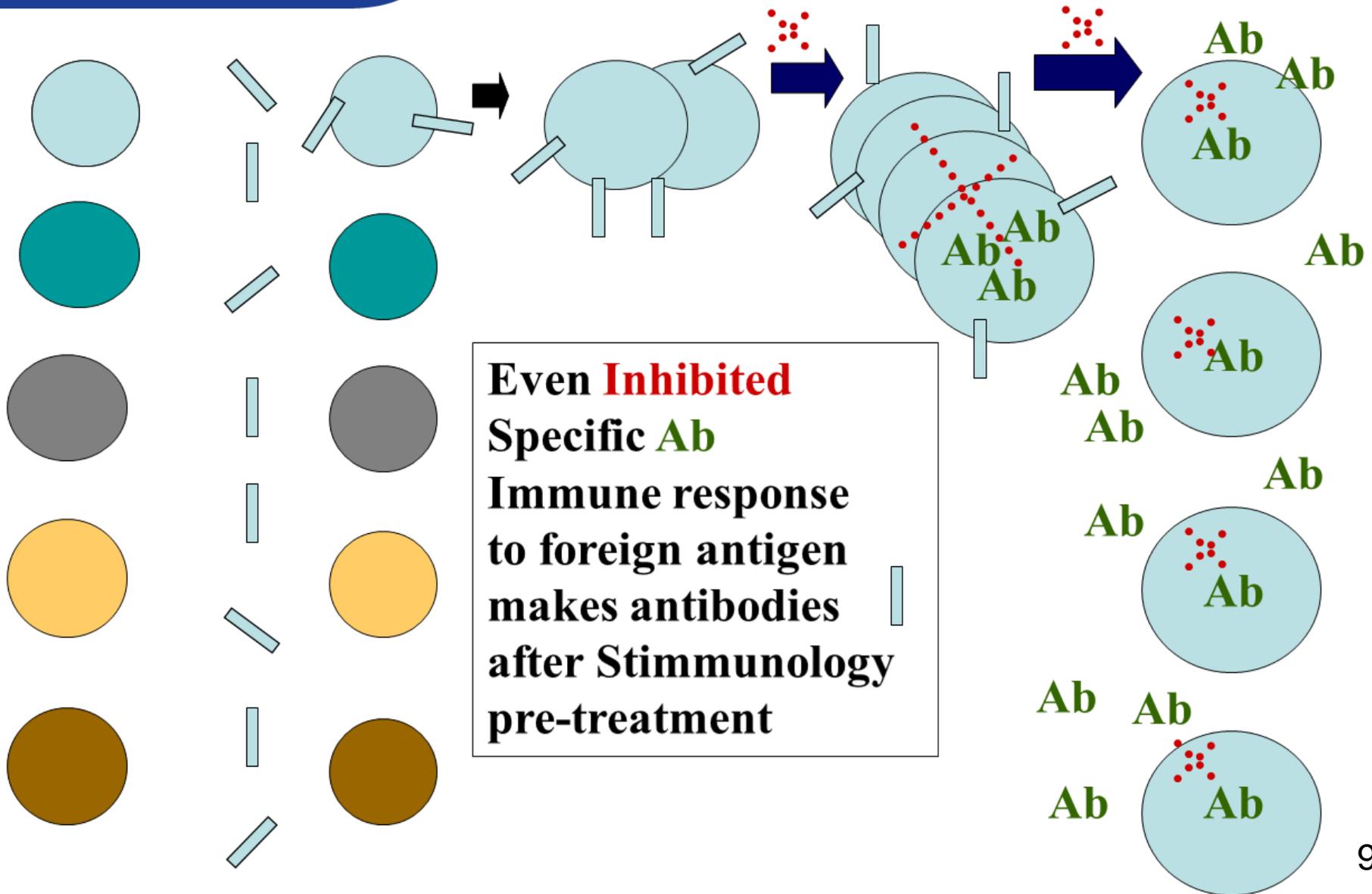
Enhancement of antibody production (in-vitro) in a blood sample, even when facing immune suppression, enabling virus primed B-cells (which might have been 'silenced' in-vivo) to mature to plasma cells in-vitro.

Antibodies which were not present or detectable would be present in Stimmunology™ treated sample.

Both IgG and IgM antibodies are enhanced.







Stimulating
Maximal
Antibody
Response
Tube



- Family of products called **SMARTube™** based on the platform technology- Stimmunology™.
- **SMARTube™** - a pre-analytic device (treating the blood before testing) enabling detection of various infections within days of infection using currently available antibody tests (e.g. EIA, Rapid test, Blots, etc').

Draw blood



Transfer 1 ml into the SMARTube and incubate

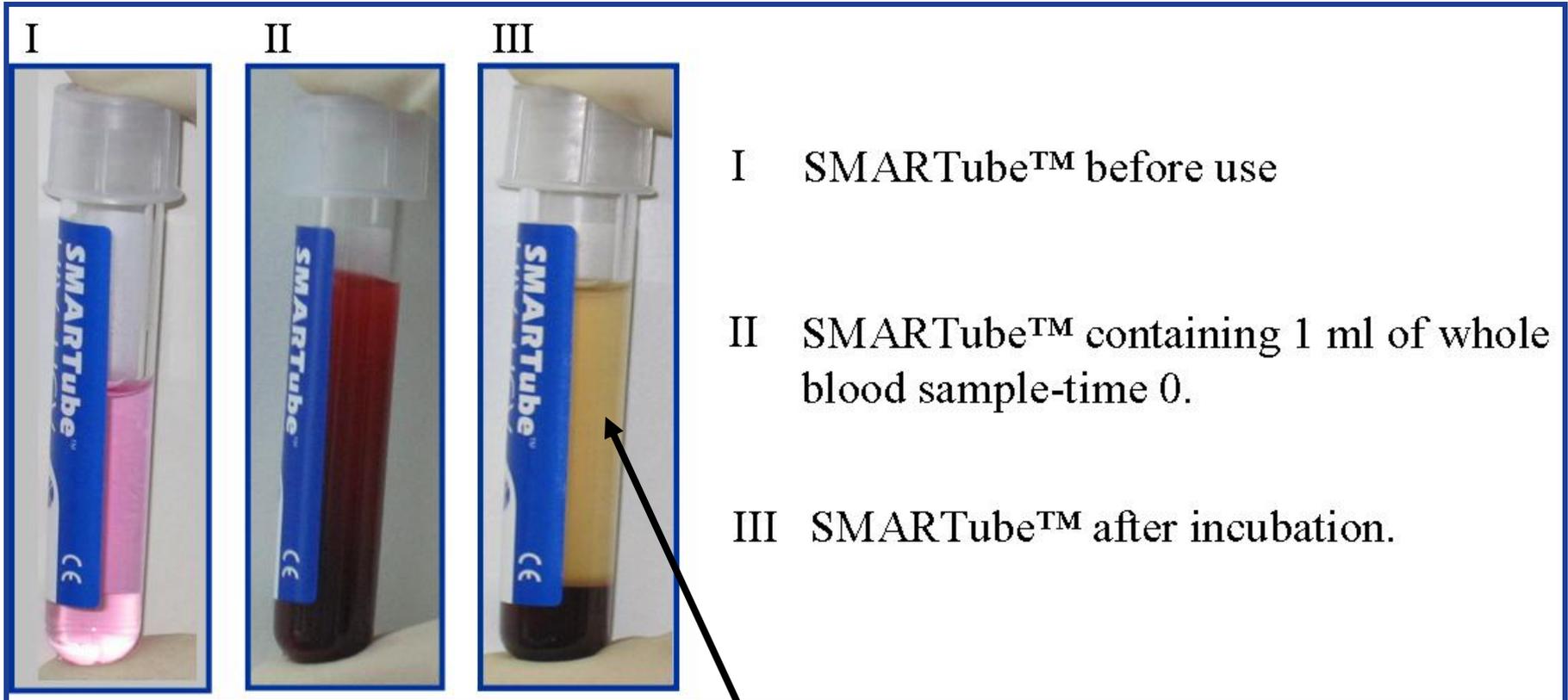


Antibody test



ELISA
RIBA
Rapid test

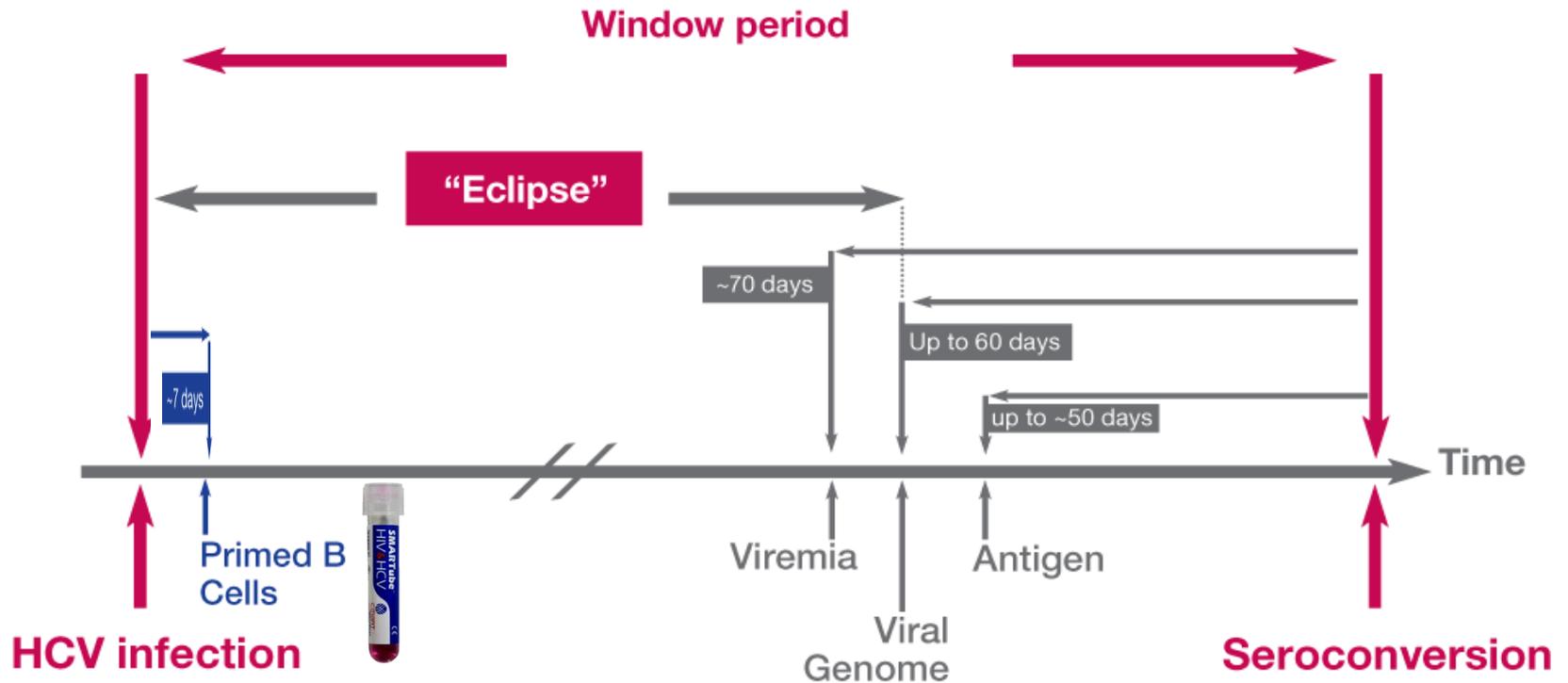
SMARTube™ with blood samples



- I SMARTube™ before use
- II SMARTube™ containing 1 ml of whole blood sample-time 0.
- III SMARTube™ after incubation.

SMARTplasma = following pre-treatment in the SMARTube

The HCV Window Period with SMARTube™



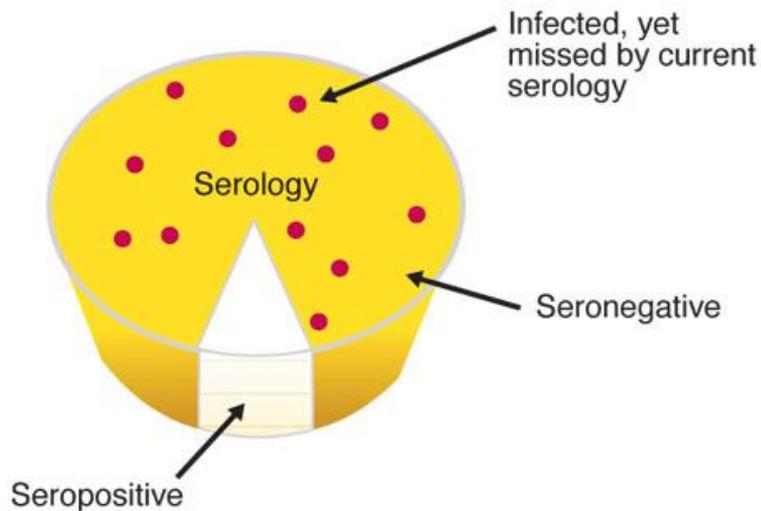
Data summary: SMARTube's effect on HCV diagnostic sensitivity

Detecting infected individuals during the seronegative window period

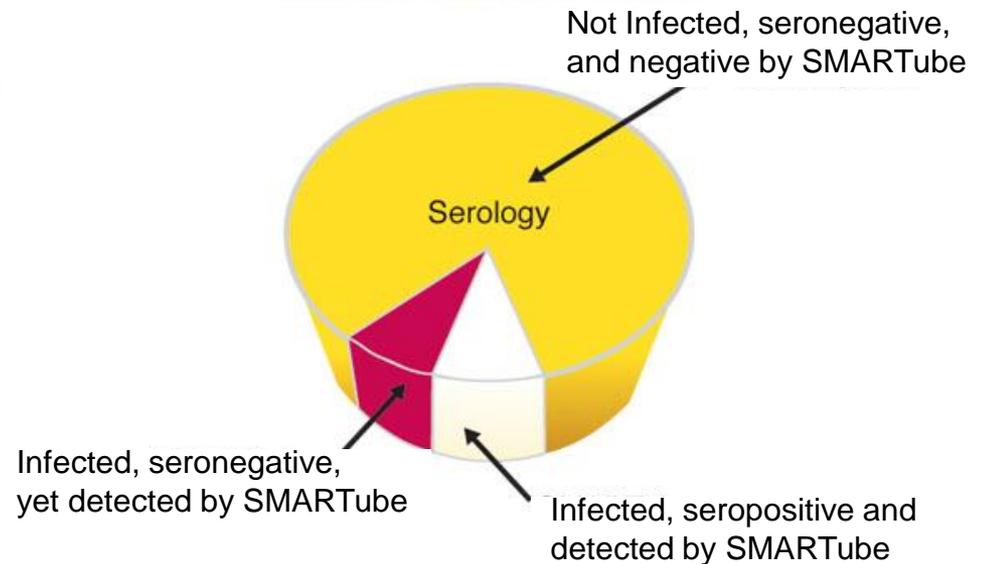
- 2722 high risk population
- 252 seropositives in regular serology
- 13 additional positives (252+13) after pre-treatment in the SMARTube™ - **Increased diagnostic sensitivity.**
- **Adding SMARTube to antibody testing increased HCV detection by 5.2%.**

SMARTube™ closes the Window Period – Infected people can be detected within a week from the day of infection

Without SMARTube™



With SMARTube™



Diagnosis of HCV - Challenges of antibody testing

2. **High level of false positive**, the rate changing from population to population (e.g. high rate of FP in African countries).

A major concern as it means:

- I. **Epidemiologically** - over estimating prevalence
- II. **Blood supply** - good blood units get discarded.



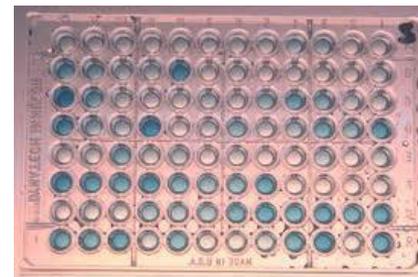
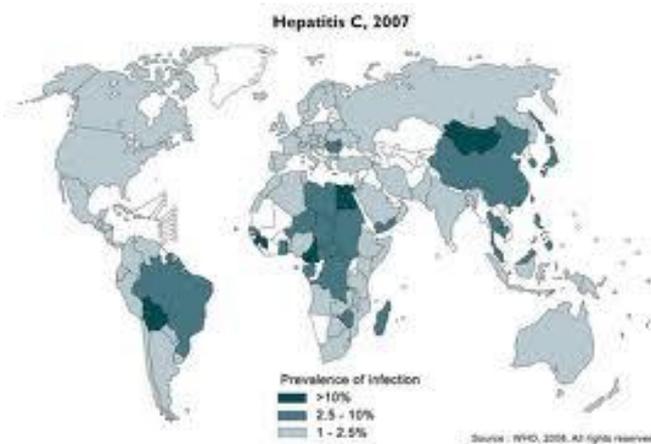
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Reducing the false positive rate

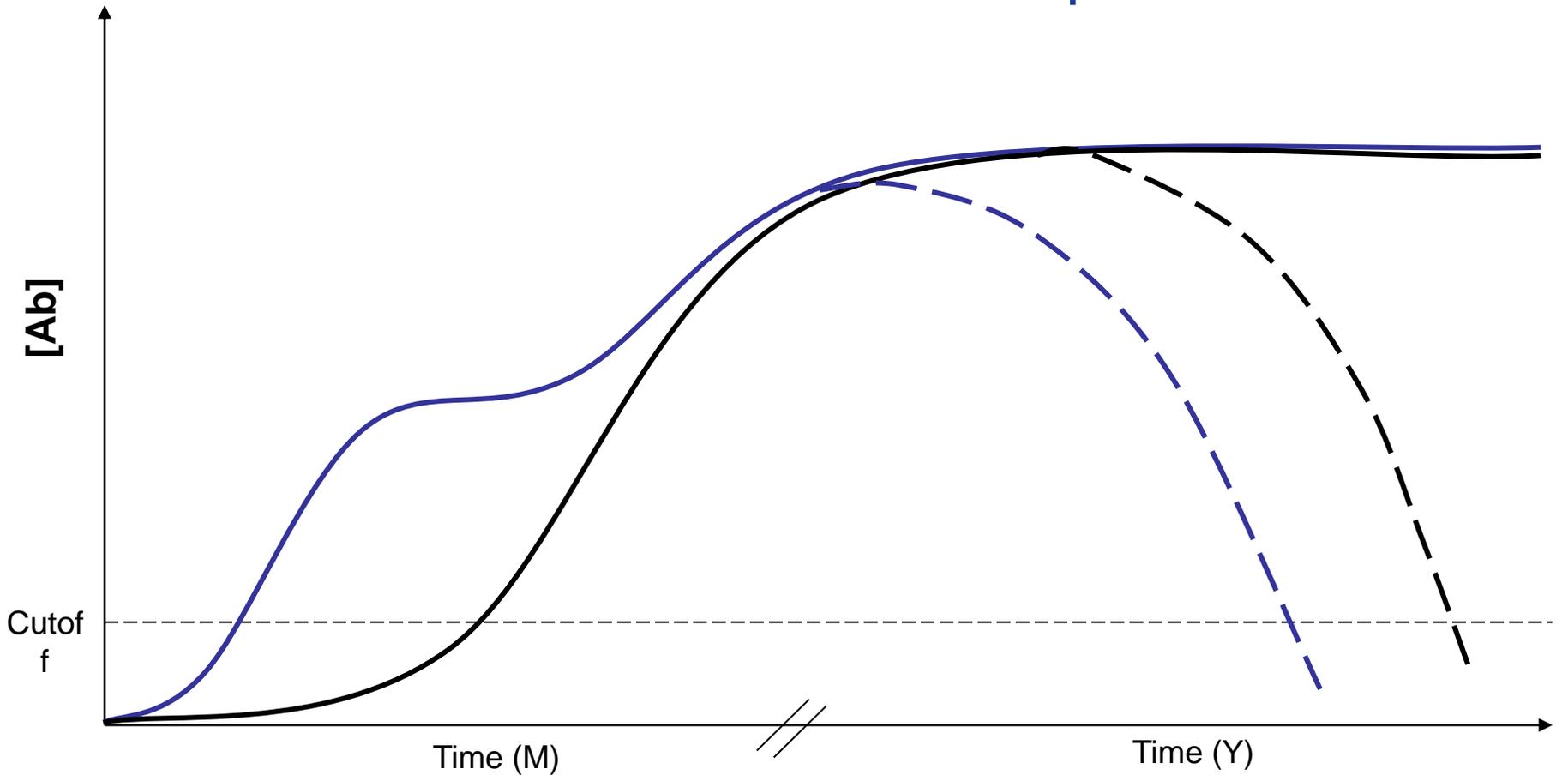
- 3840 testing in routine use settings
- 27 false positives in regular serology
- 1 false positive after pre-treatment in the SMARTube™ -**Increased diagnostic specificity.**
- **96.3% reduction of false positives using the SMARTube**

Diagnosis of HCV - Challenges of antibody testing

3. Routine antibody testing in serum does not differentiate between current / chronic infection and cleared / resolved infection

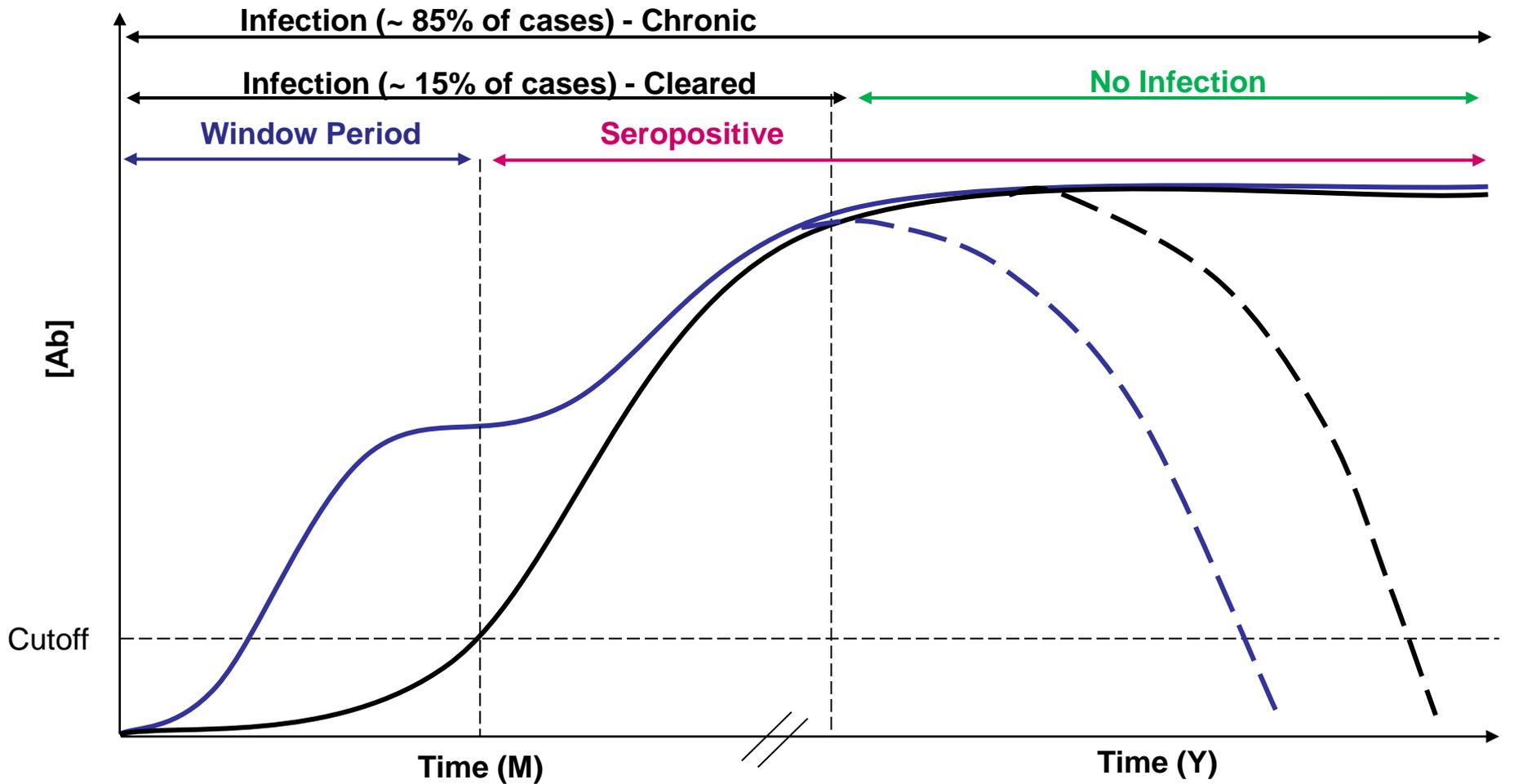


Antibodies to HCV in Plasma & SMARTplasma



— Plasma Ab in chronic HCV infection
 - - - Plasma Ab in cleared HCV infection

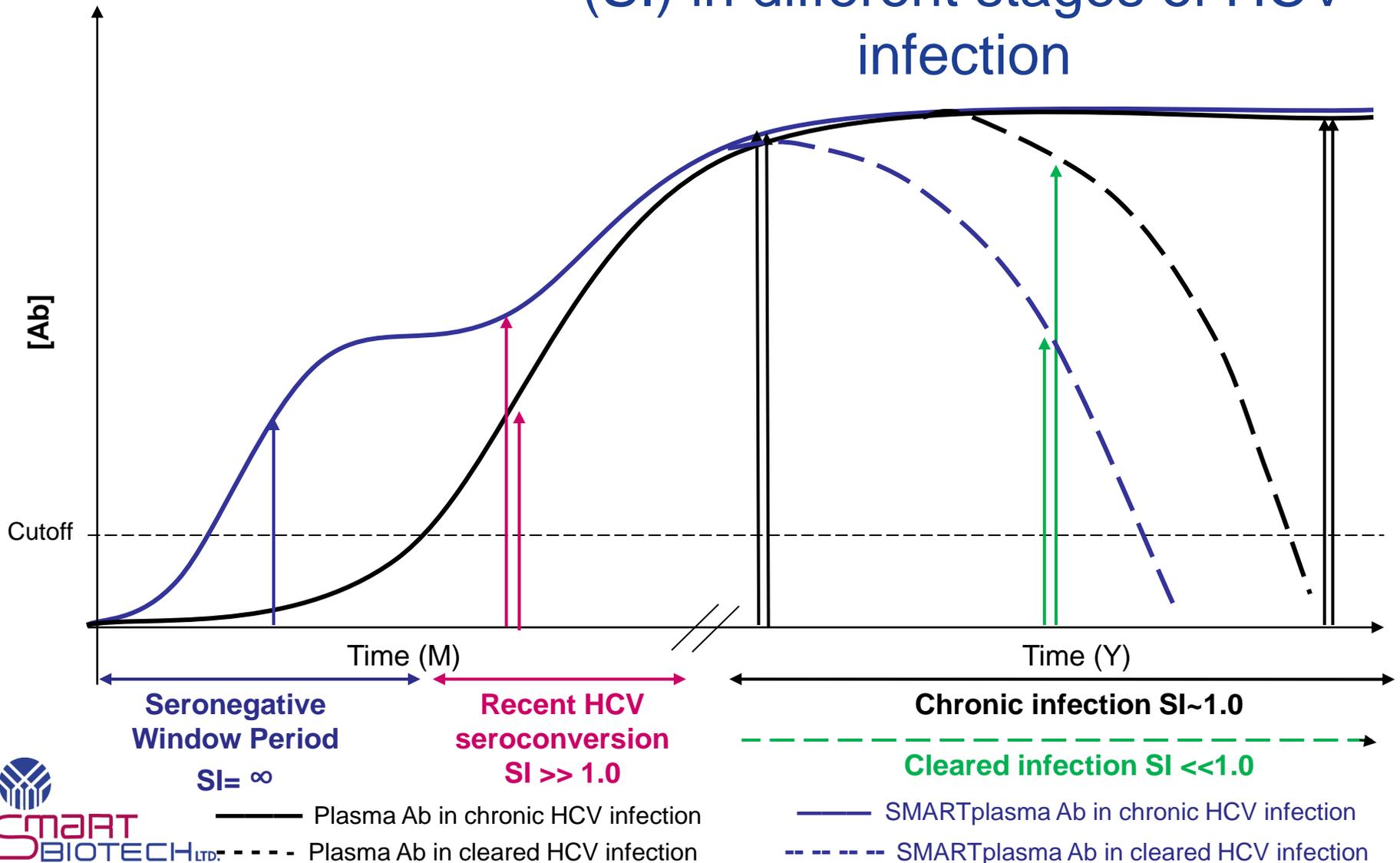
— SMARTplasma Ab in chronic HCV infection
 - - - SMARTplasma Ab in cleared HCV infection



— Plasma Ab in chronic HCV infection
 - - - Plasma Ab in cleared HCV infection

— SMARTplasma Ab in chronic HCV infection
 - - - SMARTplasma Ab in cleared HCV infection

The SMARTube Stimulation Index (SI) in different stages of HCV infection



Diagnosis of HCV by antibodies: Use of SMARTube meets the challenges

1. Long window period – enhancement of antibody production, enabling detection in the seronegative WP
2. High level of false positive – Using the SMARTube reduces the rate of false positives:
 - I. Epidemiologically – True prevalence
 - II. Blood supply – saving good blood from being discarded.
3. To differentiate between current/chronic infection and cleared infection – the Stimulation Index (SI) using SMARTube. ($SI > 1.0$ = current infection, $SI < 1.0$ = past infection)



Medical Innovations from Israel



Given Imaging, Inc

Given Imaging developed the first ingestible video camera known as the PillCam®. The capsule endoscopy has become a standard practice in the majority of gastroenterologist practices.



BabySafe USA, LLC

Hisense Ltd. developed Babysense, a respiratory movement monitor that sends out an alarm if a baby stops breathing while asleep, as in SIDS (sudden infant death syndrome).



Smart Biotech Ltd.

SMART Biotech Ltd. invented SMARTube, offering the most complete detection of HIV and Hepatitis C infected individuals by enabling antibody production using a small sample of blood within days from infection. This is the only technology that enables such early detection.



Teva Pharmaceuticals

Teva Pharmaceuticals' Copaxone, a drug developed at the Weizmann Institute of Science, is prescribed by doctors worldwide as a treatment for Relapsing-Remitting Multiple Sclerosis (MS).



Using the SMARTube for Early and Real HCV diagnosis

