

Consortium for TB Biomarkers (CTB2) Biorepository

CPTR 2016 WORKSHOP
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ON BEHALF OF CTB2
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Funders:



BILL & MELINDA
GATES foundation



National Institute
of Allergy and
Infectious Diseases



 TB ALLIANCE



Partners:

CTB2 Biorepository

IDENTIFYING TB BIOMARKERS, ACCELERATING TREATMENTS

Composition:

- 1,000 pulmonary TB patients (currently 685 patients enrolled)
- Samples & clinical data provided at 7 scheduled times; baseline through 12 months post-treatment, plus at recurrence/withdrawal

CTB2 is supported by:



BILL & MELINDA
GATES foundation



National Institute
of Allergy and
Infectious Diseases



 TB ALLIANCE



CTB2 objective:

- To collect, store and provide biological samples and data from well-characterized, longitudinally-followed, culture-confirmed pulmonary TB patients to support research on biomarkers of TB treatment effect at the late-phase validation stage.

Samples in the biorepository

- **Participants:**
 - Adults \geq 18 years old with newly diagnosed, smear or Xpert positive, culture-confirmed, drug-susceptible pulmonary TB
- **Sample and Clinical Data Collection Time Points**
 - Baseline; Treatment Weeks 2, 4, 8, 17, 26, 52; Withdrawal or Recurrence
- **Outcomes**
 - Status determined 18 months after treatment initiation

Biospecimens available

- **Sputum**
 - After collection for clinical trial or study purposes. Entire available volume stored, no processing or splitting
- **RNA from whole blood**
 - 2.5 mL of whole blood collected in PAXGene(R) tube, RNA extracted and stored; Processed for long-term storage into 40 μ L aliquots of extracted RNA
- **QuantiFERON from whole blood**
 - Collected into QuantiFERON tubes (Nil, Mitogen, and TB Antigen); Each tube split into 50 μ L aliquots (4 aliquots per tube)
- **Plasma**
 - Blood collected into 6.0-mL EDTA; Processed and split into multiple 100 μ L aliquots
- **Urine**
 - Spot urine collected into 11-mL container; Processed into multiple 1.0 mL aliquots



Contributing studies



REMox TB was designed to test whether a moxifloxacin-containing treatment regimen of just four months can cure drug-sensitive TB patients at rates that are non-inferior to those achieved with the standard six-month TB regimen. *99 Patients*

Sponsored by the TB Alliance, the NTP Biostorage Study collects samples according to the CTB2 TB Biorepository standard schedule, and patients continue to be treated at NTP clinics according to NTP norms. *400 Patients*



TBTC Biostorage Study 36A enrolls patients from the Study 36 Platform Study for Assessment of TB Treatment Outcomes. *250 patients*



CTB2 TB Biorepository Participants and Samples

	Number of Patients Contributing Biospecimens and Number of Aliquots Stored as of Dec 2015	Number of Patients Completed, Outcomes Evaluated as of Dec 2015	Number of Patients With Recurrence or Treatment Failure as of Dec 2015	Number of Patients Cured as of Dec 2015	Number of Patients Still in Followup or Clinical Evaluation as of Dec 2015	Number of Patients with Insufficient Followup for Outcome Determination
REMOxTB Clinical Trial	99 Patients; 27,370 Aliquots	99	7	92	0	0
National Treatment Program	400 Enrolled; 116,381 Aliquots	227	10	206	173	11
TBTC Protocol	186 Enrolled; 25,909 Aliquots	0	NA	NA	170	NA
TOTALS	685 Patients; 169,660 Aliquots as of December 2015	326	17	298	342	11

Total Expected Number of Patients and Samples in Biorepository

	Number of Patients Expected	Expected Aliquots in Long-Term Storage
REMOxTB Clinical Trial	99	27,370 (Actual)
National Treatment Program	400	123,200
TBTC Protocol 36A Substudy	251	77,308
Other	250	77,000
TOTALS	1000 Patients	304,878 Aliquots in Storage

Soon to be contributing:



TBTC Study 31: Phase 3 Randomized Clinical Trial of Rifapentine-containing Tuberculosis Treatment Shortening Regimens (S31/A5349).
ClinicalTrials.gov Identifier: NCT02410772

250 patients from ACTG participating sites will be enrolled under ACTG A5302 biobanking substudy protocol.



CTB2 Biorepository Key Features

- Consistent Inclusion/Exclusion criteria, Standardized sample collection, processing and storage procedures
- Fisher Bioservices kits and collection tubes
- Comprehensive barcoded tracking of all biospecimens and aliquots
- CTB2 executive committee oversight and governance
 - Including ongoing management of regulatory or shipping issues
- NIH study section approach adopted by CTB2 peer review committee (using NIH guidance on COI and disclosures).

Where to get more information

CTB2 WEBSITE

www.tbbiorepository.org

EMAIL CONTACT

tbbiorepository@tballiance.org

CTB2 Biorepository

IDENTIFYING TB BIOMARKERS, ACCELERATING TREATMENTS

[HOME](#) [ABOUT THE CTB2](#) [ABOUT THE SAMPLES](#) [OBTAINING ACCESS](#) [TALK TO US](#)

A TB Biorepository Dedicated to the Validation of Biomarkers of TB Drug Effect

The Consortium for TB Biomarkers (CTB2) comprises the Global Alliance for TB Drug Development, the TB Trials Consortium, and the AIDS Clinical Trials Group. The CTB2 has created a collaborative biobank in order to accelerate the development of new drugs and treatments for tuberculosis. The biobank will ultimately house biospecimens from 1000 clinical trial and treatment program adult patients in long-term storage for use by the TB research community.

To the TB community and researcher, we are seeking your input on the process and plans for distribution of biospecimens for use in TB research which may validate TB Biomarkers. We encourage you to please [contact us](#) either by email at tbbiorepository@tballiance.org or leaving a message at US +1 212-227-7540; we will follow up quickly to set a time to talk or discuss via email.

More details about the TB Biorepository can be found in [About The Samples](#).

CONTACT US

*Interested in providing input
and discussing your research*



ABOUT THE SAMPLES

*Click above to learn how, when,
and where the samples were*



How to apply for biospecimens

- RFA's announced on www.tbbiorepository.org
 - **Next RFA date: April 29th, 2016**
 - Discussions with CTB2 strongly recommended prior to application submission
 - Review of proposals and determination of awards via CTB2 peer review committee
 - Add your name to the RFA distribution list by emailing your contact details to tbbiorepository@tballiance.org

Acknowledgements

CTB2 Executive Committee

Connie Benson	ACTG
Sufian Al Khaldi	FDA
Elaine Gunter	INDEPENDENT
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Daniella Livnat	NIAID
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Michael Vjecha	CDC - TBTC
Gerhard Walzl	INDEPENDENT
Frank Weichold	FDA

- **US FDA: 3 year grant (2010-2013)**
- **NIAID: 5-year grant (2012-2017)**
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- **Participating network sites, and leadership of ACTG, TBTC, TBA**
- **Program Management – Connie Woodlief Moreadith**
- **The patients agreeing to participate and provide samples for research.**

