

HLA TYPING USING NANOPORE TECHNOLOGY: A BETA TESTING STUDY

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Abstract

Aim: We explored the benefits of nanopore sequencing for HLA typing in a beta testing study in collaboration with Omixon Ltd. and Oxford Nanopore Technologies (ONT) Ltd.

Methods: Ninety-nine genomic DNA samples extracted from peripheral blood and buccal samples, previously typed at a high resolution level using a 2 generation NGS method, were tested using the Omixon NanoTYPE™ multiplex kit. Protocols with enzyme-based and magnetic bead purification were also compared.

Results: Results for class I loci (HLA-A, -B, -C) were 99% concordant at three-field typing. One new allele was detected and one HLA-B locus dropout (HLA-B*51:01:02) was observed. For two samples, typing of HLA-B*44:03:01 was reported as an ambiguous combination with HLAB*44:336. Results for HLA-DRB1/3/4/5 and HLA-DQB1 were also 99% concordant with previous results. We observed two HLA-DQB1*03:01:01 dropouts, one HLA-DQB1*03:19 dropout, and one HLA-DQB1*04:02 dropout. We observed one instance of an incorrect typing of HLADRB1*04:58N, resulting from low amplification of HLA-DRB1*04:01:01. Results for HLA-DQA1, -DPA1, and -DPB1 loci were 100% concordant with previous results. The library preparation time was significantly reduced using enzyme-based purification in place of magnetic beads. We also typed three samples in a mock deceased donor typing scenario, with adjustments to sequencing times, to test the accuracy and reproducibility of the results. NanoTYPE™ was able to deliver three-field, high-resolution typing with 100% concordance for these samples.

Conclusion: Nanopore-based HLA typing using the NanoTYPE™ kit is advantageous in allowing shorter turnaround times for multiple samples

and is more cost-effective than traditional NGS methods. With refinements to the method to prevent allele dropouts, it will constitute a useful tool for HLA high-resolution typing. Reduction of the PCR amplification time would make this a feasible typing method to provide high-resolution HLA typing of deceased donors, resulting in greater availability of organs for highly sensitized patients.

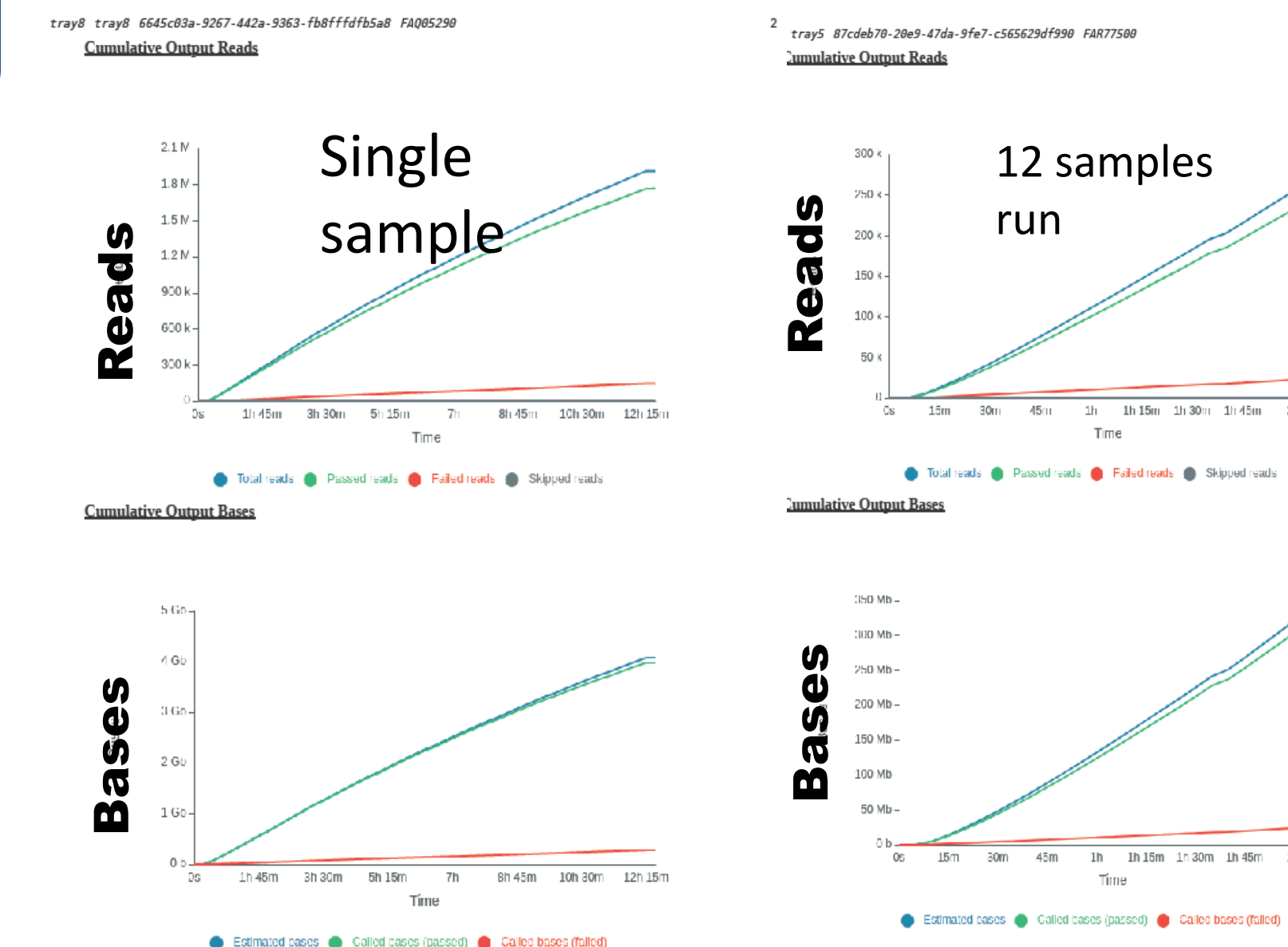
Project Summary

	Reads Generated	Passed Bases	Estimated Bases	Failed Bases	Read Length average (kbp)	Median Qscore	Total time
Run 1	2.45 M	5.25 Gb	5.29 Gb	296.27 Mb	2.69	12	12h 4 m
Run 2	2.26 M	4.78 Gb	4.98 Gb	314.98 Mb	2.69	>12	12h 2 m
Run 4	2.07 M	4.53 Gb	4.74 Gb	263.02 Mb	2.94	12	12h 2m
Run7	1.65 M	3.89 Gb	3.83 Gb	324.98 Mb	3.0	12	12h 6m
Run 8	1.91 M	3.98 Gb	4.08 Gb	277.99 Mb	3.2	12	12h 2m
Run 9	1.87 M	3.62 Gb	3.81 Gb	181.16 Mb	2.94	>12	12h 2m
Run 10	2.22 M	4.91 Gb	4.66 Gb	362.22 Mb	3.0	12	12h 6m
Single samples	Reads Generated	Passed Bases	Estimated Bases	Failed Bases	Read Length average (kbp)	Median Qscore	Total time
Run5	268 k	321.19 Mb	339.25 Mb	25.33 Mb	3.0	10	2h 4m
Run6	463.52k	612.84 Mb	612.84 Mb				2h 3m
Run6b	163.37 k	176.39 Mb	183.36 Mb	10.22 Mb	3.0	10	1h 2m

Expected Reads: 110-140 Mb which is 50000 to 60000 per sample
Q-score : Range between Q7 and Q15



Cumulative reads & Percentage of Pass/Fail reads

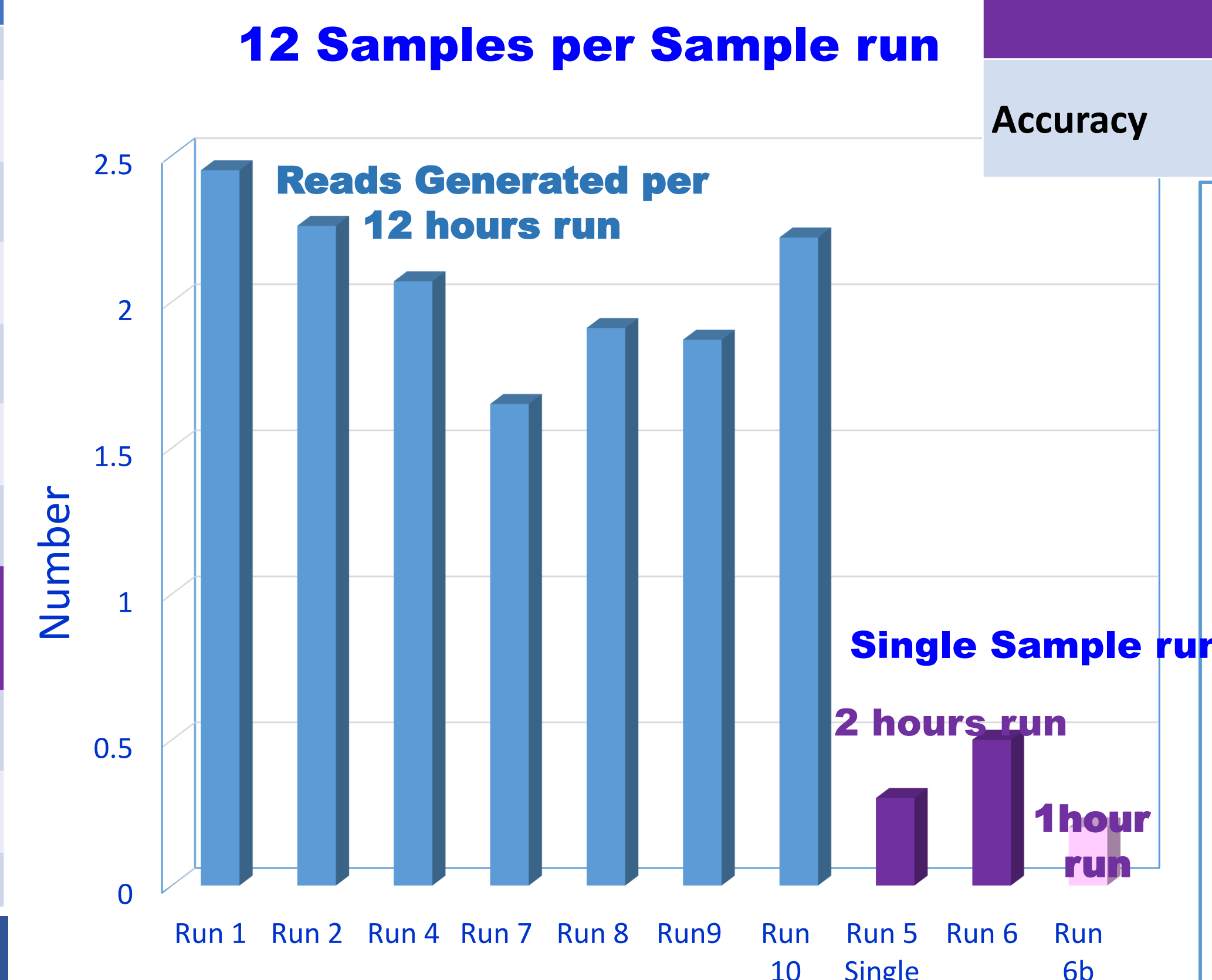


Discrepancies

Allele dropouts	B*51:01:02 (1); DQB1*03:01:01 (2); DQB1*03:19 (1); DQB1*04:02:01 (1)
Missed calls	Call: DRB1*04:58N; actual: DRB1*04:01 Call: DQA1*05:01, 05:23; actual: DQA1*05:01 Call: B*44:03:01 or 44:336; actual: B*44:03
Other limitations	Aberrant splice sites intron DRB4*01:03:01N Exon 5 for all DRB1/3/5

Overall Assay Performance

Metric	HLA-A	HLA-B	HLA-C
Accuracy	100%	99%	100%
	-DRB1	DRB345	-DQA1
Accuracy	99%	99%	99.8%
	-DPA1	-DPB1	-DQB1
Accuracy	100%	100%	98%



Conclusions

- Nanopore-based HLA typing using the NanoTYPE™ kit is advantageous in allowing shorter turnaround times for multiple samples and is more cost-effective than traditional NGS methods
- Q score and amount of reads obtained Pass the limited range.
- With refinements to the method to prevent allele dropouts, it will constitute a useful tool for HLA high-resolution typing
- Reduction of the PCR amplification time would make this a feasible typing method to provide **high-resolution HLA typing of deceased donors**, resulting in greater availability of organs for highly sensitized patients