Evaluation of the performance of the Hologic Panther fusion 4 plex-assay

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AIM

The objective of this study was to analyze the clinical sensitivity and specificity of the Panther fusion 4 plex-Assay (Panther-4plex) in positive and negative nasopharyngeal samples for the respiratory viruses SARS-CoV-2, influenza A and B (FluA, FluB) and RSV in direct comparison to other on-market assays (Abbott Alinity m Resp-4-plex (Alinity-4plex) and Seegene Allplex RV master (Allplex).

RESULTS

All 100 negative pretested samples were confirmed negative with the Panther-

METHODS

Leftover samples after routine testing (Alinity-4plex, TOR) were stored for 5 to 10 months at -20°C. We compared re-tested results positive at least in one assay for 102 positive SARS-CoV-2 samples, 99 positive for FluA, 43 FluB and 93 RSV samples, respectively, and 100 samples negative for all 4 pathogens. The pretest Ct-values were between 15 and 35. The samples were thawed and diluted to achieve enough volume for three retests done in parallel without any extra freeze-thaw cycles.

4plex and the Allplex assays. For SARS-CoV-2 all samples with a retest Alinity-4plex result below 25 (n=36) were detected with all tests. Of 17 samples between Ct 25 and 30 Panther-4plex hit all, Allplex missed one. Of 35 samples Ct 30-35 Panther 4plex confirmed 31 and Allplex confirmed only 12 samples as positive. Above Ct 35 (n=14) Panther-4plex confirmed 8 and Allplex none. In the same categories we achieved recovery rates of 4/4; 38/38, 30/43 and 2/14 for FluA, 2/2; 13/13; 10/16 and 1/11 for FluB and 8/8; 24/24; 40/42 and 4/18 for RSV with the Panther-4plex. For the Allplex the results were 4/4; 24/38; 7/43 and 1/14 for FluA, 2/2; 5/13; 1/16 and 0/11 for FluB, and 8/8; 24/24; 17/42 and 1/18 for RSV (s. Tab.1). One FluB and one RSV positive sample were only recovered by Panther-4plex.



	detected SARS-CoV-2			detected FluA			detected FluB			detected RSV		
Alinity-4Plex		by Panther-	by		by Panther	by		by Panther-	by		by Panther-	by
(Ct-category)	n	4plex	Allplex	n	4plex	Allplex	n	4plex	Allplex	n	4plex	Allplex
<25	36	100%	100%	4	100%	100%	2	100%	100%	8	100%	100%
25-30	17	100%	94%	38	100%	63%	13	100%	38%	24	100%	100%
30-35	35	89%	34%	43	70%	16%	16	63%	6%	42	93%	40%
>35	14	57%	0%	14	14%	7%	11	9%	0%	18	22%	6%
	102			99			42			92		



Fig. 1: Regression, and Bland-Altman plots for SARS-CoV-2, Influenza A, Influenza B and RSV comparing the Ct values of Panther-4plex with those of Alinity-4plex in the upper two rows and

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comparing the Ct values of Panther-4plex with those of Allplex in the lower two rows.

RESULTS continued

The Panther-4plex Ct-values showed a good correlation with the Alinity-4plex calculating coefficients of determination of r=0.95; 0.70; 0.76 and 0.85 for SARS-CoV-2, FluA, FluB and RSV, respectively. The Bland-Altman Plots resulted in a mean bias of 3.8; 5.5; 6.5 and 3.5 Ct units for the viruses with the lower Ct-values in the Alinity-4plex. Correlations were weaker comparing the Ctvalues of Panther-4plex with Allplex (r=0.92; 0.28; 0.46 and 0.76; and mean bias of 0.7; 2.1; 0.9 and 1.2 for SARS-CoV-2, FluA, FluB and RSV, respectively, here with less differences in the Ct-values hights. These Ct value differences are also reflected in the probit analysis for SARS-CoV-2, with the lowest 95% hit rate for the Alinity-4plex (s. Fig 2).



Fig. 2: Probit Plot 95% hit-rate for SARS-CoV-2 with the Alinity-4plex,

CONCLUSIONS

Testing 437 negative and positive clinical samples with different Ct-values, the Panther-4plex running on the Panther fusion showed a specificity of 100% and a higher sensitivity for SARS-CoV-2, FluA, FluB and RSV compared to the Allplex. In comparison with Alinity-4plex the sensitivity was lower. The Panther-4plex showed a very good performance with a high sensitivity in the clinical relevant range for all viruses. The Panther-4plex performs very well in the laboratory routine and is an asset to the portfolio there.

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